WILLIAMSVILLE CENTRAL SCHOOL DISTRICT
Est. 1893

Revised 3/19

WILLIAMSVILLE CENTRAL SCHOOL DISTRICT PUPIL REGISTRATION FORM

SCHOOL: _____ TODAY'S DATE: _____

STUDENT INFORMATION- Please complete accurately and completely. Information is to be used to satisfy reporting requirements.

*** REQUIRED INFORMATION – REGISTRATION NOT COMPLETE UNLESS FILLED OUT COMPLETELY**

*STUDENT'S NAME _____ NICKNAME _____
Last *First* *Middle*

*BIRTHDATE_____ SEX: M ☐ F ☐ * DATE ENTERED GRADE 9: _____ Has student lived in WCSD previously?: YES [ ] NO [ ]

IS STUDENT HISPANIC: Y/N

*Racial Information (More than one may be selected if student is multiracial) ☐ Am. Indian/Alaskan ☐ Black/African Am. ☐ Asian ☐ White ☐ Pac Is/Native Hawaiian

STUDENT'S RESIDENCE: _____
No. & Street *Apt. No.* *city/town* *zip code*

Check one that applies: ☐ one family household ☐ lives with relatives/friends ☐ Foreign Exchange student ☐ Other (Shelter: Motel, Hotel, Car)

*HOME TELEPHONE: _____

TEMPORARY ADDRESS: _____ TEMP. PHONE: _____ School District _____
(Contract use only) *No. & Street* *Apt. No.* *city/town* *zip code* Date of Anticipated Move to WCSD Residence: _____

PREVIOUS DISTRICT & SCHOOL:_____ FAX # _____ **PREVIOUS GRADE _____

SCHOOL'S ADDRESS (to request records) _____
No. & Street *city/town* *state* *zip*

***** Incorrect information may result in a change of grade and school schedule.***

MEMBERS OF THE STUDENT'S PRIMARY RESIDENCE

ADULT #1 Sex: ☐ Male ☐ Female

_____ _____ _____ _____
Sal *Last* *First* *MI*

EMAIL ADDRESS _____

WORK PHONE: _____ CELL PHONE _____

RELATIONSHIP TO CHILD: *Check one*
☐ Natural Parent ☐ Step-Parent ☐ Legal Guardian ☐ Foster _____

RELATIONSHIP TO ADULT #2 _____

ADULT #2 Sex: ☐ Male ☐ Female

_____ _____ _____ _____
Sal *Last* *First* *MI*

EMAIL ADDRESS _____

WORK PHONE: _____ CELL PHONE _____

RELATIONSHIP TO CHILD: *Check one*
☐ Natural Parent ☐ Step-Parent ☐ Legal Guardian ☐ Foster _____

RELATIONSHIP TO ADULT #1 _____

NAME OF CHILD'S BROTHERS	DATE OF BIRTH	NAME OF CHILD'S SISTERS	DATE OF BIRTH

EMERGENCY CONTACTS (RELATIVE, FRIEND)

NAME Mr./Ms. _____ RELATIONSHIP_____ Cell#/Home# _____

NAME Mr./Ms. _____ RELATIONSHIP_____ Cell#/Home# _____

NAME AND ADDRESS OF NON-CUSTODIAL PARENT/GUARDIAN WHO SHOULD RECEIVE CORRESPONDENCE.

_____ RELATIONSHIP TO CHILD_____

* HAS CHILD EVER RECEIVED ANY SPECIAL SERVICES? (i.e. Speech, Resource Room, Etc) YES ☐ (specify)_____ NO ☐
* HAS CHILD PREVIOUSLY BEEN CLASSIFIED YES[ ] NO [ ]
ADDITIONAL INFORMATION or COMMENTS: (Non-Custodial parent info, health info, Allergies, _____

NOTICE: The provision of false information on this registration form may constitute a crime and may result in a referral to the appropriate law enforcement agency. The District also reserves the right to recover from parents, legal guardians, or others who falsely complete this form, the entire cost of educating the student, plus all related costs, for the entire period the student was enrolled in school under false assurances. Related costs include, but are not limited to, costs of investigations, legal fees, and court fees.

PARENT/GUARDIAN SIGNATURE_____ DATE _____

OFFICE USE ONLY:

PROOF OF RESIDENCY 1. _____ 2._____ PROOF OF BIRTHDATE _____ CUSTODY/GUARDIAN PAPERS _____

ENTRY DATE: _____ GRADE _____ H.R. _____ TEACHER/COUNSELOR _____

BUS TO SCHOOL _____ BUS HOME _____ RECORDS REQUESTED _____

NURSE'S REVIEW OF IMMUNIZATION RECORDS: ☐ Approved ☐ Not Approved DATE OF CHILD'S FIRST POLIO IMMUNIZATION _____

NURSE'S SIGNATURE & DATE OF REVIEW:_____

REGISTRAR'S SIGNATURE & DATE OF REVIEW: