

SCHUYLERVILLE
CENTRAL SCHOOL DISTRICT

Initial Enrollment Form

Page 1 of 4

SCHOOL USE ONLY

Registration Date:
Date Entered:
ID #:
Date Left:

STUDENT INFORMATION

Student's Full Name:

Last Name	First Name	Middle Name
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Student's Physical Address:

Street	City	State	Zip Code
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Student's Mailing Address (if different from above):

Gender: Male / Female Date of Birth: Place of Birth: Home Phone:

Has student previously attended Schuylerville Central School Yes / No

PRIMARY HOUSEHOLD PARENT / GUARDIAN INFORMATION

(Only list those adults currently living in the household with the child(ren) listed above and on page 2)

FATHER / Male Guardian / Other Adult Male: Relationship to Student:

**Custodial Rights: Yes / No Cell Phone Number: E-mail Address:

Employer Name: Employer Address: Employer Phone:

MOTHER / Female Guardian / Other Adult female: Relationship to Student:

**Custodial Rights: Yes / No Cell Phone Number: E-mail Address:

Employer Name: Employer Address: Employer Phone:

** Legal Papers filed in district folder: Yes/No

(Custody documents **must** be on file within two weeks of enrollment)

NON-HOUSEHOLD PARENT INFORMATION

(If dad or mom is not residing in the **PRIMARY** household, please list their information below)

NAME OF PARENT:		Relationship to Student:
Mailing Address:		Custodial Rights: Yes / No
Home Phone:	Cell Phone:	E-mail Address:
Employer Name:	Employer Address:	Employer Phone:

IMPORTANT NOTE REGARDING RELEASE OF STUDENTS FROM SCHOOL:

The school district shall presume that either parent of a student has authority to obtain the child's release from school. However, a student shall not be released to a non-custodial parent if the district has been provided with a certified copy of a legally binding instrument, such as a court order or decree of divorce, separation or custody, that indicates the non-custodial parent does not have the right to obtain such release.

SIBILING INFORMATION

Name	Gender	Date of Birth	Grade Enrolled at SCS	Is Child Living at Home?
	M / F			
	M / F			
	M / F			
	M / F			
	M / F			
	M / F			

EMERGENCY CONTACT NAMES (NOT PARENT or GUARDIAN)

#1

Name:	Relationship to Student:	
Address:	Home Phone:	Cell Phone:
Can this person pick the student up from school?	YES / NO	

EMERGENCY CONTACT NAMES (NOT PARENT or GUARDIAN)

#2

Name:	Relationship to Student:	
Address:	Home Phone:	Cell Phone:
Can this person pick the student up from school?	YES / NO	

TRANSPORTATION FORM (if transportation is required)

Student Name:

Grade Level:

Gender: **MALE / FEMALE**

Address (list pick-up & drop-off if different):

City:

Parent's Name:

Home Phone:

EMERGENCY NAME AND PHONE NUMBER

Name:

Phone Number:

Start Date: