

North Shore School District Registration Form

112 Franklin Avenue
Sea Cliff, NY 11579

Registration Form ~ Demographics *Please Complete ONE form for EACH child*

****PLEASE NOTE~ IF DIVORCED OR SEPARATED, PLEASE PROVIDE CUSTODY DOCUMENTS.****

Student's Last Name _____

Student's First Name _____

House Number and Street _____

City _____

State _____

Zip _____

Student's Gender (Please circle one) M F _____

Date of Birth _____

Ethnicity: (Please Circle One) Hispanic/Latino Yes No _____

Race: (Please Circle All That Apply) *American Indian/Alaska Native* - *Native Hawaiian/Pacific Islander* -
White/Caucasian - *Asian* - *Black/African American* - _____

Parent/Guardian 1 (Last, First) _____

Parent/Guardian 1 Cell Phone _____

Parent/Guardian 1 Work Phone _____

Parent/Guardian 1 Home Phone _____

Parent/Guardian E-mail Address _____

Parent/Guardian 2 Name (Last, First) _____

Parent/Guardian 2 Cell Phone _____

Parent/Guardian 2 Work Phone _____

Parent/Guardian 2 Home Phone _____