

**OWEGO APALACHIN CENTRAL SCHOOL DISTRICT
STUDENT INFORMATION / REGISTRATION FORM**

PLEASE PRINT

* PLEASE PRINT*

(PARENT/GUARDIAN MUST SUBMIT THIS FORM IN PERSON)

OFFICE USE ONLY	STUDENT ID# _____	BUILDING _____	SCHOOL YEAR _____	GRADE ASSIGNED _____	START DATE _____
	COUNSELOR _____	TEACHER _____	HMRM _____		

STUDENT NAME _____ SEX: _____
(First) (Middle) (Last) (Jr / Sr / III / IV) (M / F)

BIRTH DATE _____ BIRTHPLACE _____ US CITIZEN _____
(MM/DD/YYYY) (City, State, Country) (Yes / No)

Date Entered US _____ If not US citizen, indicate citizenship _____ Date *First* Enrolled in US School _____

EVER ATTEND NYS SCHOOL ? _____ If yes, Indicate School / Yr _____ OA SCHOOL ? _____ If yes, Indicate School / Yr _____

ETHNIC ORIGIN (OPTIONAL) ___ 1 American Indian ___ 4 Hispanic ___ 2 African American ___ 5 Caucasian ___ 3 Asian ___ 6 Nat. Hawlian/Pac Is ___ 7 Other	Primary Language _____	LAST SCHOOL ATTENDED NAME _____ ADDRESS _____ _____ DATE LEFT _____ LAST GRADE COMPLETED _____
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STUDENT RESIDENTIAL ADDRESS STREET _____ APT. _____ CITY _____ STATE _____ ZIPCODE _____ HOME PHONE _____	STUDENT MAILING ADDRESS (only if different than Residential) STREET _____ APT. _____ CITY _____ STATE _____ ZIPCODE _____ HOME PHONE _____
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PROOF OF RESIDENCE (must provide 2): most recent pay stub, current rent receipt, landlord's statement, current phone or electric bill, etc.)
 (See also "LIVING ARRANGEMENTS" section on Page 2 of this form)

G U A R D I A N NAME _____ <small>(Mr., Mrs., Ms., Miss) (First) (Middle) (Last) (Jr / Sr / III / IV)</small> STREET _____ APT. _____ CITY _____ STATE _____ ZIP _____ HOME PHONE _____ WORK PHONE _____ Cell PHONE _____ PLACE & ADDRESS OF EMPLOYMENT _____ Email address _____ (OPTIONAL)	Receive Mailings YES / NO Relationship to student _____ Living with Student YES / NO
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G U A R D I A N NAME _____ <small>(Mr., Mrs., Ms., Miss) (First) (Middle) (Last) (Jr / Sr / III / IV)</small> STREET _____ APT. _____ CITY _____ STATE _____ ZIP _____ HOME PHONE _____ WORK PHONE _____ Cell PHONE _____ PLACE & ADDRESS OF EMPLOYMENT _____ Email address _____ (OPTIONAL)	Receive Mailings YES / NO Relationship to student _____ Living with Student YES / NO
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If Student is not living with both parents, who has legal custody? _____

Parent or guardian listed above has permission to pick up the child, unless otherwise indicated. Notify the school principal immediately if there are any court orders restricting non-custodial parents or others from contact with the child. Provide the principal with a copy of the order.

OFFICE USE ONLY

Date first Entered 9th Grade: _____

BIRTH CERT. _____

IMMIGR. PAPERS _____

SCHOOL RECORD RELEASE _____

Home Lang. Questionnaire _____

RESIDENCY FORM? _____

PROOF #1 _____

PROOF #2 _____

DUPLICATE MAILINGS _____

CUSTODY FORM _____

Alert Needed _____

Those designated below are authorized to pick up my child from school in an emergency:

C
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A
C
T
S

NAME _____ RELATIONSHIP _____
 HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

NAME _____ RELATIONSHIP _____
 HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

NAME _____ RELATIONSHIP _____
 HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

OFFICE
USE ONLY

OTHER
CONTACTS

SIBLING
INFO

Homeless?

DISABILITY
INFO

SIGNATURE

OTHER SCHOOL-AGED CHILDREN IN FAMILY (Ages Birth through 21 years of age)

NAME _____ BUILDING _____ SEX: _____ DOB _____ AT RESIDENCE _____
 (First) (Middle) (Last) (AES, OES, OAMS, OFA) (M / F) (MM/DD/YYYY) (Yes /No)

NAME _____ BUILDING _____ SEX: _____ DOB _____ AT RESIDENCE _____
 (First) (Middle) (Last) (AES, OES, OAMS, OFA) (M / F) (MM/DD/YYYY) (Yes /No)

NAME _____ BUILDING _____ SEX: _____ DOB _____ AT RESIDENCE _____
 (First) (Middle) (Last) (AES, OES, OAMS, OFA) (M / F) (MM/DD/YYYY) (Yes /No)

NAME _____ BUILDING _____ SEX: _____ DOB _____ AT RESIDENCE _____
 (First) (Middle) (Last) (AES, OES, OAMS, OFA) (M / F) (MM/DD/YYYY) (Yes /No)

(IF MORE LINES ARE NEEDED, PLEASE USE THE BACK OF THIS SHEET / ANOTHER SHEET)

OTHER INFORMATION

LIVING ARRANGEMENTS: (Circle Yes or No) Are you –

Living in a shelter? YES / NO

Living with relatives or others due to lack of housing? YES / NO

Living in an abandoned apartment/building, in a motel/hotel, camping ground, car, train/bus station, or other similar situation due to lack of alternative, adequate housing? YES / NO

Temporarily housed in a shelter awaiting a permanent foster care placement? YES / NO

ANY DISABILITIES? _____ If yes, specify: _____ 504 _____ CSE _____
 (Yes/No) (Yes/No) (Yes/No)

Signature of Parent/Guardian _____ Date _____

Signature of School Official who registered child _____ Date _____

FOR OFFICE USE ONLY

_____ BAND _____ CHORUS _____ LANGUAGE (specify): _____

BUS INFO: _____

Original – Permanent File Copies to: Registrar Health Office Office Guidance CSE Transportation

This is a **CONFIDENTIAL** record and will not be shared with unauthorized individuals or organizations.