

Sagaponack Common School
P. O. Box 1500
Sagaponack, NY 11962
Telephone (631) 537-0651
Fax (631) 537-2342

<input type="checkbox"/> Resident
<input type="checkbox"/> Non-Resident

Registration Form

Student Information:

Today's Date: _____

Student's Name: _____ Telephone: _____

Entering Grade: _____ Cell Phone: _____

Physical Address: _____

Mailing Address: _____

Sex: M F Date of Birth: _____ Place of Birth: _____

Parent/Guardian Information:

Mother's Name: _____ Mother's Work # _____

Father's Name: _____ Father's Work # _____

Guardian's Name: _____ Guardian's Work # _____

Language Spoken at Home: _____

Status in Family: Child lives with: Check One.

Both parents Father Mother Step Parents Guardian(s)

Has there been a divorce: _____ Who has Legal Custody? _____

Other Children in the Family:

Grade: _____ DOB _____

Grade: _____ DOB _____

Grade: _____ DOB _____

Last School Student Attended: _____ Phone#: _____

Last School's Address: _____

Special Services: _____
(If applicable)

Parent/Guardian's Signature: _____