

RED CREEK CENTRAL SCHOOL DISTRICT
RED CREEK, NY 13143
PUPIL REGISTRATION FORM

Enrollment Date: _____ Enrollment Grade: _____

Please check one: Cuyler Elementary PK-5 Middle School 6-8 High School 9-12

Student's Name: _____
First Middle Last

Address: _____

City/State/Zip: _____ Home Phone: _____

County: _____ Date of Birth: _____ Gender: Male Female

Is your child Hispanic, Latino or of Spanish Origin? Yes No

Please select one or more races from the following racial groups that apply to your child:

- American Indian or Alaskan Native
- Asian
- Native Hawaiian or other Pacific Islander
- Black or African-American
- White

Is English the primary language spoken in the home: Yes No

* If no, please complete the NYS Home Language Questionnaire (included in packet)

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

- In permanent housing In a shelter In a hotel/motel 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):

Custody (please provide documentation, as applicable): Sole Joint 50/50 Guardian Foster

| | |
|---|--|
| Primary Contact Name (First, MI, Last): | |
| Relationship to student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Emergency Contact | |
| Address (if different from student): | |
| Home Phone: | Authorized to Sign Student Out: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Cell Phone: | Authorized to Receive Mail: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Work Phone: | Access to Authorized Parent Portal: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Employer: | Email Address: |
| Mailing Address (if different from above): | |

| | |
|---|--|
| Secondary Contact Name (First, MI, Last): | |
| Relationship to student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Emergency Contact | |
| Address (if different from student): | |
| Home Phone: | Authorized to Sign Student Out: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Cell Phone: | Authorized to Receive Mail: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Work Phone: | Access to Authorized Parent Portal: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Employer: | Email Address: |
| Mailing Address (if different from above): | |

Others living at the same address as the student (please attach additional page if more space is needed):

| First and Last Name | Relationship to Student | DOB if sibling/child | Current grade if student |
|---------------------|-------------------------|----------------------|--------------------------|
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|---|--|
| Non-custodial Contact Name (First, MI, Last): | |
| Relationship to student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Other | |
| Address: | |
| Home Phone: | Authorized to Sign Student Out: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Cell Phone: | Authorized to Receive Mail: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Work Phone: | Access to Authorized Parent Portal: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Employer: | Email Address: |
| Mailing Address (if different from above): | |

Alternate Transportation (if applicable): If your child will be attending school from a childcare location, please provide the contact information of the person or center providing childcare:

Name: _____ Phone: _____
 Address: _____
 AM only PM only Particular days of the week: _____

Has this child been a student in the District before? Yes No If yes, approximate dates: _____

Previous School Attended: _____ Last Date Attended: _____

Does student currently have an Individualized Education Program (IEP)? Yes No 504 Plan? Yes No

Is student currently receiving AIS or remedial services for Math or ELA/Reading? Yes No

NOTICE TO PERSON PROVIDING THIS INFORMATION:

You have provided the information necessary to complete this questionnaire so that the Red Creek Central School District may determine the legal residence of the student for school attendance purposes. The Red Creek Central School District retains the right to request additional information and to investigate the facts and circumstances involving the residency of the student. If it is determined that the student is not a resident of the Red Creek Central School District, he/she will not be entitled to attend the schools of the District.

VERIFICATION:

I have read the above completed questionnaire and verify that the information I have provided to complete the questionnaire is accurate and complete to the best of my knowledge.

 (Sign here and print below)

 Date

FOR OFFICE USE ONLY:

- Birth certificate
- Proof of Residency
- Proof of Physical
- Immunization Records
- Custody Papers (if applies)

cc: CSE Office,
 Transportation,
 Nurse

Principal's Initials _____ Superintendent Approval: _____ Date: _____