

Seneca Falls School District
Pupil Registration & Enrollment Form
(Please Print)

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|-------------|--------------|-----------------|---------------------|
| Student ID: | Homeroom: | 1st Day: | Re-enrolled: |
| Building: | Proof of Age | Custody Papers? | Proof of Residency? |

Student Name: _____ Gender: M or F

Last First Middle

Residence Address _____

Mailing Address? Yes ___ No (provide) _____

Transportation: (please see separate guideline for bus eligibility/regulations)

Morning pick up address: _____

Afternoon drop off address _____

Date of birth: ___/___/___ Place of Birth _____

Grade _____ Proof of age: ___ Birth Certificate ___ Passport ___ Other: _____

Native Language: _____ Previous Limited English Instruction? Yes or No

Does your child receive any Special Education Services? ___ YES or ___ NO
 (Resource, Special Class, Occupational Therapy, etc.) If **YES**, please specify: _____

Previously attended Seneca Falls School? Yes or No If yes, last Grade: _____ Date: ___/___/___

School last attended including address/phone number _____

Marital Status: ___ Single ___ Married ___ Separated ___ Divorced

___ Sole Custody or ___ Joint Custody ***Paperwork must be presented for files***

1st Parent/Guardian - contact to be reached first _____

Primary Phone: _____ Active military? _____ Branch? _____

Employer Name & address _____

Business Phone (____) _____ ext. _____ Email: _____

2nd Parent/Guardian _____ Primary Phone _____

Home address (if not the same as student) _____

Separate mailing is required: Yes or No Active military? _____ Branch? _____

Employer Name & address _____

Business Phone (____) _____ ext. _____ Email: _____

**Adult Emergency Contact (Needs to be a different person than parent/guardian listed)
Do not leave blank**

Name _____ Phone _____

Address _____

Baby Sitter Information

Name _____ Phone _____

Address _____

If this student is of Hispanic ethnicity, please complete the SREI form attached

Please check any of the following racial codes that apply:

- W- White
- B- Black or African American
- N – Native Hawaiian or Pacific Islander,
- I- American Indian or Alaska Native,
- A - Asian

List all other children who reside in the same household (newborn to age 18 OR 21 if handicapped)

| First and Last Name | Date of Birth | Male or Female | Grade Level | CSE |
|---------------------|---------------|----------------|-------------|-----|
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Signature of person registering child _____

Relationship to child _____

Please be aware that the SFCSD uses photos, video, live streams, etc. to promote the District. It is understood that the photos, video, live streams will be used on the district's web site, social media, and publications. In the event that your child's image is not permitted to be included in such promotions, please contact the Building Principal or Athletic Director.