

**SCHUYLERVILLE ELEMENTARY SCHOOL
14 SPRING STREET
SCHUYLERVILLE, NY 12871**

REGISTRATION FORM

STUDENTS NAME _____ DATE OF BIRTH _____ BIRTHPLACE _____ SOCIAL SECURITY # _____
 ADDRESS _____ CITY, STATE _____ ZIP _____ HOME TELEPHONE # _____ CELL NUMBER # _____
 BIRTH CERTIFICATE _____ SHOT RECORDS _____ NICKNAME _____ ETHNICITY _____ SEX _____ GRADE _____

PARENTS/GUARDIAN

NAME	BIRTHDATE	HOME ADDRESS	WORK NAME & NUMBER	HIGHEST LEVEL OF EDUCATION
MOTHER (INCLUDING MAIDEN)				
FATHER				
STEP PARENT				
LEGAL GUARDIAN				

BROTHERS AND SISTERS

NAME (FIRST AND LAST)	SEX	BIRTHDATE	LIVING AT HOME	PRESENT GRADE	SCHOOL ATTENDING

PREVIOUS SCHOOL ATTENDED _____ PHONE NUMBER _____ GRADE _____
 ADDRESS _____ HAS STUDENT EVER BEEN KNOWN BY ANY OTHER NAME _____
 SERVICES: AIS MATH _____ AIS READING _____ IEP _____ 504 _____ SPEECH _____ COUNSELING _____ OTHER _____

PLEASE COMPLETE BOTH SIDES

PARENT MARITAL STATUS _____ IS THERE A CUSTODY ISSUE ON THIS STUDENT _____

IF YES, WHO HAS CUSTODY _____ RELATIONSHIP _____

ARE THERE CUSTODY PAPERS ON FILE IN THE OFFICE _____

****REMINDER: THE SCHOOL MUST HAVE A COPY OF CUSTODY PAPERS ON FILE IN THE OFFICE****

IF A PARENT IS NOT AVAILABLE IN AN EMERGENCY, PLEASE CALL _____

PHONE NUMBER _____ RELATIONSHIP _____

TECHNOLOGY

DO YOU HAVE A HOME COMPUTER YES NO IS IT INTERNET ACCESSIBLE YES NO

E-MAIL _____

If there is anything you wish to tell us regarding your child, please explain below: _____

SIGNATURE OF PERSON FILLING OUT THIS FORM

RELATIONSHIP

DATE

FOR OFFICE USE ONLY

ARE YOU LIVING IN A SHELTER	YES	NO
ARE YOU LIVING IN A MOTEL, HOTEL OR TRANSITIONAL HOUSING SITUATION	YES	NO
ARE YOU LIVING IN A CAR, TRAILER ON PRIVATE PROPERTY OWNED BY OTHER OR SEASONAL CAMPSITE	YES	NO
ARE YOU TEMPORARILY IN OTHER'S HOME OR APARTMENT, DUE TO LOSS OF HOUSING	YES	NO
ARE YOU TEMPORARILY WITH AN ADULT THAT IS NOT A PARENT/LEGAL GUARDIAN	YES	NO
IS YOUR CHILD WAITING FOR A FOSTER PLACEMENT	YES	NO

REQUEST RECORDS _____ STUDENT ID # _____ FAMILY ID # _____ BUS GARAGE _____ RESIDENCY REQUIREMENTS _____

TEACHER _____ START DATE _____ BIRTH CERT _____ SHOT RECORDS _____ CUSTODY PAPERS _____

PICTURE TAKEN _____

PLEASE COMPLETE BOTH SIDES