

STUDENT REGISTRATION/INFORMATION FORM
NORTH HAVEN MIDDLE SCHOOL

Student's Name: _____ M F Today's Date: _____
(Full Name as on Birth Certificate)

Residing Address: _____ Home Phone: _____

Birth Date: _____ Verification _____ Birth Place: _____
(Birth Cert./Passport)

Student lives with:

Both Parents ___ Mother only ___ Father only ___ Mother/Stepfather ___ Father/Stepmother ___ Other: _____

Father's Name: _____ Home Phone: _____

Father's Home Address if different from Student: _____

Father's Cell Phone: _____ Place of Business: _____

Father's Business Address: _____ Work Phone: _____

Mother's Name: _____ Maiden Name: _____ Home Phone: _____

Mother's Home Address if different from Student: _____

Mother's Cell Phone: _____ Place of Business: _____

Mother's Business Address: _____ Work Phone: _____

Step-Parent's Name: _____ Work/Cell Phone: _____

Person to notify in Emergency: _____ Relationship to student: _____

Emergency Contact's Address: _____ Phone to reach contact: _____

Ethnicity: White ___ Black ___ Hispanic ___ American Indian ___ Asian American ___ Asian ___ Bi-Racial ___

Primary Language if not English: _____

Grade Entering North Haven Schools: _____ Last School Attended: _____

Last School Location/Address: _____ Grade: _____

Former Home Address: _____

License Plate #: _____ Siblings Names and Date of Birth: _____

Was Student ever enrolled in North Haven Schools: _____ if Yes, which school _____ Grade(s): _____

Has the Student received any Speech, Language, Social Work, Special Education, ESL, or Psychological Services in Previously attended Schools? Yes ___ No ___ Please state: _____

Has the Immunization Record been verified? Yes ___ No ___ Date Verified _____

Email Addresses for Parents/Guardians: _____

Is there a Dual Mailing for either Parent? Yes ___ No ___

Name and Address for Dual Mailing: _____