

# 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  Foster Parent  
 Mother  Father  Step-Mother  Step-Father  Legal Guardian  Foster Parent

### 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  Foster Parent

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  Foster Parent

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  Foster Parent

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*(if different from child's)*

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Cell Phone \_\_\_\_\_

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Employer \_\_\_\_\_

E-Mail Address \_\_\_\_\_

- Mother  Father  Step-Mother  Step-Father
- Legal Guardian  Foster Parent

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** \_\_\_\_\_