



Student ID#: _____

Williamson Central School District
PO Box 900
Williamson, New York 14589

HOMESCHOOL INFORMATION SHEET

Student Name: _____

Student Date of Birth: _____

Student Last Completed Grade Level: _____

Parent\Guardian Name(s): _____

Address: _____

Phone Number: _____

Email Address: _____

Preferred Method of Contact: ☐ Phone ☐ Email

School Aged Siblings in the house: (Name, Age, Grade Level)



Student ID#:

Williamson Central School New Student Registration

Student Information

Legal Name (First\Middle\Last)		Preferred Name (First\Middle\Last)		Date of Birth	
Nickname (if applicable)	Gender ☐ Male ☐ Female ☐ Non-Binary ☐ Other		Preferred Pronouns	Current Grade	
Race\Ethnicity (used strictly for state & federal required reporting) Hispanic ☐ Yes ☐ No 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. ***** Select one or more races from the following racial groups. (Check at least one box) ☐ White ☐ Black\African American ☐ Asian ☐ Native Hawaiian\Pacific Islander ☐ American Indian\Alaskan					
Home Address		City	State	Zip Code	
Mailing Address (if different)		City	State	Zip Code	
Student Lives with ☐ Both Parents ☐ Mother ☐ Father ☐ Guardian		Living Arrangement (used to determine eligibility for additional services) ☐ Permanent Housing ☐ Temporary Housing ☐ Homeless ☐ Shared Housing ☐ Other _____		Student's Parents are ☐ Married ☐ Divorced ☐ Separated ☐ Deceased ☐ Other	
IEP	504	Legally Blind	Custodial Restrictions	Order of Protection	Custody Papers
☐ Yes	☐ Yes	☐ Yes	☐ Yes	☐ Yes	☐ Yes
☐ No	☐ No	☐ No	☐ No	☐ No	☐ No
If Answered Yes to any of above questions, please provide more information: 					
Student's Doctor: Doctor Name & Phone Number:					



Student ID#:

Primary Parent\Guardian Information

Name		Relationship ☐ Mother ☐ Father ☐ Guardian: _____	
Address	City	State	Zip Code
Email Address	Cell Number		Home Number
Employer	Work Phone	Receive Mailings ☐ Yes ☐ No	Okay to Pick-Up Student ☐ Yes ☐ No

Parent\Guardian Information

Name		Relationship ☐ Mother ☐ Father ☐ Guardian: _____	
Address	City	State	Zip Code
Email Address	Cell Number		Home Number
Employer	Work Phone	Receive Mailings ☐ Yes ☐ No	Okay to Pick-Up Student ☐ Yes ☐ No

Siblings Living in Primary Residence

Name (First\Middle\Last)	Gender	Date of Birth (MM\DD\YYYY)