

**NEW SHOREHAM SCHOOL DEPARTMENT
BLOCK ISLAND SCHOOL
High Street, P.O. Box 1890
Block Island, RI 02807
401-466-5600 Fax 401-466-5610**

REGISTRATION FORM

Student's Full Name _____
Last First Middle

Date of Birth _____ Place of Birth _____

Race (optional) _____ Social Security # (optional) _____

Date of Entry into Block Island School _____

Name and Address of Student's Previous School

Date of Withdrawal _____ Grade _____

Father's Full Name _____ Occupation _____

Mother's Full Name _____ Occupation _____

Address (please include street name and P.O. Box number or General Delivery)

Home Phone Number _____ Work _____ Emergency _____

Guardian's Name, Address, and Phone Number (if applicable)

Parent/Guardian E-mail Address: _____

Parent/Guardian E-mail Address: _____

Student Email Address: _____

Number of Older Siblings _____ Number of Younger Siblings _____

Family Physician _____

Health Problems, if any _____

Additional Comments _____

Signature of Parent/Guardian

Today's Date

**PLEASE NOTE: STUDENT WILL NOT BE ALLOWED TO ATTEND SCHOOL
UNTIL IMMUNIZATION RECORD AND BIRTH CERTIFICATE ARE RECEIVED.**

New guidelines from the United States Department of Education require the collection of data on race and ethnicity in order to provide a more accurate picture of the nation's ethnic and racial diversity. This enables individuals to be identified in ethnic and racial classifications and in more than one racial category. The new data will be used in the same manner that such information was used in the past. If you do not provide this information, observer identification will be used.

1. Is your child Hispanic or Latino? (choose only one)

- ☐ Yes
- ☐ No

2. What is your child's race? (choose one or more)

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or other Pacific Islander
- ☐ White

-PLEASE COMPLETE AND RETURN TO THE SCHOOL-