

OWEGO APALACHIN CENTRAL SCHOOL DISTRICT
STUDENT INFORMATION / REGISTRATION FORM
(PARENT/GUARDIAN MUST SUBMIT THIS FORM IN PERSON)

PLEASE PRINT

* PLEASE PRINT*

Preference: A.M. or P.M. (Circle one – UPK only)

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

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

BIRTH DATE _____ BIRTHPLACE _____
(MM/DD/YYYY) (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 _____

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

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 _____

OFFICE USE ONLY

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.