

**NASSAU COUNTY SCHOOL DISTRICT  
STUDENT REGISTRATION FORM**

Please Print. Complete Page 1 and 2.

School: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student's Legal Name:

\_\_\_\_\_  
First Middle Last  
Name Child Goes By: \_\_\_\_\_ Gender:  Female  Male Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**STUDENT ADDRESS**

**Home Address:**  
\_\_\_\_\_  
Street, Route-Box, Apt. No. City State Zip  
**Mailing Address** (If different from Home Address):  
\_\_\_\_\_  
Street, Route-Box, Apt. No. City State Zip  
**Primary Phone:** (\_\_\_\_\_) \_\_\_\_\_

**SCHOOL ENROLLMENT HISTORY**

**Grade Level:** \_\_\_\_\_

1) School last attended: \_\_\_\_\_ Grade: \_\_\_\_\_ Promoted:  Yes  No  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2) Has the student previously attended school in **Nassau County**?  Yes  No If yes, please provide prior school information:  
Name of school last attended in Nassau County: \_\_\_\_\_ Grade: \_\_\_\_\_ Year: \_\_\_\_\_

3) a) Has the student previously been expelled?  Yes  No If Yes, please describe: \_\_\_\_\_  
b) Has the student been arrested, resulting in a charge?  Yes  No If Yes, please describe: \_\_\_\_\_  
c) Has the student received Juvenile Justice actions?  Yes  No If Yes, please describe: \_\_\_\_\_  
d) Has the student ever been referred to mental health services?  Yes  No If Yes, please describe: \_\_\_\_\_

4) Has the student previously been enrolled in **Exceptional Student Education (ESE)**?  Yes  No If yes, please check all programs:  
 Orthopedically Impaired  Occupational Therapy  Physical Therapy  Speech Impaired  Language Impaired  
 Deaf or Hard of Hearing  Visually Impaired  Emotionally/Behavioral Disability  Specified Learning Disability  Gifted  
 Hospital/Homebound  Dual-Sensory Impaired  Autism Spectrum Disorder  Traumatic Brain Injured  Developmentally Delayed  
 Other Health Impaired  Intellectual Disability  Other: \_\_\_\_\_

5) Does the student have a 504 Plan?  Yes  No

6) Does the student have a Student Health Care Plan (A plan for specific health related services)?  Yes  No

7) **For Students entering KG only** – Did the student attend a Preschool Program BEFORE entering Kindergarten?  Yes  No  
If Yes, please provide the following information:  
Name of Preschool: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
How long did this child attend (in months)? \_\_\_\_\_ Preschool was:  Public  Private

**STUDENT INFORMATION**

**Ethnicity:** Hispanic or Latino  Yes  No

**Student Race** (Check all that apply):  
 White  Black/African American  Asian  American Indian/Alaskan Native  Native Hawaiian/Pacific Islander

**Location of Birth** (City, State): \_\_\_\_\_ **Country of Birth:** \_\_\_\_\_

If the student's country of birth is **not US**, has your child ever attended a U.S. school?  Yes  No If Yes, what **date** did the student first enroll in a US school? \_\_\_\_/\_\_\_\_/\_\_\_\_