



School Name: _____

Student ID# _____

Bus Rte. _____

STUDENT REGISTRATION FORM

Student Name: _____ Grade Entering: _____ Gender: Male Female
Legal Last Name First MI

Street Address: _____
Street Name Apt. # City State Zip

Mailing Address: _____
Street Name Apt. # City State Zip

Home Phone: _____ Unlisted: (check if yes)

Birth Date: _____
Month/Day/Year

Birth Place: _____
City & State (or Country)

- Race – Select One or More**
- White (W)
 - Asian (A)
 - Black (B)
 - Indian/Alaskan Native Amer. (I)
 - Native Hawaiian/Other Pacific Islander (P)
- Hispanic** Yes No

Previous School Attended: _____
Name & Mailing Address

Is the Student Currently Suspended at the Previous School: Yes No

If Yes, Please Explain: _____

Primary Language Spoken in Home: _____ Student's Language: _____

PARENT/GUARDIAN INFORMATION

FAMILY STATUS

Father Step-Father Legal Guardian Foster Parent

Name: _____

Living in Household: _____ Yes _____ No

Address: _____

Home Phone: _____ CP: _____

E-Mail: _____

Employer: _____

Work Phone: _____ CP: _____

ACTIVE MILITARY: _____ Yes _____ No
 (If so, Rank/ Unit)

CIVILIAN Personnel: _____ Yes _____ No
 (Employed at Ft. Drum-Not Military)

FAMILY STATUS

Mother Step-Mother Legal Guardian Foster Parent

Name: _____

Living in Household: _____ Yes _____ No

Address: _____

Home Phone: _____ CP: _____

E-Mail: _____

Employer: _____

Work Phone: _____ CP: _____

ACTIVE MILITARY: _____ Yes _____ No
 (If so, Rank/Unit)

CIVILIAN Personnel: _____ Yes _____ No
 (Employed at Ft. Drum-Not Military)



CUSTODY INFORMATION

- Two Parents in Home
- Joint Custody
- Sole Custody
- Custody Transfer
- Separated
- Foster Placement (DSS-2999/3424 must be provided)
- Single Parent
- Emancipated

RESTRICTIONS OF CONTACT & INFORMATION (Paperwork Must be Provided)

- Order of Protection
- Papers Provided
Person Restricted _____
Exp. Date _____
- Other Documentation Provided
Specify _____
- Custody Papers Specify Restriction
- Papers Provided
- No Restrictions for Parents/Guardians

EMERGENCY INFORMATION (Other Than Parent)

1st Contact: _____ Phone: _____ Relation to Student: _____
 Address: _____
 Street Name Apt. # City State Zip

2ND Contact: _____ Phone: _____ Relation to Student: _____
 Address: _____
 Street Name Apt. # City State Zip

Physician's Name: _____ Phone: _____
 Address: _____
 Street Name Apt. # City State Zip

STUDENT EDUCATIONAL SERVICES

Does your child currently have an IEP? _____ Yes _____ No
 Does your child currently have a 504 Plan? _____ Yes _____ No
 Has your child ever repeated a grade in school? Grade _____ _____ Yes _____ No

Check any services listed below that your child has received in the past school year.

- _____ Remedial Math
- _____ Remedial Reading
- _____ Speech
- _____ ESOL
- _____ Occupational Therapy
- _____ Physical Therapy
- _____ School Counseling
- _____ Counseling from an Outside Agency

If my child has an IEP, I give my permission to disclose information from my child's educational records to local, state, and federal agency representatives for the sole purpose of claiming Medicaid reimbursement for health and related support services which may be included in my child's IEP.

 Signature of Parent/Guardian Date