

OYSTER RIVER COOPERATIVE SCHOOL DISTRICT

NEW STUDENT INFORMATION FORM

Today's Date: _____ Student's DOB: _____ (circle) Male Female

Student's Name: _____
(as listed on birth certificate) Last First Middle

Student Entering Grade _____ Previously enrolled in ORCSD (circle) Y N If yes, what grade? _____

Place of Birth: _____
Town State and Country If born out of US, list date of US school entrance

List services student is receiving (Speech, PT, OT, ESOL, IEP) and/or Health Concerns or indicate **NONE**:

Preferred Language for automated district and school emails (default is English): _____

Contact 1 (Parent/Guardian) Information	Contact 2 (Parent/Guardian) Information
Name: _____	Name: _____
Address: _____	Address: _____
Email: _____	Email: _____
Cell Phone: _____ Text? Y N	Cell Phone: _____ Text? Y N
Work Phone: _____	Work Phone: _____
Land Line: _____	Land Line: _____
Military Status (circle) N/A Active Inactive	Military Status (circle) N/A Active Inactive
Branch: _____	Branch: _____

Student Lives with (circle all that apply): Mother Father Stepmother Stepfather Guardian Other _____

Is there a court ordered Parenting Plan or custodial agreement associated with your child? Circle one Y N

Previous School Attended _____

Previous School Address _____

Name of Siblings Enrolled in ORCSD and Grades _____

Please provide an additional Emergency Contact:

Name & relationship: _____

Cell phone: _____ Is this person allowed to pick up at school? Y N

Address: _____

***** OFFICE USE CHECKLIST*****

Forms Received:

Birth Certificate ☐ Proof of Residence ☐ Release of Records Form ☐ Race/Ethnicity Form ☐ Immunizations/Wellness ☐ Court Documents ☐

Start Date: _____ Classroom: _____ LASID: _____ SASID: _____ ASSID: _____