



CITY OF WHITE PLAINS YOUTH BUREAU
OFFICE OF THE MAYOR
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THOMAS M. ROACH
MAYOR

FRANK WILLIAMS, JR.
EXECUTIVE DIRECTOR
BHAVANA PAHWA, PHD
DEPUTY DIRECTOR

STEP UP PROGRAM REGISTRATION FORM

Name: _____ Age: _____ D.O.B. _____

Address: _____ Apt. # _____ Zip: _____

Home phone: _____ Cell phone: _____

Parent/Guardian name: _____

Parent/Guardian contact #: _____ Email: _____

Parent/Guardian name: _____

Parent/Guardian contact #: _____ Email: _____

Grade: _____ School: _____ Guidance counselor: _____

Ethnicity:

____ Black, Non-Hispanic ____ White, Non-Hispanic ____ Asian, Non-Hispanic

____ Hispanic ____ Native American ____ Other/Unknown

Referred by: _____

Relationship to student: _____