## Syracuse City School District REGISTRATION FORM

\* PLEASE PRINT\*

STUDENT ID#		(Office Or	nly)				
STUDENT NAME						SEX:	
	(Last)	(First)		(Middle)	(Jr / Sr	· / III / IV)	(M / F)
BIRTH DATE	(MM/DD/VVVV)	BIRTHPLACE		(City Sto	te, Country)		
JS CITIZEN If no						nary Language	
(Yes / No)	indicate chizeriship	05 Lini				nary Language	
EVER ATTEND NYS SCHOOL If yes,	Indicate School / Yr		EVER ATTEND Syracuse SCH		s, Indicate School / Yr _		
Hispanic - YES N							
Please check one or		<u>w</u>	LAST SCHOOL	DISTRICT			
AMERICAN INDIAN O	R ALASKA NATIVE	_	ATTENDED	ADDRESS			
ASIAN NATIVE HAWAIIAN OI	R OTHER PACIFIC ISI	ANDER		Phone#			
BLACK OR AFRICAN			DATE LEFT		CURRENT GRADE _		
WHITE							
TUDENT RESIDENTIAL ADI	DRESS		STUDENT MAIL	LING ADDRESS	(only if different than F	Residential)	
TREET		APT#	STREET			APT#	
ITY			CITY				
TATE	ZIPCODE		STATE		ZIPCODE		
OME or CELL PHONE _							
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