

OWEGO APALACHIN CENTRAL SCHOOL DISTRICT
STUDENT INFORMATION / REGISTRATION FORM
(PARENT/GUARDIAN MUST SUBMIT THIS FORM IN PERSON)

PLEASE PRINT

* PLEASE PRINT*

Preference: A.M. or P.M. (Circle one – UPK only)

OFFICE USE ONLY	STUDENT ID# _____	FAMILY ID# _____	BUILDING _____	SCHOOL YEAR _____	GRADE ASSIGNED _____	REGISTRATION DATE _____
	COUNSELOR _____	TEACHER _____	GRADE ASSIGNED _____	HMRM _____	START DATE _____	

STUDENT NAME _____ SEX: _____
(First) (Middle) (Last) (Jr / Sr / III / IV) (M / F)

BIRTH DATE _____ BIRTHPLACE _____
(MM/DD/YYYY) (City, State, Country)

EVER ATTEND NYS SCHOOL ? _____ If yes, Indicate School / Yr _____ OA SCHOOL ? _____ If yes, Indicate School / Yr _____

PRIMARY LANGUAGE _____

OFFICE USE ONLY

Date first Entered 9th Grade: _____

BIRTH CERT. _____

SCHOOL RECORD RELEASE _____

Home Lang. Questionnaire _____

RESIDENCY FORM? _____

PROOF #1 _____

PROOF #2 _____

IMMUNIZATION RECORDS _____

RACE (choose one or more):

___ 1) American Indian or Alaskan Native ___ 4) Asian
 ___ 2) Native Hawaiian or Other Pacific Islander ___ 5) White
 ___ 3) Black or African American

Is the student of Hispanic/Latino ethnicity? (circle yes or no) **YES / NO**

LAST SCHOOL ATTENDED NAME _____ ADDRESS _____

DATE LEFT _____ LAST GRADE COMPLETED _____

STUDENT RESIDENTIAL ADDRESS

STREET _____ APT. _____
 CITY _____
 STATE _____ ZIPCODE _____
 HOME PHONE _____

STUDENT MAILING ADDRESS (only if different than Residential)

STREET _____ APT. _____
 CITY _____
 STATE _____ ZIPCODE _____
 HOME PHONE _____

PROOF OF RESIDENCE (must provide 2): most recent pay stub, current rent receipt, landlord's statement, current phone or electric bill, etc.)
 (See also "LIVING ARRANGEMENTS" section on Page 2 of this form.)

G NAME _____
(Mr., Mrs., Ms., Miss) (First) (Middle) (Last) (Jr / Sr / III / IV)

U STREET _____ APT. _____

R CITY _____ STATE _____ ZIP _____

D HOME PHONE _____ WORK PHONE _____ Cell PHONE _____

I PLACE & ADDRESS OF EMPLOYMENT _____

A Email address _____

Receive Mailings
YES / NO

Relationship to student

Living with Student
YES / NO

HEALTH FORM

DUPLICATE MAILINGS

G NAME _____
(Mr., Mrs., Ms., Miss) (First) (Middle) (Last) (Jr / Sr / III / IV)

U STREET _____ APT. _____

R CITY _____ STATE _____ ZIP _____

D HOME PHONE _____ WORK PHONE _____ Cell PHONE _____

I PLACE & ADDRESS OF EMPLOYMENT _____

A Email address _____

Receive Mailings
YES / NO

Relationship to student

Living with Student
YES / NO

CUSTODY FORM

Alert Needed _____

If Student is not living with both parents, who has legal custody? _____ (Please provide copy of custody order)

Parents/guardians listed above has permission to pick up the child, unless otherwise indicated. Notify the school principal immediately if there are any court orders restricting non-custodial parents or others from contact with the child and provide the principal with a copy of the order.

Those designated below are authorized to pick up my child from school in an emergency:

NAME _____ RELATIONSHIP _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

NAME _____ RELATIONSHIP _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

OFFICE USE ONLY
OTHER CONTACTS
SIBLING INFO
Homeless?
DISABILITY INFO
SIGNATURE

OTHER CHILDREN IN FAMILY (Ages Birth through 21 years of age)

NAME _____ BUILDING _____ SEX: _____ DOB _____ AT RESIDENCE _____
(First) (Middle) (Last) (AES, OES, OAMS, OFA) (M / F) (MM/DD/YYYY) (Yes /No)

NAME _____ BUILDING _____ SEX: _____ DOB _____ AT RESIDENCE _____
(First) (Middle) (Last) (AES, OES, OAMS, OFA) (M / F) (MM/DD/YYYY) (Yes /No)

(IF MORE LINES ARE NEEDED, PLEASE USE ANOTHER SHEET)

LIVING ARRANGEMENTS: Please see "ENROLLMENT FORM - RESIDENCY QUESTIONNAIRE" if your family is currently homeless or in temporary housing.

Is this child enrolled as a result of Foster Care Placement? ___ No ___ Yes, County of _____

Is there legal custody documentation the school should be aware of? No Yes (please provide copy)

Does your child have an IEP (Individualized Education Program) or 504 Plan? Yes (circle one) No

Please check any services your child is currently receiving:

- Remedial Math
- Remedial Reading
- AIS (Academic Intervention Service)
- Counseling
- Resource Room
- Occupational Therapy (OT)
- Speech
- Physical Therapy (PT)
- Special Education Class
- Other _____

Is there anything else we should know about your child? _____

Signature of Parent/Guardian _____ Date _____

Signature of School Official who registered child _____ Date _____

It is the responsibility of the parent/guardian to keep the information on this form up to date by notifying the school, in writing, of any changes.

FOR OFFICE USE ONLY

BAND _____ CHORUS _____ LANGUAGE (specify): _____

BUS INFO: _____

Original – Permanent File Copies to: Registrar Health Office Office Guidance CSE Transportation

This is a **CONFIDENTIAL** record and will not be shared with unauthorized individuals or organizations.