



Student Registration  
14 Spring Street Schuylerville, NY 12871  
518-695-3255

## Registration Form

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Present Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Gender:  Female  Male  Non-Binary

### **Parent/Guardian (1) Information:**

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Present Residence Address: \_\_\_\_\_

Present Telephone Number: Home \_\_\_\_\_ Mobile \_\_\_\_\_

Email: \_\_\_\_\_

Receives Mail  Receives Email  Parent Portal Access

### **Parent/Guardian (2) Information:**

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Present Residence Address: \_\_\_\_\_

Present Telephone Number: Home \_\_\_\_\_ Mobile \_\_\_\_\_

Email: \_\_\_\_\_

Receives Mail  Receives Email  Parent Portal Access

### **With whom does the child(ren) reside?**

Both parent/guardians in the same household  Parent/Guardian (1)  Parent/Guardian (2)

Other - If other, please explain: \_\_\_\_\_

**Do you have a custodial agreement between Parent/Guardians that you would like on file?**  NO  YES

**Does your child have a parent on Active Duty in the Armed Forces?**  NO  YES

Branch of Service: \_\_\_\_\_

### **Emergency Contact #1**

Contact Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Allowed to pick up student?  YES  NO

### **Emergency Contact #2**

Contact Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Allowed to pick up student?  YES  NO

Name of Last School Child Attended: \_\_\_\_\_

Address and Phone Number: \_\_\_\_\_

Has your child ever repeated a grade?  NO  YES If yes, which grade(s): \_\_\_\_\_

### **For High School Students Only**

Date Entered 9<sup>th</sup> Grade: July 1, \_\_\_\_\_

Has the student participated or does the student intend to participate in a JV/Varsity sport? NO YES  
If YES, a **NYSPHSAA Transfer Form** must be completed and returned to the Athletic Department.

Continue to Back →

### **SPECIAL EDUCATION**

Is your child CURRENTLY receiving special education services? (Please circle) NO YES

If Yes, please place a checkmark next to each service(s) he/she is receiving

- |   |   |
|---|---|
| <input type="checkbox"/> Speech/Language Therapy  | <input type="checkbox"/> 1:1 Aide       |
| <input type="checkbox"/> Physical Therapy         | <input type="checkbox"/> 504 Plan       |
| <input type="checkbox"/> Occupational Therapy     | <input type="checkbox"/> Classroom Aide |
| <input type="checkbox"/> Consultant Teacher       | <input type="checkbox"/> Resource Room  |
| <input type="checkbox"/> Self-Contained Classroom | <input type="checkbox"/> Declassified   |
| <input type="checkbox"/> BOCES                    | <input type="checkbox"/> AIS Services   |

Other Special Education Needs: \_\_\_\_\_

### **RACE/ETHNICITY**

Is the student Hispanic, Latino, or of Spanish origin?

*Hispanic, Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.*

- Yes, Hispanic No, Not Hispanic

Select one or more races from the following five racial groups:

- AMERICAN INDIAN or ALASKA NATIVE

*A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition. e.g. Cherokee, Mohawk, Inuit.*

- ASIAN

*A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.*

- NATIVE HAWIIAN or OTHER PACIFIC ISLANDER

*A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.*

- BLACK

*A person having origins in any of the black racial groups of Africa.*

- WHITE

*A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.*

Child's Place of Birth:

\_\_\_\_\_  
(City of Birth)

\_\_\_\_\_  
(State of Birth)

Was your child born outside the United States? NO YES

**If Yes**, please answer questions below:

What country was your child born in? \_\_\_\_\_ Date of entry into the United States: \_\_\_\_\_

Date child first entered U.S. schools: \_\_\_\_\_ Date child first entered NY schools: \_\_\_\_\_

**The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.**

Where is the student currently living? (Please check **one** box.)

- In a shelter
- With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
- In a hotel/motel
- In a car, park, bus, train, or campsite

Other temporary living situation (Please describe): \_\_\_\_\_

Permanent Housing

*If you answer permanent housing, we ask that you provide **2 documents (dated within 30 days) to show proof of residency within Schuylerville CSD in the parent/guardian's name. Please view the list of acceptable documents on the next page.***  
*Proof of residency acceptable documents:*

- NYS Driver's License
- Gas/Electric Bill
- Homeowner's Insurance Policy
- Lease
- Renter's Insurance
- Cable TV Bill
- School Tax Bill
- Mortgage Statement
- Auto Insurance
- Voter Registration
- Pay Stub