



New Student Registration Form

↑ **New Lebanon JRSR High School**
14665 Route 22, New Lebanon, NY 12125
Phone: (518) 794-7600
Fax: (518) 766-6265

↑ **Walter B. Howard Elementary School**
1478 Route 20, New Lebanon, NY 12125
Phone: (518) 794-8554
Fax: (518) 766-2220

Date of Entrance _____

Grade _____

Name _____
Last First Middle

Date of Birth _____

Gender: _____ Male _____ Female

Residence/Physical Address:

Mailing Address (if different from Physical Address)

Has student ever attended New Lebanon Central School District? _____ Yes _____ No

If so when? _____

What county do you reside in: Columbia Rensselaer Other _____

Home Telephone _____

Custody Concern: Yes No

Custody Documentation: Yes No

Previous School Attended _____

Address: _____

School Phone Number: _____

Fax: _____

At the previous school did your child:

Receive Special Services _____ Have an Individual Education Plan (IEP) _____

PARENT/GUARDIAN INFORMATION

1.) _____
Last Name First Name Middle Initial

Address (if different from student) _____

Relationship to Student: _____

Employer _____

Employer Phone _____ Cell Phone _____

2.) _____
Last Name First Name Middle Initial

Address (if different from student) _____

Relationship to Student: _____

Employer _____

Employer Phone _____ Cell Phone _____

SIBLINGS (Please check the box to indicate the sibling lives at home)

- _____
Name Birth Date Grade
- _____
Name Birth Date Grade
- _____
Name Birth Date Grade
- _____
Name Birth Date Grade
- _____
Name Birth Date Grade

| | | |
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| <u>OFFICE USE ONLY</u> | | |
| Recd. Birth Certificate _____ | Recd. Immunization Record _____ | Recd. Custody Papers _____ |
| Recd. IEP/SpEd Forms _____ | Proof of Residency _____ | Student ID #: _____ |