

Lewiston-Porter Central School District

SCHOOL: _____

TODAY'S DATE: _____

GRADE: _____

ENTRANCE DATE: _____

STUDENT #: _____

FAMILY #: _____

Registrar's Initials _____

District Office Use Only

PLEASE BRING THE CHILD'S BIRTH CERTIFICATE, IMMUNIZATION RECORDS, ALL SCHOOL RECORDS AND TWO PROOFS OF RESIDENCE AT THE TIME OF REGISTRATION.

PUPIL INFORMATION

• Student's Name: _____
LAST FIRST FULL MIDDLE NAME

• By what name do you wish this child called in school? _____

• Birth date: _____ Birth place: _____ Gender: M F

• Your Lew-Port School District Address: _____
NUMBER STREET APT. # or PO BOX

_____ TOWN STATE ZIP CODE

• Main Contact Telephone # _____

• If you are not yet a Lew-Port Resident, what is the date you will be moving in? _____

Current address _____

Main Contact Telephone # _____

• Does the child reside with both parents? Yes No

• If no, whom does the child reside with? _____

• If parents are divorced or separated, who has residential custody? _____

• Other pertinent information: _____

• Has this child ever attended Lew-Port Schools before? Yes No

• If yes, name(s) of school(s) attended: _____

• Date student first attended New York State Schools: _____

• Was your child born in the United States? Yes No (if NO, answer questions below)

• What country was your child born in? _____

• Date of entry into the United States _____

• Date your child first started school in the United States? _____ Grade _____

(PLEASE BE PREPARED TO PROVIDE DOCUMENTATION)

McKINNEY-VENTO ACT

If you reside with relatives or others due to loss of housing economic hardship or similar reason or in a shelter, car, park, public space, abandoned building, camp-site, motel, substandard housing, bus or train station or similar setting; if you are abandoned in a hospital or are awaiting foster care placement; or have a primary night time residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation or in any other temporary living situation because you cannot afford housing, you or your child may be eligible for services.

Please contact our homeless liaison by calling: (716) 754-8281.

PARENT/GUARDIAN INFORMATION - (With whom student lives)

Adult #1: _____
LAST NAME FIRST NAME MIDDLE NAME

ADDRESS CITY STATE ZIP CODE

TELEPHONE HOME CELL WORK EXT.

EMPLOYER OCCUPATION

• Relationship to this child: Parent Step Parent Guardian Foster Parent Other _____

• Check Salutation: Mr. Mrs. Ms. Dr. Other _____

Adult #2:

LAST NAME

FIRST NAME

MIDDLE NAME

ADDRESS CITY STATE ZIP CODE

TELEPHONE HOME CELL WORK EXT.

EMPLOYER OCCUPATION

• Relationship to this child: Parent Step Parent Guardian Foster Parent Other _____

• Check Salutation: Mr. Mrs. Ms. Dr. Other _____

IF AN ADDITIONAL MAILING IS REQUIRED, PLEASE FILL OUT THIS PORTION.

LAST NAME

FIRST NAME

MIDDLE NAME

ADDRESS CITY STATE ZIP CODE

TELEPHONE HOME CELL WORK EXT.

EMPLOYER OCCUPATION

• Relationship to this child: Parent Step Parent Guardian Foster Parent Other _____

• Check Salutation: Mr. & Mrs. Mr. Mrs. Ms. Dr. Other _____

SIBLING INFORMATION

- Please list children under the age of 21 who reside in household.

Gender	Name (First, Middle, Last)	Birth Date	Grade	School to Attend

HOME LANGUAGE QUESTIONNAIRE

1. What language(s) is spoken in this child's home? English Other (please specify) _____
2. What language is spoken most of the time to the student? English Other (please specify) _____
3. What language(s) does the student understand? English Other (please specify) _____
4. Does the student speak? Yes No English Other (please specify) _____
5. Does the student read? Yes No English Other (please specify) _____
6. Does the student write? Yes No English Other (please specify) _____
7. In your opinion, how well does the student understand, speak, read, and write English?

Please check appropriate box	Well	Only a little	Not at all
Understands English			
Speaks English			
Reads English			
Writes English			

SPECIAL PROGRAMMING

- Does this child currently receive any of the following services?

- Speech Therapy English as a Second Language Remedial Reading
 Physical Therapy 504 Accommodation Plan Occupational Therapy
 Special Ed Class/Program

Other _____

Parent or Guardian Signature _____

NOTE: Notify the principal or guidance counselor if there are any special circumstances relating to your child that they should be aware of.

RACIAL / ETHNIC GROUP

DIRECTIONS TO PARENT/GUARDIAN

YOU MUST ANSWER QUESTIONS (1) AND (2). PLEASE READ THEM BEFORE YOU RESPOND.

1. Check the box that best describes your child. Check only ONE.

Is the student Hispanic, Latino, or of Spanish origin? YES, Hispanic NO, not Hispanic

2. Select one or more races from the following five racial groups.

(Check all boxes that apply to your child; check at least ONE):

AMERICAN INDIAN OR ALASKA NATIVE

A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

ASIAN

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

BLACK OR AFRICAN AMERICAN

A person having origins in any of the Black racial groups of Africa.

WHITE

A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

EMERGENCY CONTACT INFORMATION - (If parents cannot be reached)

Contact #1:

Name / Address: _____

Telephone: _____ Relationship to Student: _____
HOME CELL WORK

Contact #2:

Name / Address: _____

Telephone: _____ Relationship to Student: _____
HOME CELL WORK

Contact #3:

Name / Address: _____

Telephone: _____ Relationship to Student: _____
HOME CELL WORK

Health Care Provider: _____ Telephone: _____

Lewiston-Porter Central School District
4061 Creek Road
Youngstown, New York 14174
716-754-8281

AUTHORIZATION FOR RELEASE OF STUDENT INFORMATION

Student Name _____	_____	_____
	DOB	Grade
_____ Name of Previous School		
_____ Street Address		
_____ City, State, Zip	_____ Phone	_____ Fax

Student Name _____	_____	_____
	DOB	Grade
_____ Name of Previous School		
_____ Street Address		
_____ City, State, Zip	_____ Phone	_____ Fax

Parent Authorization Statement

As the Parent/Guardian of the above student(s), I hereby authorize the release of a complete transcript, including grades, health records, attendance records and any other pertinent information for the proper placement of the above student(s).

Signature

Date

Please fax or mail the completed transcript to the appropriate school:

Lewiston-Porter High School	grades 9-12	Fax 716-296-7851
Lewiston-Porter Middle School	grades 6-8	Fax 716-286-7204
Lewiston-Porter Intermediate Education Center	grades 3-5	Fax 716-286-7854
Lewiston-Porter Primary Education Center	grades K-2	Fax 716-286-7855