

UNION-ENDICOTT UPK

PLEASE CHECK SITE & **ATTACH CHILD'S BIRTH CERTIFICATE**

- ENDICOTT PRESCHOOL
- HELPING CELEBRATE ABILITIES (HCA)
- HEADSTART

OFFICE USE ONLY:	
School Year	2022-2023
Student ID #	_____
Family ID #	_____
Entry Date	_____
Withdrawal Date	_____

PLEASE PRINT

STUDENT NAME _____

(Last) (Jr/Sr/III/IV) (First) (Middle)

BIRTH DATE _____ **SEX** _____

(MM/DD/YYYY) (M/F)

Is this student Hispanic, Latino, or of Spanish origin? Hispanic, Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race. For this report, Hispanic origins are not races.
 YES, Hispanic **NO, not Hispanic**

RACE (Mark all the groups that apply to your child; mark at least ONE race):

- _____ 1. American Indian or Alaska Native _____ 2. Asian
- _____ 4. Black or African American _____ 5. White
- _____ 3. Native Hawaiian/ Other Pacific Islander

PRIMARY LANGUAGE: _____ **HOME LANGUAGE:** _____

STUDENT RESIDENTIAL ADDRESS:

STREET NUMBER: _____ **STREET NAME:** _____

APARTMENT NUMBER: _____

CITY: _____ **STATE:** New York **ZIP CODE:** _____

PRIMARY PHONE: _____

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NAME: _____
(Last) (Jr/Sr/III/IV) (First) (Middle) Relationship to Student

STREET NUMBER: _____ **STREET NAME:** _____

APARTMENT NUMBER: _____

CITY: _____ **STATE:** New York **ZIP CODE:** _____

PRIMARY PHONE: _____

CELL PHONE: _____ **WORK PHONE:** _____

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NAME: _____
(Last) (Jr/Sr/III/IV) (First) (Middle) Relationship to Student

STREET NUMBER: _____ **STREET NAME:** _____

APARTMENT NUMBER: _____

CITY: _____ **STATE:** New York **ZIP CODE:** _____

PRIMARY PHONE: _____

CELL PHONE: _____ **WORK PHONE:** _____

GUARDIAN SIGNATURE REQUIRED _____ **DATE** _____