

NORTH TONAWANDA CITY SCHOOL DISTRICT

176 Walck Road ♦ North Tonawanda, New York 14120-4097 ♦ [716] 807-3568 ♦ FAX [716] 807-3524

All residents of North Tonawanda who have school aged children must register that child with the school district. Even If your child is **not** attending a North Tonawanda Public School, it is still necessary for you to complete the attached form. This will ensure that any services billed back to the district while your child is attending that school have been properly verified.

Students Name: _____ **Grade:** _____

Attending which Non-Public School: _____

IN ADDITION TO THIS COMPLETED FORM, IT IS ALSO REQUIRED TO SHOW AN ORIGINAL BIRTH CERTIFICATE FOR EACH STUDENT, AS WELL AS PROOF OF RESIDENCY (DESCRIBED BELOW).

Before any student is registered in the North Tonawanda City Schools, the student’s parent or legal guardian must provide proof of legal residence in North Tonawanda.

ALL APPLICANTS MUST SUBMIT TWO PROOFS OF RESIDENCY

Please provide the following to demonstrate that the address given on the enrollment form is your permanent home:

All applicants must submit at least one document from Column A, and one from Column B.

These documents are for address verification, and must all reflect the address provided for enrollment.

Column A	Column B
<ul style="list-style-type: none"> ♦ Copy of most recent mortgage statement ♦ Copy of Current Tax Bill ♦ Closing Statement or Legal verification of purchasing residence within the next 30 days ♦ Copy of current Lease AND Notarized Landlord Affidavit 	<ul style="list-style-type: none"> ♦ Utility Bill ♦ Vehicle Registration ♦ Payroll Stub ♦ Bank Statement ♦ Valid NYS Benefit Card <p style="text-align: center;">ALL DOCUMENTS MUST BE CURRENT</p>

FOR OFFICE USE ONLY

Date form and all information was received: _____

Date entered into Eschool: _____

Initials: _____

NORTH TONAWANDA CITY SCHOOL DISTRICT

Student Registration

STUDENT INFORMATION

NAME: _____ Male Female
Last Name First Name Middle Name

BIRTHDATE: ____/____/____ COUNTRY OF BIRTH (If not USA) _____ IMMIGRATION DATE: _____

Proof of Birth: Birth Certificate Passport Alien Card Visa Expiration Date: _____

STUDENT'S LEGAL RESIDENCE:

No. & Street Apt No. City Zip Code

HOME TELEPHONE: _____

LANGUAGE

LANGUAGE: Does this student understand English? YES NO If not, what language is spoken: _____

If more than one, which language is primary/dominant? _____

What is the predominant language spoken at home? _____

What language does the student read: _____ What language does the student write: _____

ETHNIC GROUP (FOR GOVERNMENT AGENCY REPORTS)

Is the student Hispanic, Latino or of Spanish origin? YES NO

AMERICAN INDIAN/ALASKAN NATIVE ASIAN BLACK MULTIRACIAL PACIFIC ISLANDER WHITE

SCHOOL HISTORY

GRADE LAST ATTENDED: _____ GRADES REPEATED: _____ PRESENT GRADE: _____

HAS YOUR CHILD BEEN REVIEWED BY A COMMITTEE ON SPECIAL EDUCATION? YES NO

HAS YOUR CHILD BEE REVIEWED BY A SECTION 504 PLAN COMMITTEE? YES NO

IF YES, HAS YOUR CHILD BEEN RECEIVING SPECIAL EDUCATION SERVICES OR 504 ACCOMODATIONS? YES NO

RECEIVED: IEP SECTION 504 PLAN

NAME AND ADDRESS OF ALL SCHOOLS PREVIOUSLY ATTENDED: (INCLUDE ANY NORTH TONAWANDA SCHOOLS EVER ATTENDED)

School Name Address Dates Attended Grades

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NORTH TONAWANDA CITY SCHOOL DISTRICT

Student Registration

PARENT/GUARDIAN INFORMATION

Person Registering Student: _____ Relationship: _____

Student is living with (check one only)

Both Parents Mother Only Father Only Foster Parent Guardian A Spouse/Partner

Parents divorced or separated? YES NO If yes, name of residential parent: _____

NOTE: A copy of court documents designating residential parent is required

Joint Custody: YES NO Are you the Guardian of the child? YES NO (If yes, please provide court documents)

► NT School District will require additional written information if the child to be registered is not living with either parent.

PARENT/GUARDIAN # 1 (Parent/Guardian #1 MUST reside at the same address as the student being registered)

NAME: _____ Relationship to Student: _____
Last First

Main Contact #: _____ Work Phone: _____ Email Address: _____

PARENT/GUARDIAN # 2 (Give address only if is different from the student)

NAME: _____ Relationship to Student: _____
Last First

Address: _____
No & Street Apt No. City Zip Code

Main Contact #: _____ Work Phone: _____ Email Address: _____

Receive Duplicate Correspondence YES NO Receive Duplicate Report Cards YES NO

PARENT/GUARDIAN # 3 (Give address only if is different from the student)

NAME: _____ Relationship to Student: _____
Last First

Address: _____
No & Street Apt No. City Zip Code

Main Contact #: _____ Work Phone: _____ Email Address: _____

Receive Duplicate Correspondence YES NO Receive Duplicate Report Cards YES NO