

Ardley Middle School New Student Registration Checklist

Student Name: _____ Date of Birth: _____

Parent/Legal Guardian Name: _____

Address/Telephone Number: _____

Previous School: _____

To expedite the completion of your registration packet, please ensure that the following documents are provided before returning this packet to Central Office:

- Report of state test scores received by (initials) _____
For students transferring from New York City Schools, please provide 'Student Historical Profile Report'
For students transferring from Private or Parochial Schools, please provide reports from the Iowa Tests or other standardized measures
- Minimum of one report card from previous school year received by (initials) _____
For students from New York City Schools, please provide a copy of the 'Report to Families'
- Release of information for student's previous school received by (initials) _____
(see attached form)
- New Student Screening Questionnaire received by (initials) _____
(see attached form)
- Screening Program Social/Developmental History received by (initials) _____
- New Student Registration Form received by (initials) _____
- Home Language Questionnaire received by (initials) _____

For Office Use Only

Date completed packet received by Central Office: _____ by _____

Date completed packet received by AMS: _____ by _____

Date of tour _____ Date student began school _____