

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

PLEASE PRINT

* PLEASE PRINT*

UPK PREFERENCE: *APALACHIN ELEM.:* ___ *Full Day;* *OWEGO ELEM.:* ___ *A.M.* ___ *P.M.* ___ *Full Day*

| | | | | | |
|----------------------------|------------|----------------|-------------|----------------|-------------------|
| FOR 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 _____

FOR OFFICE USE ONLY

Date first Entered 9th Grade:

BIRTH CERT.

SCHOOL RECORD RELEASE

Home Lang. Questionnaire

RESIDENCY FORM?

PROOF #1

PROOF #2

IMMUNIZATION RECORDS

HEALTH FORM

DUPLICATE MAILINGS

CUSTODY FORM

Alert Needed

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 _____

The school is collecting your phone number for communications purposes. By providing the number(s) and signing this document, you agree that the school may contact you by phone or text, including with auto-dialed and/or pre-recorded messages regarding school emergencies, school events, and any other school related communications, as well as other information deemed relevant by the school district.

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

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

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.

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

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 _____

FOR OFFICE
USE ONLY

OTHER
CONTACTS

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)

SIBLING
INFO

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

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

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.

Homeless?

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

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 _____

DISABILITY
INFO

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

Print name of Parent/Guardian or Unaccompanied/homeless youth _____ Date _____

Signature of Parent/Guardian or Unaccompanied/homeless youth _____ Date _____

SIGNATURE

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.

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BAND _____ CHORUS _____ LANGUAGE (specify): _____

BUS INFO: _____

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