

Marcellus Central Schools

Foreign Exchange

Student Registration

Student #:	Bus #/Walker	Homeroom #	Grade Entering
Date Registered:	Starting Date:	Proof of Residency Primary ☐ Secondary ☐	Immunization Records: ☐
Residency Form: ☐		Physical Exam: ☐	IEP/504 Plan: ☐
Authorization to Release Records: ☐		Custody Court Papers: ☐	Entered in SIS:

Do not write above this line – office use only

Student's Last Name	First	Middle	Sex M ☐ F ☐
Date of Birth	Place of Birth		
Address – House Number & Street:		E-mail:	
City:		Zip:	
Special Education	Is this child currently identified as a special education student, receiving special education service?	Yes ☐ No ☐	Is this child receiving AIS Services? Yes ☐ No ☐

Host Father's Name	Employer
Education – Last Grade/Degree	Priority 1 contact phone:
Address (if different)	Priority 2 contact phone:
	Priority 3 contact phone:
Host Mother's Name	Employer
Education – Last Grade/Degree	Priority 1 contact phone:
Address (if different):	Priority 2 contact phone:
	Priority 3 contact phone:

If host parent is not available, in case of illness or emergency, call

Name:	Priority 1 contact phone:
Address:	Priority 2 contact phone:
	Priority 3 contact phone:

Physician	Phone Number:
If this child is transferring from another school, please give the name and address of the former school.	
Name:	Address:

Current Grade Level:		
Has the student ever attended Marcellus in the past?	Yes ☐	No ☐
If yes, when?		

(Preventive and Control Measures)			
Additional health examinations and date of same:		Chest X-ray	
Hearing	Eyes	Dental	Other
Is He/She Attending Nursery School/Day Care?		Yes ☐	No ☐
Name of School:			
Number of Days Attending:		Telephone #	

Health History		
Native Language Spoken in the Home:		
State approximate year in which your child had any of the following:		
Chicken Pox	Rheumatic Fever	Tuberculosis
Diphtheria	Scarlet Fever	Contact with TBC
German Measles	Whooping Cough	Measles
Asthma, Allergies	Diabetes	Ear Conditions
Heart Disease	Seizures	Frequent Colds
Mumps	Pneumonia	Operations
Poliomyelitis	Birth Injury	Serious Injuries

Does your child have a health problem (allergies, ear problems, etc.) that school personnel should be aware of?	Yes ☐	No ☐
If yes, please explain:		
Is your child on any regular medication?	Yes ☐	No ☐
If yes, please list:		

Has your child been hospitalized at all since birth?	Yes ☐ No ☐
If yes, what was the reason?	

Has your child had any serious illness or injury that did not require hospitalization?	Yes ☐ No ☐
If yes, please explain:	

Has your child had other screening or evaluation by other health professionals (i.e. speech therapist, neurologist, psychiatrist, etc)?	Yes ☐ No ☐
If yes, date and results:	

Do you have any concerns regarding your child that you would like to bring to the attention of his/her teacher or school nurse?	Yes ☐ No ☐
If yes, please elaborate:	

By completing this part of the form, you will help us to receive any additional state aid that will be made available to our district based on these factors.

Please answer both questions 1 and 2. Please read them before you respond.

1. Is the student Hispanic, Latino or of Spanish origin? Hispanic, Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race. Please check ☒ the box that best describes your child.

Yes, Hispanic ☐

No, not Hispanic ☐

2. Select one or more races from the following five racial groups. For question (2) check ☒ all groups that apply to your child. You must check at least one box.

American Indian or Alaska Native: *A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.*

☐

Asian: *A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.*

☐

Native Hawaiian or Pacific Islander: *A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific islands.*

☐

Black: *A person having origins in any of the black racial groups of Africa*

☐

White: *A person having origins in any of the original peoples of Europe, North Africa, the Middle East*

☐