

COBLESKILL-RICHMONDVILLE CENTRAL SCHOOL STUDENT REGISTRATION FORM

For Office Use Only

Transfer from _____ Radez _____ Ryder _____ Other _____

Date of Registration _____ Registered by _____ New Student Re-entry Counselor _____ Cluster _____

Entry Date _____ Grade _____ Homeroom _____ **Student ID** _____ Bus am _____ Bus pm _____

Is student resident of this school district? Yes NO explain _____

Was residency confirmed by transportation supervisor? Yes - Date _____ No - explain _____

Student is: In Foster Care - County of Origin _____ ESL /LEP Other District Name of District _____

Placed Out of District _____ Foreign Exchange Student

Has Student Repeated a grade? Yes No If yes which grade(s) _____ Date Entered 9th Grade _____

Copy of proof of age _____ (BC/passport, OTHER) _____

Student's Name _____ Date of Birth _____
 (last name) (first name) (middle name)

Male Female * Primary Ethnicity _____ *Secondary _____ Birthplace _____ Home Phone _____
 (See page 2 attached)

Mailing Address _____ Apt/Unit _____

911 Residence Address _____ Type _____

Student lives with: BOTH PARENTS MOM DAD GUARDIAN OTHER (name & relationship) _____

Parent #1 - Name/Cell # _____ Parent #2 - Name/Cell # _____

Email #1 _____ Email #2 _____

Name/address/phone of school/preschool student transferred from _____

Circle **All** services previously received: Speech Occupational Therapy Physical Therapy Counseling Special Education (CSE) 504 Gifted
 Remedial Reading Remedial Math Other/name _____

Please check this box if your child is living in a shelter, with relatives or others due to a lack of housing; In an abandoned apartment/building; in a motel/hotel, camping ground, car, train/bus station or other similar situation due to lack of adequate housing or temporarily housed in a shelter awaiting OCFS permanent foster care placement.

Parent #1 Full Name _____ Birthplace _____ DOB _____
 Occupation _____ Employer _____ Work Phone _____ Education Level _____
 Parent #2 Full Name _____ Birthplace _____ DOB _____
 Occupation _____ Employer _____ Work Phone _____ Education Level _____

SIBLINGS IN HOUSEHOLD

EMERGENCY CONTACT INFORMATION

<u>Full Name</u> _____	DOB _____	Male/Female _____	Name _____
_____			Address _____
_____			Relationship _____ Phone _____
_____			Name _____
_____			Address _____
_____			Relationship _____ Phone _____

List other members of the household and their position in the household _____

Use this area to provide additional information that would be beneficial for us to know regarding your child (i.e. special custody situations).

Signature of person registering student _____ Relationship to student _____

Copy to: SchoolTool Student File Bus Garage Attendance Nurse Special Programs
 Teacher _____ Team/HR _____ Other _____