

COMMACK UNION FREE SCHOOL DISTRICT STUDENT REGISTRATION

ID# _____

School Year: _____

New Registration Re-Registration Transfer from Private/Parochial
 Own Rent Live with Another Family Today's Date ____/____/____

Family Surname _____ Immunizations Received _____

Street Address _____ Town _____

State _____ Zip Code _____ Home Phone (____) _____

Child's LEGAL Name _____
(Last Name) (First Name) (Middle Name)

Male Female Date of Birth ____/____/____ Age _____

Student's Nickname (if applicable) _____

For Office Use Only: Residency Proof Provided

Notarized Landlord Affidavit ↑ Notarized Original Lease House Deed
 Contract *and* Mortgage Commitment Property Tax Bill Mortgage Statement
 Homeowners/Renters Insurance ↑ Auto Insurance/Registration Post Office Change
 Pay Stub Water Bill Utility Bill Phone Other _____ Initial _____
 Additional proof required _____

For Office Use Only: Proof of Birth

BIRTH CERTIFICATE BAPTISMAL CERTIFICATE PASSPORT DSS DOCUMENTS
 NOTARIZED GUARDIANSHIP ADOPTION DOCUMENTS CUSTODY PAPERS ↑
 NOTARIZED PARENT AFFIDAVIT OTHER _____ Initial _____

Previous Home Address _____

Name & Address of Previous School _____

Last Grade Completed _____ Grade upon Entering Commack UFSD _____

Commack School _____ Anticipated Start ____/____/____

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Household Information:

Name of Mother _____

Name of Father _____

Step Parent Information _____

Name and Address of Parent *not* living with child:

 _____ Phone _____

Do you have LEGAL custody of this child? No Yes (If not parents, please explain)

Are there any court papers preventing anyone from access to this child? (Please explain)
 No Yes (must provide documents)

List All other children in the family household:

Full Name	Gender	D.O.B.	School	Grade

Signature of Parent or Guardian: _____ Photo ID _____

Relationship to Child: _____