

# North Shore School District

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 Name (Last, First)

Parent/Guardian 1 Cell Phone

Parent/Guardian 1 Work Phone

Parent/Guardian 1 Home Phone

Parent/Guardian E-mail Address (1)

Parent/Guardian E-mail Address (2)

Parent/Guardian 2 Name (Last, First)

Parent/Guardian 2 Cell Phone

Parent/Guardian 2 Work Phone

Parent/Guardian 2 Home Phone