

Date: _____

Jamesville-DeWitt Central School District Student Registration Form

School Name: _____

Student ID #: _____

(TO BE COMPLETED BY DISTRICT PERSONNEL.)

Student Name: _____ **Preferred Name:** _____
Last First Middle

Gender: M F **Birth date:** ____/____/____ **Grade Entering:** _____

Proof of Birth: Birth Certificate Baptism Certificate Passport Other _____
(specify)

Place of Birth: _____
City State Country

School Last Attended: _____ **Previous School Phone:** _____

Previous School Address: _____
Street City State Zip

Student Information:

Permanent Address:	Temporary Address Until: (date)
Street:	Street:
City:	City:
State: Zip:	State: Zip:
Telephone #1:	Temporary Telephone #:
Telephone #2:	

Parent/Guardian Information:

Parent #1: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other	Parent #2: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other
Name:	Name:
Address:	Address:
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other
Work# Cell#	Work# Cell#
Email:	Email:

Is there a custody agreement in place for the child? Y N
If yes, which parent or person in parental relation has physical custody? Mother Father Other (specify relationship)
(If yes, please provide the district with a copy of the agreement.) _____

If no, and parents reside at separate addresses, please provide the District with a notarized statement acknowledging agreement by both parents as to which parent is designated as parent with residential custody.

Brother/Sister information: (only list siblings birth through grade 12)

Name	Male/Female	Birth Date	School Attending	Grade

Is this student currently enrolled in any type of Support Programs?----- Y N

Please check: Reading Math Lab Special Education Speech/Language ESOL

Does your child have a 504 Plan?----- Y N

Does your child have an individualized education plan (IEP)? ----- Y N

Has the student ever attended public school in New York State? ----- Y N

If yes, please specify: School: _____ Grade(s): _____ Year(s): _____

School: _____ Grade(s): _____ Year(s): _____

Student Racial and Ethnic Identification: Answer questions 1 & 2. Please read them before your respond.

1. 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.

Check (✓) the box that best describes your child: YES, Hispanic NO, not Hispanic

2. Select one or more races from the following five racial groups

CHECK (✓) ALL GROUPS THAT APPLY TO YOUR CHILD:

AMERICAN INDIAN OR ALASKA NATIVE: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation of community attachment.

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 HAWAIIAN OR OTHER PACIFIC ISLANDER: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

BLACK OR AFRICAN AMERICAN: 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.

These questions are intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services that you or your child may be eligible to receive.

1. Is your current address a temporary living arrangement: Yes No

2. Is this temporary living arrangement due to loss of housing or economic hardship? Yes No

If you answered YES to the above questions, please complete the remainder of this section.

If you answered NO, you may STOP here.

Where is the student presently living ? (Check one box.)

In a motel/hotel

In a shelter

With another family or person because of loss of housing or as a result of economic hardship

Moving from place to place

In a place not designed for ordinary sleeping accommodations such as a car, park, bus, train or campsite

Other temporary living situation (please describe): _____

Name of Parent/Person in Parental Relation (Please Print)

Signature of Parent/Guardian

Date