

New Student Application - Rockland School District 382

Student Information			
Last Name:	First:	Middle:	
DOB:	Gender:	SS#:	
Enrollment Date:	Grade Level:	Special Ed. Enrollment / IEP: (Y / N)	
Is the Student Hispanic or Latino? (Y / N)	Ethnicity:		
Home (Physical) Address			
Street, Apt:			
City, State, Zip:			
Home Phone #:			
Mailing Address (If different from Home Address)			
Street, Apt, PO Box:			
City, State, Zip:			
Parent/Guardian Information			
Father's Name (Last, First):			
Father's Cell Phone #:		Home Phone #:	
Father's Email:			
Preferred Method of contact for notifications:			
Father's Employer:			
Mother's Name (Last, First):			
Mother's Cell Phone #:		Home Phone #:	
Mother's Email:			
Preferred Method of contact for notifications:			
Mother's Employer:			
Guardian's Name (Last, First):			
Guardian's Cell Phone:		Home Phone #:	
Guardian's Email:			
Preferred Method of contact for notifications:			
Non-Custodial Information Shared (Y / N) / If Yes, with Whom?			
Emergency Contact/Medical Information			
Contact #1	Contact Name (Last, First):		
	Relationship:	Phone #:	
Contact #2	Contact Name (Last, First):		
	Relationship:	Phone #:	
Contact #3	Contact Name (Last, First):		
	Relationship:	Phone #:	
Doctor:		Doctor Phone #:	
Dentist:		Dentist Phone #:	
Allergies:			
Special Medical Considerations:			
Immunizations: Polio (Y / N) MMR (Y / N) DPT (Y / N)			Immunization Records Included: (Y / N)
Previous School			
Name:			
Street Address:			
City, State, Zip:			
Phone #:		Fax #:	

Don't forget your username & password to your Parent PowerSchool portal to keep up on your student(s).