

SOUTH ORANGETOWN CENTRAL SCHOOL DISTRICT  
160 VAN WYCK ROAD  
BLAUVELT, NEW YORK 10913

**STUDENT RE-ENTRY FORM**

Student Name: \_\_\_\_\_ ID # \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

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

Grade Entering: \_\_\_\_\_ Start Date: \_\_\_\_\_

Previous School:

Name: \_\_\_\_\_

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

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_