

VICTOR CENTRAL SCHOOL DISTRICT

Student Registration Form

FOR OFFICE USE ONLY

Student # _____

Grade _____

STUDENT INFORMATION

Name _____ Preferred Name (*if applicable*) _____
FIRST MIDDLE LAST

Mailing Address _____
CITY STATE ZIP

Home Address _____
(*if different from mailing address*) CITY STATE ZIP

Home Phone: (____) _____ Cell Phone: (____) _____

County of Residence: Ontario Wayne Monroe

Birth Date: ___/___/___ Gender: M F

Who does the child live with? Mother Father Step-Mother Step-Father Legal Guardian
 Mother Father Step-Mother Step-Father Legal Guardian

SCHOOL RECORDS

Name of School Last Attended _____ District _____

Street Address _____
CITY STATE ZIP

Phone: (____) _____ Guidance Office Fax Number: (____) _____

STUDENT SERVICES

Has your child ever been identified as having an educational disability? Yes No

If yes, please describe _____

Check which applies: Student has a current Individualized Education Plan (IEP)

Student has a 504 Accommodation Plan

Please describe any Special Education Services that your child has received (i.e. speech, occupational therapy, physical therapy, resource, special class, remedial instruction): _____

Has your child received any other services (i.e. gifted/talented and/or English as a Second Language)?

Yes No If so, please describe _____

Are there any significant health problems? Yes No

Please specify: Asthma Allergies Diabetes Seizures Other _____

Student's Name _____

PARENT/GUARDIAN INFORMATION

Mother Father Step-Mother Step-Father Legal Guardian

Name _____

Address _____
(if different from child's)

Home Phone _____

Cell Phone _____

Work Phone _____

Employer _____

E-Mail Address _____

Mother Father Step-Mother Step-Father Legal Guardian

Name _____

Address _____
(if different from child's)

Home Phone _____

Cell Phone _____

Work Phone _____

Employer _____

E-Mail Address _____

Mother Father Step-Mother Step-Father Legal Guardian

Name _____

Address _____
(if different from child's)

Home Phone _____

Cell Phone _____

Work Phone _____

Employer _____

E-Mail Address _____

Mother Father Step-Mother Step-Father Legal Guardian

Name _____

Address _____
(if different from child's)

Home Phone _____

Cell Phone _____

Work Phone _____

Employer _____

E-Mail Address _____

Are there any custodial restrictions or an order of protection? Please explain: _____

EMERGENCY CONTACTS *(beyond parent/legal guardian)*

Name _____

Relationship to Child:

Grandparent Neighbor Sitter Other

Home Phone _____

Cell Phone _____

Work Phone _____

Name _____

Relationship to Child:

Grandparent Neighbor Sitter Other

Home Phone _____

Cell Phone _____

Work Phone _____

SIGNATURE

Verification By Subscription And Notice Under Penal Law Section 210.45

It is a crime punishable as a Class A Misdemeanor under the laws of the State of New York, for a person, in and by a written instrument, to knowingly make a false statement, or to make a statement, which such person does not believe to be true.

Affirmed under penalty of perjury this _____ day of _____ 20____

Signature _____