

CHEEKTOWAGA CENTRAL SCHOOL DISTRICT REGISTRATION FORM

(Please print in ink and complete all areas)

PARENT/GUARDIAN INFORMATION

PERSON REGISTERING STUDENT: _____ **RELATIONSHIP TO STUDENT:** _____

PARENT/GUARDIAN # 1 (Note: Parent Guardian #1 must reside at the same address as that indicated for the student.)

NAME: _____
Salutation Last Name First Name MI

ADDRESS: _____ **HOME PHONE #** _____
No. & Street Apt. # City/Town Zip Code

CELL PHONE: _____ **WORK PHONE** _____

EMPLOYER: _____ **OCCUPATION:** _____

HOME Email Address: _____

PARENT/GUARDIAN # 2 (Note: Give address and home phone only if different from student's)

NAME: _____
Salutation Last Name First Name MI

ADDRESS: _____ **HOME PHONE #** _____
No. & Street Apt. # City/Town Zip Code

CELL PHONE: _____ **WORK PHONE** _____

EMPLOYER: _____ **OCCUPATION:** _____

RELATIONSHIP TO PARENT/GUARDIAN #1: _____

Student is living with (Check only one):

- Both Parents Mother Only Father Only An Agency Alone Guardian(s) A Spouse/Partner Foster Parent (DSS-2999)

Are the parents divorced or separated? Yes No If yes, name of custodial parent: _____

Joint Custody: Yes NO **Note: Please complete the Custodial Affidavit Form.**

To be answered only if child is not living with a parent.

Are you the person in parental relation to the child? Yes No **Please complete the Custodial Affidavit Form.**

Are you in possession of a court order that limits a non-custodial parent's access to the child, the child's school programs and activities, or the child's education records? YES NO

If you answered "YES" please complete the Non-Custodial Parent Form and attach a copy of the order.

STUDENT INFORMATION

NAME: _____ Male Female Preferred Name: _____

BIRTH DATE: _____

STUDENT'S RESIDENCE: _____
No. & Street Apt. No. City/Town Zip Code

PREVIOUS ADDRESS: _____ Number of Years _____
No. & Street Apt. No. City/Town State Zip Code

SCHOOL HISTORY

GRADE LAST ATTENDED: _____ GRADES REPEATED _____ PRESENT GRADE _____
DATE OF FIRST ENTRY TO GRADE 9: _____

SPECIAL PROGRAMMING

DOES YOUR CHILD HAVE A 504 PLAN? YES NO
DOES YOUR CHILD CURRENTLY RECEIVE SPECIAL EDUCATION SERVICES? YES NO
IF YES, WHAT IS YOUR CHILD'S CLASSIFICATION: _____
SERVICE(S)/PROGRAM: _____

DOES YOUR CHILD CURRENTLY RECEIVE ANY OF THE FOLLOWING SERVICES?

- Academic Intervention Services(AIS) English as a Second Language Speech
- Occupational Therapy Physical Therapy Other _____

NAME AND ADDRESS(S) OF ALL SCHOOLS PREVIOUSLY ATTENDED: (INCLUDE ANY CHEEKTOWAGA CENTRAL SCHOOLS)

School Name	Address	Dates Attended	Grade

WAS THE STUDENT SUSPENDED OR EXPELLED FROM ANY SCHOOL? YES NO

STUDENT RACIAL AND ETHNIC IDENTIFICATION

All students between 5 and 21 years of age have the right to a free public education. Children may not be refused admission because of race, color, creed or national origin, sex, citizenship, handicapping condition, or immigration status.

Please answer questions (1) and (2). **PLEASE READ THEM BEFORE YOU RESPOND.**
[For question (1) Check (✓) the box that best describes your child.] Check (✓) only ONE box.

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 or 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 (✓) all groups that apply to your child; check (✓) at least ONE box.]:

American Indian/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 or African American: 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.

Signature of Parent/Guardian/Other

Date

EMERGENCY CONTACT INFORMATION

(Other than Parent/Guardian) Please use same contacts for all children attending Cheektowaga Central Schools

1. NAME: _____ **PHONE #'s HOME** _____ **CELL** _____ **WORK** _____

ADDRESS: _____

No. & Street _____ **Apt. #** _____ **City/Town** _____ **Zip Code** _____

Relationship to Student (i.e. Grandfather, etc.) _____

2. NAME: _____ **PHONE #'s HOME** _____ **CELL** _____ **WORK** _____

ADDRESS: _____

No. & Street _____ **Apt. #** _____ **City/Town** _____ **Zip Code** _____

Relationship to Student (i.e. Grandfather, etc.) _____

ALL CHILDREN IN THE FAMILY

Names of the children (under the age of 21)	Birth Date	Gender	Grade	School Currently Attends	School for Coming Year	Lives at home ✓ if Yes
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

**COMPLETE THIS SECTION ONLY IF (1) IT REFLECTS YOUR CHILD'S CURRENT LIVING SITUATION OR
(2) IF YOU ARE A YOUTH NOT LIVING WITH A PARENT OR GUARDIAN.**

CHECK THE APPROPRIATE BOX

Sharing the housing of other person due to loss of housing, economic hardship or similar reason

Living in a motel, hotel, trailer park or camping ground

Living in an emergency or transitional shelter awaiting DSS placement

Living in a car, park, bus, or train station

Living in an abandoned building or similar substandard housing

Other, please specify: _____

Your answer will help school staff determine if the student is eligible to receive additional services.

CERTIFICATION

I hereby certify that the student(s) listed on this registration form actually resides at the address specified on Page 1 within the Cheektowaga Central School District boundaries. I further certify that all the information I provided on this registration form is correct. I understand that I must immediately notify the District if the residency of the student changes from the one listed on this registration form.

AUTHORIZATION

I authorize the request of student records from previous schools and give permission to the Cheektowaga Central School District to verify telephone numbers and addresses. I understand that if the District believes that the information on this form is no longer correct or that the child being registered no longer lives at the address provided, the Cheektowaga Central School District reserves the right under New York State Law to investigate and to withdraw the child from the Cheektowaga Central School District.

If a parent fills out the form at school, please sign and school personnel will witness the signature. If a parent fills out the form at home, the signature must be notarized.

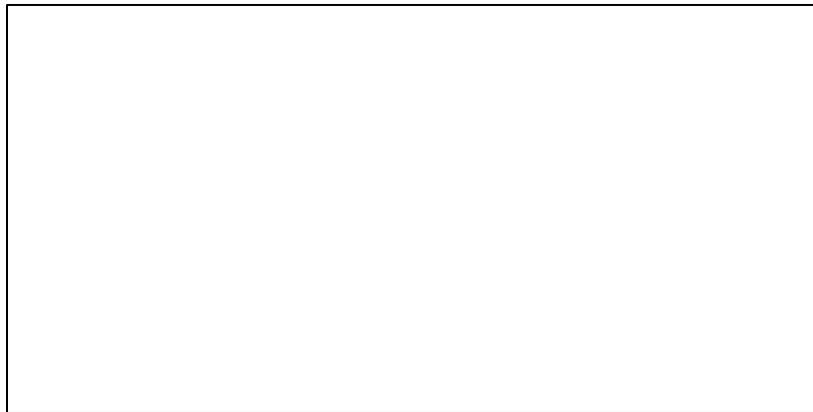
Parent/Guardian Name: _____
Please Print

Parent/Guardian Signature: _____ Date _____

Witness Signature: _____

SWORN BEFORE ME THIS _____ DAY OF _____ 20_____

Notary Public, State of New York (Please affix stamp or seal)



CONFIDENTIALITY PROCEDURES AND REGULATIONS

To School Staff: This form will be filed in the student’s permanent records as confidential information.

To the Parent/Guardian: The information which you have provided on this form is confidential. It is protected by the Family Education Rights and Privacy Act (1974) which prohibits unauthorized access to student records and unauthorized release of any student record information identifiable by either student name or student identification number.