### **Student Registration Form NYC**

#### **Student Personal Details**

* **Student Name:** [First, Middle, Last]
* **DOB:** [MM/DD/YYYY]
* **Gender:** [ ] Male [ ] Female [ ] Other
* **NYC Resident:** [ ] Yes [ ] No
* **Home Language:** [Fillable Field]
* **Address:** [Street, Apt, City, State, Zip]

#### **Academic Information** (Table Format with 8 Rows)

| **Grade Applying For** | **Previous School Name** | **School Year** | **Language Preference** | **Special Programs Interest (Gifted, ESL, etc.)** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **(Note: Extend or modify table based on specific program offerings.)** |  |  |  |  |

#### **Parent/Guardian Details**

* **Name:** [Fillable Field]
* **Relation to Student:** [Fillable Field]
* **Employment Status:** [ ] Employed [ ] Unemployed [ ] Other
* **Contact Information:** [Phone Number] / [Email Address]

#### **Health and Emergency Information**

* **Primary Physician:** [Fillable Field]
* **Known Health Issues:** [Fillable Field]
* **Emergency Contacts:** [Name, Relation, Phone]

#### **Consents and Permissions**

* **Media Release Consent:** [ ] Yes [ ] No
* **Trip Participation Consent:** [ ] Yes [ ] No
* **Signature of Parent/Guardian:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Date:** [MM/DD/YYYY]