



# 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: \_\_\_\_\_ Full Day (8:30 a.m. to 1:30 p.m.)  
 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.nysed.gov/special-education/parents-guide-special-education>

**EMERGENCY CONTACT (Other than Parents)**

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 |                  |