



ATS
ADMISSIONS/DISCHARGE/TRANSFER
FORM

DISTRICT #	BORO	SCHOOL #
N.Y.C. STUDENT I.D. NUMBER		

BE/ODP 9164 (10/03) MAC:PM5.0:ATS FORMS

STUDENT DATA	LAST NAME		FIRST NAME		MIDDLE NAME			
	BIRTHDATE (MM/DD/YY)		SEX (Circle One) M F		PROOF OF BIRTH			
	HOME ADDRESS: House Number and Street					Apartment Number		
	CITY		STATE	ZIP CODE		TELEPHONE NUMBER ()	SOCIAL SECURITY NUMBER (Optional)	
	DOES THIS STUDENT HAVE ANY CONDITION THAT MIGHT LIMIT PHYSICAL ACTIVITY?							
	PREVIOUS SCHOOL			PREVIOUS BORO/DIST.SCH. #		PREVIOUS SCHOOL ADDRESS		
PREVIOUS HOME ADDRESS (Number, Street, Apt/Floor)					City, State, Zip Code			

SIBLINGS	BROTHERS:		SISTERS:		OTHER CHILDREN IN N.Y.C. SCHOOL SYSTEM?	
	OLDER	YOUNGER	OLDER	YOUNGER	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	IF NO, GO TO ADULT DATA. IF YES, COMPLETE INFO BELOW.					
LAST NAME		FIRST NAME		SEX	DATE OF BIRTH	DISTRICT

STUDENT RESIDES WITH ADULT LISTED IMMEDIATELY BELOW:

ADULT DATA	LAST NAME		FIRST NAME		MIDDLE NAME		AUTH CODE	RELATIONSHIP TO STUDENT	
	HOME TELEPHONE NUMBER ()			WORK ADDRESS (Number and Street)					
	CITY			STATE	ZIP CODE		WORK PHONE NUMBER ()		EXT.
	MAIDEN NAME				CELL PHONE NUMBER ()				
	BEEPER PHONE NUMBER ()				E-MAIL ADDRESS				

ADDITIONAL ADULT:

ADDITIONAL ADULT	LAST NAME		FIRST NAME		MIDDLE NAME		AUTH CODE	RELATIONSHIP TO STUDENT	
	HOME ADDRESS (House Number, Apt. #, and Street)						City, State, Zip Code		
	HOME TELEPHONE NUMBER ()		BORO CODE	WORK ADDRESS (Number and Street)			City, State, Zip Code		
	WORK PHONE NUMBER ()			MAIDEN NAME					
	CELL PHONE NUMBER ()			EXT.	BEEPER PHONE NUMBER ()		E-MAIL ADDRESS		

SIGNATURE OF ADULT			DATE		PROCESSED BY:			DATE	

SCHOOL PERSONNEL WILL COMPLETE SHADED AREA BELOW

GEO CODE	HOME DISTRICT	BORO CODE	TEMP HOUSING (Y/N)	HOME LANGUAGE	ETHNIC STATUS	HEALTH INSURANCE	CITIZEN (Y/N)
ADMIT CODE	EFFECTIVE DATE	GRADE CODE	GR LVL	OFFICIAL CLASS	MEAL CODE <input type="checkbox"/> 1 - Free Lunch 2 - Reduced Price Lunch 3 - Full Price Lunch 4 - No Form Returned		
DISCH. CODE	EFFECTIVE DATE	NEW BORO/DIST/SCH. #	NEW ADDRESS (Number, Street, Apt./Floor)				

STUDENT NAME			N.Y.C. STUDENT I.D. NUMBER			BIRTHDATE (MM/DD/YY)		
The above named student has been admitted to class _____ in room _____						SIGNATURE		
as of ____ / ____ / ____ (admission date).								