

RED CREEK CENTRAL SCHOOL DISTRICT  
PO BOX 190, RED CREEK, NY 13143  
PUPIL REGISTRATION FORM

Enrollment Date: \_\_\_\_\_ Enrollment Grade: \_\_\_\_\_

Please check one:  M.W. Cuyler Elementary UPK-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

<b>Primary Contact Name (First, MI, Last):</b>	
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)	

<b>Primary Contact Name (First, MI, Last):</b>	
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

<b>Non-custodial Contact</b> 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)	

**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 of 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 residence of the student. If it is determined that the student is not a resident of the Red Creek Central School District, they will not be entitled to attend the school or 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:**

- |   |  |                |
|---|--|----------------|
| <input type="checkbox"/> Birth Certificate  | <input type="checkbox"/> Immunization Records        | cc: CSE Office |
| <input type="checkbox"/> Proof of Residency | <input type="checkbox"/> Custody Papers (if applies) | Transportation |
| <input type="checkbox"/> Proof of Physical  | <input type="checkbox"/> Free/Reduced Lunch          | Nurse          |
|   |  | Registrar      |

Registrar Initials \_\_\_\_\_ Superintendent's Approval: \_\_\_\_\_ Date: \_\_\_\_\_