

# Sag Harbor Public Schools - Out of District Registration Form

## Office Use Only

Registration Date: \_\_\_\_\_ Student ID # \_\_\_\_\_ Proof of Residency \_\_\_\_\_

**Please select one:** ☐ Hayground ☐ Ross ☐ St. John the Baptist ☐ Stony Brook School  
☐ OLH ☐ Southampton Montessori ☐ Other \_\_\_\_\_

## **PLEASE PRINT**

### **STUDENT INFORMATION: LIST NAME AS APPEARS ON BIRTH CERTIFICATE**

\_\_\_\_\_  
Last Name First Name Middle Name

Gender: ☐ Male ☐ Female Date of Birth: (MM/DD/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_

IS THE STUDENT HISPANC, LATINO, OR OF SPANISH ORIGIN? ☐ YES ☐ NO

Child's Ethnic Code: ☐ American Indian/Alaskan Native ☐ Asian ☐ Black ☐ White ☐ NativeHawaiian/Pacific Islander

Household Language \_\_\_\_\_ Special Program ☐ 504 ☐ IEP ☐ ELL

\_\_\_\_\_  
Address

\_\_\_\_\_  
Mailing Address if Different

Legal Father/Parent/Guardian: \_\_\_\_\_

Phone Number: Home \_\_\_\_\_ Cell \_\_\_\_\_

Email Address: \_\_\_\_\_

Legal Mother/Parent/Guardian: \_\_\_\_\_

Phone Number: Home \_\_\_\_\_ Cell \_\_\_\_\_

Email Address: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 202\_\_

Notary Public \_\_\_\_\_