

# 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]