

**Whitesville Central School
Student Registration Form**

Revised
9/12/19

Date of requested enrollment: _____ Today's Date _____

STUDENT INFORMATION:

Name: _____ Current Grade _____
Last First Middle

Social Security #: _____ Sex _____ Age _____

Date of Birth: _____ City & State of Birth: _____

Proof of Age _____ (BC)

Residence Address:

Mailing Address: (if different than residence)

Street: _____

P.O. Box/Street: _____

Town: _____ Zip _____

Town: _____ Zip _____

Telephone #: _____

Proof of residency _____

Superintendent's Signature _____

In District: _____ Out of District _____

Bus Assignment: _____

Number of Adults in Household: _____

Number of Senior Citizens in Household _____

Has the child previously attended school? If yes, School Name: _____

Date of Attendance: _____

Are you aware of any handicapping condition? If yes, explain _____

Is there anything concerning the health of your child the school should know? _____

My Child Receives the Following Services:

- Academic Intervention Services (AIS)? If so, what subject(s): _____
- Was your child classified under the Committee of Special Education? Yes No
- Speech Therapy
- Occupational Therapy
- Physical Therapy
- Counseling
- Other (please specify): _____

Comments: _____

Current Living Conditions

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Where is the student currently living? (Please check one box.)

- In a shelter
- With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
- In a hotel/motel
- In a car, park, bus, train, or campsite
- Other temporary living situation (Please describe): _____
- In permanent housing

Ethnic Group

1) **Is the student Hispanic, Latino or of Spanish origin?** Hispanic, Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture of origin, regardless of race.
_____ YES, Hispanic _____ NO, not Hispanic

2) **Select one or more races from the following five racial groups**

[For question (2) Check (x) all groups that apply to your child, check (x) in **at least ONE** box]:

_____ **AMERICAN INDIAN OR ALASKA NATIVE:** A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition e.g. Cherokee, Mohawk, Inuit.

_____ **ASIAN:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

_____ **NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

_____ **BLACK:** A person having origins in any of the black racial groups of Africa.

_____ **WHITE:** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Parent/Guardian Information, Please complete ALL information below:

*Note: We presume both NATURAL parents share custody in divorce or legal separation agreements unless and until we receive a copy of the court order or separation agreement that pertains to the child’s custody. Non-custodial parents are legally able to obtain school records unless otherwise noted in court documents.

Mother’s Name: _____ Student resides with: Yes No
Last First

Address (If different from child): _____

Active Military Duty: _____ Email Address: _____

Home Telephone #: _____ Cell Phone: _____

Birth Year: _____ Education: _____

Occupation: _____ Employer: _____

Employer Address: _____ Employer Phone: _____

Father’s Name: _____ Student resides with: Yes No
Last First

Address (If different from child): _____

Active Military Duty: _____ Email Address: _____

Home Telephone #: _____ Cell Phone: _____

Birth Year: _____ Education: _____

Occupation: _____ Employer: _____

Employer Address: _____ Employer Phone: _____

Step Parent or Legal Guardian: Name: _____

Active Duty _____ Last First

Student resides with: Yes No

Address (If different from child): _____

Home Telephone #: _____ Cell Phone: _____

Occupation: _____ Employer: _____

Employer Address: _____ Employer Phone: _____

Parents Are: Married _____ Divorced _____

Separated: Legally _____ No Legal Agreement _____

Custody: Joint _____ One parent has custody _____ (Copy of the custody agreement required)

Custody papers on file? Yes No

Order of Protection on file? Yes No

Comments: _____

<u>Siblings:</u>	Name: Last	First	Date of Birth	Grade	School
Sister	_____	_____	_____	_____	_____
Sister	_____	_____	_____	_____	_____
Brother	_____	_____	_____	_____	_____
Brother	_____	_____	_____	_____	_____

EMERGENCY CONTACT INFORMATION

It is imperative that we have this information on file, complete if: You require a phone call prior to dismissal, your child will be sent to another home, you are an out of district parent and meet the bus. If early dismissal, please call.....

1) Name _____ Preferred Phone #: _____ Relationship to Student: _____
 2) Name _____ Preferred Phone #: _____ Relationship to Student: _____
 3) Name _____ Preferred Phone #: _____ Relationship to Student: _____

Send my child [Check only one]
 _____ Home _____ Ride Bus # _____ to the home of _____

*** If your child is to be sent to another home on certain days please provide a daily schedule. *
 Provide a note if this schedule changes.**

Monday _____
 Tuesday _____
 Wednesday _____
 Thursday _____
 Friday _____

I certify that the information provided is true to the best of my knowledge.

Parent (Guardian) Signature: _____ **Date:** _____