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: - ☐ Non-Public School Enrollment

Last Name: _____ First Name: _____ Middle Name: _____

Preferred Name: _____ Gender: ☐ Female ☐ Male ☐ Non-Binary

Age: 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				-		-	

Student Name: Student # (for Office Use Only)

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* _____

Distribution

_____ *Elementary School* _____ *MHS Counseling* _____ *PPS* _____ *MHS Main Office*

_____ *Food Service* _____ *Health Office* _____ *Technology* _____ *Transportation*