



WHEATLAND-CHILI CSD STUDENT REGISTRATION FORM

- For Office Use Only:
- Elementary School
 - Secondary School Counseling
 - Secondary School Main Office
 - PPS
 - Food Service
 - Health Office
 - Transportation
 - Technology
 - Registrar

STUDENT INFORMATION

Student ID Number: _____

Grade Registering for: _____ For Pre-K Only: AM PM No Preference
 Last Name: _____ First Name: _____ Middle Name: _____
 Preferred Name: _____ Gender: Female Male Non-Binary
 Date of Birth: _____
 Address: _____ Zip Code: _____

PRIMARY PARENT/GUARDIAN INFORMATION

Last Name: _____
 First Name: _____
 Does student live with you? Yes No
 Does this contact receive mailings? Yes No
 Can this contact pick up student? Yes No
 Can this contact have Parent Portal Access? Yes No
 Address: _____

 Cell Phone: _____
 Home Phone: _____
 Work Phone: _____
 Email Address: _____
 Employer: _____

Relationship to Student:

- Mother Father
 Step-Parent Foster Parent Guardian
 Group Home Contact Other _____

SECONDARY PARENT/GUARDIAN INFORMATION

Last Name: _____
 First Name: _____
 Does student live with you? Yes No
 Does this contact receive mailings? Yes No
 Can this contact pick up student? Yes No
 Can this contact have Parent Portal Access? Yes No
 Address: _____

 Cell Phone: _____
 Home Phone: _____
 Work Phone: _____
 Email Address: _____
 Employer: _____

Relationship to Student:

- Mother Father
 Step-Parent Foster Parent Guardian
 Group Home Contact Other _____

Name of student's physician: _____ Phone: _____
 Is there any specific medical problem present? Yes No

Military Status:

Is anyone in a parental relation to this child, currently on active military duty in the armed forces? Yes No
 If yes, start date _____

SIBLING INFORMATION

	Last Name	First Name	Middle Initial	Gender	Date of Birth	Grade	Living at Home (Y/N)
1							
2							
3							
4							

OTHER INDIVIDUALS IN THE HOME

	Last Name	First Name	Relationship to Student
1			
2			

EDUCATION HISTORY

Name of Last School Attended: _____ Last Grade Attended: _____

School Address and Phone Number: _____

Has your student ever attended Wheatland-Chili Central School District in the past? Yes No

If yes, check schools attended: T.J. Connor Elementary Middle/High School

Has your student ever played a sport at another Section V school? Yes No

If yes, please complete: School _____ Sport _____ Level _____

Has your student ever repeated a grade? Yes No If so, which grade: _____

What year did your student *first* enter grade 9? _____

Does the student have a 504 Plan? Yes No Does the student have an IEP? Yes No

Has the student ever received special help in: Reading Math Speech PT OT Other: _____

For more information regarding your rights to special education services, please visit the New York State Education Departments website relating to a parent's guide to special education in New York for children ages three through 22:

<https://www.p12.nysed.gov/specialed/publications/policy/parentguide.htm>

EMERGENCY CONTACT

Emergency Contact 1 Name: _____ Relationship to Student: _____

Phone: _____ Authorized to pick up? Yes No

Emergency Contact 2 Name: _____ Relationship to Student: _____

Phone: _____ Authorized to pick up? Yes No

Emergency Contact 3 Name: _____ Relationship to Student: _____

Phone: _____ Authorized to pick up? Yes No

If these telephone numbers, or those on pg. 1 of this form are changed during the year, please notify the district immediately.

I confirm that all the above information is accurate and that I am a resident of the Wheatland-Chili Central School District.

Parent/Guardian Signature: _____ Date: _____

BELOW THIS LINE - FOR OFFICE USE ONLY

Date Registered _____	Proof of Residency _____	Current Report Card _____
Birth Certificate _____	Non-Resident _____	Lunch Application _____
Signed Release Form _____	Urban/Suburban _____	

<i>Distribution</i>		
_____ Elementary School	_____ Secondary School	_____ PPS _____ Technology
_____ Food Service	_____ Health Office	_____ Transportation