

# Nittanyville Area School District Registration Form

**PLEASE PRINT ALL INFORMATION**

Student Last Name		First Name		Middle Name	
Gender	Grade Entering	Date of Birth	Preferred First Name	Social Security Number	
Name of Parent/ Guardian Student <b>Resides With:</b>			Name of Parent/Guardian Student <b>Resides With:</b>		
Relation to Student:			Relation to Student:		
Home Street Address					
Mailing Address if Different- Including PO BOX					
Phone A _____ Phone B _____ Email _____			Phone A _____ Phone B _____ Email _____		
Ethnic Background <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Multi- Racial <input type="checkbox"/> White <input type="checkbox"/> Unsdisc <input type="checkbox"/> American Indian/ Alaskan Native <input type="checkbox"/> Hawaiian Native/ Pacific Islander					
<b>Family Information</b>					
<b>Name- Siblings Under Age 19 Living at Home</b>		<b>Gender</b>	<b>Date of Birth</b>	<b>Grade</b>	
<b>Emergency Information</b>					
Emergency Contact- Please list two other than parent/ guardian:					
<b>Name</b>		<b>Address</b>		<b>Phone A</b>	<b>Phone B</b>
<b>Name</b>		<b>Address</b>		<b>Phone A</b>	<b>Phone B</b>
<b>Physician's Name</b>		<b>Physician's Address</b>		<b>Physician's Phone</b>	