

REGISTRATION FORM
La Salle Academy
215 East 6th Street
New York, NY 10003
2017-2018 Academic Year

OFFICE USE ONLY

Date Paid: _____

Grade: _____ Initial: _____

Please Print All Information Clearly

STUDENT INFORMATION

Student's Name:

Last

First

Middle

Date of Birth: _____ Country of Birth: _____ Social Security # _____

Address:

Number

Street

Apt. #

City

State

Zip Code

Home Phone # _____ Grade Student is applying for _____

Does student have siblings attending La Salle Academy? Yes__ No__ Name/Grade _____

Is student a relative of a past La Salle graduate? Yes __ No __ If yes, name _____

Does student have an Individualized Education Program (IEP) on file? Yes _____ No _____

FAMILY INFORMATION

Mother/Guardian

Father/Guardian

Address

Address

City

State

Zip Code

City

State

Zip Code

Home Number

Work Number

Home Number

Work Number

Cell Phone Number

Cell Phone Number

E-mail Address

E-mail Address

If Student resides with one Parent/Guardian, indicate name: _____

Note: Please provide any legal documentation regarding guardianship, order of protection, etc.

(CONTINUED ON OTHER SIDE)

If there is any other specific information that should be brought to the attention of the school, please note below (attach statement, if needed.)