Schuylerville
CENTRAL SCHOOL DISTRICT

Ryan Sherman, Ed.D.
Superintendent

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

Registration Form

Student Name:_____

Date of Birth: _____ Present Age: _____ Grade entering Schuylerville: _____

Gender: ☐Female ☐Male ☐Non-Binary

Parent/Guardian (1) Information:

Name: _____Relationship to Student: _____

Present Residence Address: _____

_____

Present Telephone Number: Home _____ Mobile _____

Email: _____

☐Receives Mail ☐SchoolTool Portal Access

Parent/Guardian (2) Information:

Name: _____Relationship to Student: _____

Present Residence Address: _____

_____

Present Telephone Number: Home _____ Mobile _____

Email: _____

☐Receives Mail ☐SchoolTool 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 9th 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.*

SPECIAL EDUATION

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

☐Speech/Language Therapy
☐Physical Therapy
☐Occupational Therapy
☐ Consultant Teacher
☐ Self-Contained Classroom
☐ BOCES
☐1:1 Aide
☐504 Plan
☐Classroom Aide
☐Resource Room
☐Declassified
☐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.*

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