



SCHOOL DISTRICT REGISTRATION

PLEASE TAKE THIS FORM TO YOUR SCHOOL
DISTRICT CENTRAL REGISTRATION OFFICE TO BE COMPLETED

PLEASE CHECK THE ACADEMY CAMPUS YOUR CHILD IS ATTENDING

Hempstead Uniondale Wyandanch

STUDENT & PARENT INFORMATION

| | |
|--------------------------|---------------|
| NAME OF PUPIL: | |
| DATE OF BIRTH: / / | GENDER: M / F |
| GRADE: | |
| PARENT NAME: | CELL # |
| HOME ADDRESS: | |
| | |

**THIS SECTION MUST BE COMPLETED & STAMPED BY THE
SCHOOL DISTRICT CENTRAL REGISTRATION OFFICE YOU RESIDE IN**

| | |
|------------------------------|-----------------|
| SCHOOL DISTRICT: | |
| REGISTRATION DATE: / / | |
| SCHOOL DISTRICT PHONE: | |
| DISTRICT EMPLOYEE: | DATE: / / |
| EMPLOYEE TITLE: | SIGNATURE: |

**RETURN THIS FORM TO ACADEMY ADMISSIONS OFFICE or Email
admissions@academycharterschool.org**