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: ___________________