

SKANEATELES CENTRAL SCHOOLS
STUDENT REGISTRATION FORM

FOR SCHOOL USE ONLY

DATE: _____ GRADE: _____
STUDENT ID: _____

Student's Full Name: _____ / _____ / _____
Last First Middle

Grade: _____ Gender: ___ M ___ F Birthdate: ____/____/____ Proof of Birth: _____

Students Legal Residence:

Street: _____

City: _____ ZIP Code: _____ County: _____

Parent Information:

Parent/Guardian #1(primary contact) ___ Mother ___ Father ___ Guardian ___ Step Parent ___ Other
(Lives with)

Name: _____

Address: _____

Phone numbers: (1) _____ (2) _____

Email address: _____

Parent/Guardian #2 ___ Mother ___ Father ___ Guardian ___ Step Parent ___ Other

Name: _____

Address: _____

Phone numbers: (1) _____ (2) _____

Email address: _____

Is there a custody agreement in place for this child? ___ Yes ___ No
(If yes, please provide the district a copy of the agreement)

Which parent or guardian has legal residential custody? ___ Mother ___ Father ___ Both ___ Other

Student Ethnic and Racial Identification:

Primary Language of Student: _____ Hispanic: ___ Yes ___ No

Choose Race(s):Select all that apply

___ American Indian or Native Alaskan ___ Asian ___ Black or African American

___ Caucasian ___ Hawaiian or Pacific Islander

Siblings Name	Birthdate	Relationship	Grade
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Transportation to/from school:

Bus AM PM Parent drop off/ pick up

Walk AM PM

Transfer Information/Previous School

Name of Previous School: _____

Address and Phone number of previous school: _____

Has this student attended Skaneateles Central School District previously? Yes No

Is this student currently enrolled in any type of Support Programs? Yes No

IEP 504 plan ESL services Speech/Language Reading/Math

Information Waiver

The following statement indicates your permission for the exchange of those records which would be helpful to the education of your child. I hereby consent to the giving or receiving of the student records of my child including health, psychological and academic between The Skaneateles Central School District and other school districts or any duly constituted agencies or specialists.

Student Name: _____

Parent/Guardian Signature: _____ Date: _____

Emergency/Health Information

Family Doctor: _____ Phone Number: _____

In an emergency, do we have your permission to call the nearest doctor? Yes No

Medical insurance: _____ Policy number: _____

Medical alert: _____

Emergency Contacts: (Has permission to pick up student)

(Can be just parents)

_____ /	_____ /	_____
Name	Relationship	Phone number

_____ /	_____ /	_____
Name	Relationship	Phone number