

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

\*PLEASE PRINT\*

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**(PARENT/GUARDIAN MUST SUBMIT THIS FORM IN PERSON)**

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

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

BIRTH DATE \_\_\_\_\_ (MM/DD/YYYY) BIRTHPLACE \_\_\_\_\_ (City, State, Country)

If not US citizen, indicate citizenship \_\_\_\_\_ Date Entered US \_\_\_\_\_ Date First Enrolled in US School \_\_\_\_\_

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

PRIMARY LANGUAGE \_\_\_\_\_

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Date first Entered 9<sup>th</sup> Grade: \_\_\_\_\_

BIRTH CERT. \_\_\_\_\_

IMMIGR. PAPERS \_\_\_\_\_

SCHOOL RECORD RELEASE \_\_\_\_\_

Home Lang. Questionnaire \_\_\_\_\_

RESIDENCY FORM? \_\_\_\_\_

PROOF #1 \_\_\_\_\_

PROOF #2 \_\_\_\_\_

DUPLICATE MAILINGS \_\_\_\_\_

CUSTODY FORM \_\_\_\_\_

Alert Needed \_\_\_\_\_

**RACE (choose one or more):**

\_\_\_ 1) American Indian or Alaskan Native      \_\_\_ 4) Asian

\_\_\_ 2) Native Hawaiian or Other Pacific Islander      \_\_\_ 5) White

\_\_\_ 3) Black or African American

Is the student of Hispanic/Latino ethnicity? (circle yes or no) **YES / NO**

LAST SCHOOL NAME \_\_\_\_\_

ATTENDED ADDRESS \_\_\_\_\_

DATE LEFT \_\_\_\_\_ LAST GRADE COMPLETED \_\_\_\_\_

**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 \_\_\_\_\_

**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 \_\_\_\_\_ (Mr., Mrs., Ms., Miss) (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_ (Jr / Sr / III / IV)

STREET \_\_\_\_\_ APT. \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ Cell PHONE \_\_\_\_\_

PLACE & ADDRESS OF EMPLOYMENT \_\_\_\_\_

Email address \_\_\_\_\_

Receive Mailings  
**YES / NO**

Relationship to student  
\_\_\_\_\_

Living with Student  
**YES / NO**

**G U A R D I A N** NAME \_\_\_\_\_ (Mr., Mrs., Ms., Miss) (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_ (Jr / Sr / III / IV)

STREET \_\_\_\_\_ APT. \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ Cell PHONE \_\_\_\_\_

PLACE & ADDRESS OF EMPLOYMENT \_\_\_\_\_

Email address \_\_\_\_\_

Receive Mailings  
**YES / NO**

Relationship to student  
\_\_\_\_\_

Living with Student  
**YES / NO**

If Student is not living with both parents, who has legal custody? \_\_\_\_\_ (Please provide copy of custody order)

Parents/guardians 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 and provide the principal with a copy of the order.

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

C O N T 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 \_\_\_\_\_

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OTHER CONTACTS

SIBLING INFO

Homeless?

DISABILITY INFO

SIGNATURE

**OTHER 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 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.