

# Kendall Central School District Student Registration Form

Register Date: \_\_\_\_\_

Entry Date: \_\_\_\_\_

## Student Information

**Student ID #:** \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Gender: M / F

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Birthplace: \_\_\_\_\_ S.S. #: \_\_\_\_\_

Race: \_\_\_\_\_ Migrant: Y / N Home Language: \_\_\_\_\_

Home Address: \_\_\_\_\_ Lot/Apt #: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone #: \_\_\_\_\_ Mailing Address (if different): \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Student Lives With: Both Parents / Mother / Father / Other: \_\_\_\_\_ Court Documents: \_\_\_\_\_

Grade: \_\_\_\_\_ Special Program: 504 / IEP Homeroom #: \_\_\_\_\_ Teacher: \_\_\_\_\_ Home Bus #: \_\_\_\_\_

## Parent/Guardian Information

**Family ID #:** \_\_\_\_\_

**Responsible Adult in Home:** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Legal Custody: Joint Custody / Sole Custody (circle one)

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Additional Work #'s: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Pager #: \_\_\_\_\_

-----

**Responsible Adult in Home:** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Legal Custody: Joint Custody / Sole Custody (circle one)

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Additional Work #'s: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Pager #: \_\_\_\_\_

-----

**Father (If NOT Living In The Home):** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Address: \_\_\_\_\_ Receive Mailings: YES / NO

-----

**Mother (If NOT Living In The Home):** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Address: \_\_\_\_\_ Receive Mailings: YES / NO

## Sibling Information

Names Of Other Children In Home	Student ID #	Date of Birth	Relationship to Student	School Attend	Grade

## Emergency Contact Information (who to call when parents can't be reached)

**Call First:** Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Phone #'s: (H) \_\_\_\_\_ (W) \_\_\_\_\_

(Cell) \_\_\_\_\_ Permission to Pick Up \_\_\_\_\_

**Call Second:** Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Phone #'s: (H) \_\_\_\_\_ (W) \_\_\_\_\_

(Cell) \_\_\_\_\_ Permission to Pick Up \_\_\_\_\_

**Call Third:** Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Phone #'s: (H) \_\_\_\_\_ (W) \_\_\_\_\_

(Cell) \_\_\_\_\_ Permission to Pick Up \_\_\_\_\_

**Call Fourth:** Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Phone #'s: (H) \_\_\_\_\_ (W) \_\_\_\_\_

(Cell) \_\_\_\_\_ Permission to Pick Up \_\_\_\_\_

## Alternate Transportation Information for AM/PM Pickup/Drop Off:

Complete this section if child will be picked up or dropped off at a location other than their residence address on a routine basis.

### A.M. Pickup

Days of the Week: \_\_\_\_\_

A.M. Pickup Bus #: \_\_\_\_\_

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

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

Phone #: \_\_\_\_\_

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

### P.M. Drop Off

Days of the Week: \_\_\_\_\_

A.M. Pickup Bus #: \_\_\_\_\_

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

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

Phone #: \_\_\_\_\_

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

## Confidential Information

**COMPLETE THIS BOX ONLY IF (1) IT REFLECTS YOUR CHILD'S CURRENT LIVING SITUATION; or (2) YOUR LIVING SITUATION IF YOU ARE A YOUTH NOT LIVING WITH A PARENT OR GUARDIAN.** (Your answer will help school staff with school enrollment and may enable the student to receive additional services.) **Check one box if you are living:**

- in a shelter     with relatives or others due to lack of housing     at a train or bus station, park, or in a car  
 in a motel/hotel, camping ground, or other similar situation due to the lack of alternative, adequate housing  
 in an abandoned apartment/building     temporarily housed in a shelter awaiting permanent foster care placement

**School Principal: If any box is checked, see the Homeless Education Program Policy and Other Important Documents.**

**Former School:** \_\_\_\_\_ **School Address:** \_\_\_\_\_

## Documents Submitted for Registration:

**For Office Use: Registrar, please initial and date when submitted**

Original Birth Cert./Adoption Cert: \_\_\_\_\_

Parent/Guardian I.D.: \_\_\_\_\_

Immunization Records: \_\_\_\_\_

Original Social Security Card: \_\_\_\_\_

Proof of Residency: \_\_\_\_\_

Grade Level: \_\_\_\_\_

### Documents needed to register a new student:

1. Child's original birth certificate or adoption certificate
2. Child's social security card/number
3. Child's completed immunization record
4. Parent/guardian identification (such as driver's license)
5. Proof of residency (such as utility bill, checkbook)
6. Proof of custody document (if necessary)
7. Proof of grade level