

PLEASE PRINT

REGISTRATION FORM

* PLEASE PRINT*

OFFICE USE ONLY	STUDENT ID# _____	PIN # _____	BLDG _____	SCHOOL YEAR _____
	GRADE _____	ENTRY DATE _____	COUNSELOR _____	HRM _____

STUDENT NAME _____ NICKNAME _____
(First) (Middle) (Last) (Jr / Sr / III / IV)

STUDENT MAILING ADDRESS _____
(Street) (City) (State) (Zip Code)
 911 ADDRESS _____
(Street) (City) (State) (Zip Code)

HOME PHONE (_____) _____ STUDENT CELL PHONE (_____) _____

BIRTH DATE _____ BIRTHPLACE _____ GENDER MALE FEMALE
(MM/DD/YYYY) (City, State, Country)

NAME OF LAST SCHOOL THIS STUDENT ATTENDED (INCLUDING Pre-K, Nursery or Day Care)

(School Name) (City, State)

HAS THIS STUDENT PREVIOUSLY ATTENDED AN ONEONTA CITY SCHOOL DISTRICT BUILDING (including pre-K program)?
 NO YES – indicate building / grade / yr _____

LANGUAGE SPOKEN AT HOME _____

Is this student Hispanic, Latino, or of Spanish Origin? (a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.) NO, not Hispanic YES, Hispanic

Please check (√) one or more races that apply to this student from the following racial groups:

American Indian or Alaskan Native Asian Native Hawaiian or Other Pacific Islander Black or African American White

PARENT/GUARDIAN INFORMATION	Guardian #1 (primary contact)	Guardian #2 (secondary contact)
Relationship to student (circle one)	Father Mother Step-parent Grandparent Other (specify) _____	Father Mother Step-parent Grandparent Other (specify) _____
Parent/Guardian Name (first, last)		
Home Phone		
Cell Phone		
Employer		
Work Telephone		
E-mail address		
Address and home phone same as student?	Yes No (if no, complete below)	Yes No (if no, complete below)
Street	_____	_____
City, State, Zip	_____	_____
Active Military?	Yes No	Yes No
National Guard or Reserves?	Yes No	Yes No
Is student living with this parent/guardian?	Yes No	Yes No
Should this parent/guardian receive mailings?	Yes No	Yes No

If both parents do not reside in the same household, please answer below and provide documentation of custody agreement.

Custody is: Sole Joint Protection Order

Physical custody with _____

Legal custody with _____

OTHER CHILDREN IN THE FAMILY OR LIVING IN THE RESIDENCE

NAME _____ DOB _____ AT RESIDENCE Yes No
(First) (Middle) (Last) (MM/DD/YYYY)

NAME _____ DOB _____ AT RESIDENCE Yes No
(First) (Middle) (Last) (MM/DD/YYYY)

NAME _____ DOB _____ AT RESIDENCE Yes No
(First) (Middle) (Last) (MM/DD/YYYY)

NAME _____ DOB _____ AT RESIDENCE Yes No
(First) (Middle) (Last) (MM/DD/YYYY)

SCHOOL SERVICES

1. DOES THE STUDENT HAVE

AN INDIVIDUALIZED EDUCATION PLAN (IEP)? YES NO

504 PLAN ? YES NO

IF YES, PLEASE EXPLAIN: _____

2. DID THE STUDENT RECEIVE ANY OF THE FOLLOWING? CHECK ALL THAT APPLY:

- RESOURCE ROOM
- CONSULTANT TEACHER
- SPEECH/LANGUAGE SERVICES
- OCCUPATIONAL THERAPY
- PHYSICAL THERAPY
- SELF-CONTAINED CLASS
- ACADEMIC INTERVENTION SUPPORT (AIS)
- LEARNING CENTER
- COUNSELING
- OTHER

3. HAS THE STUDENT REPEATED A GRADE? NO YES IF YES, WHICH GRADE? _____

FIELD TRIP PERMISSION

I give permission for my child to attend all field trips for the current school year. I understand that I will be informed of any field trips as they occur during the school year.

PERMISSION TO TREAT

In the event of an emergency requiring medical attention I hereby grant permission for treatment to a physician or other hospital personnel designated by the Oneonta City School District. I expect every effort will be made to contact me in order to receive my specific authorization before any treatment or hospitalization is undertaken. I also give permission to the Oneonta City School District to share health information about my child with building staff and/or EMS personnel as needed.

Student's Physician _____ Physician's Phone _____

Insurance Coverage _____
(name and group number)

Please list any medical conditions that need emergency care (bee stings, etc.) _____

BRIEF MEDICAL HISTORY

Contact Lenses YES NO Allergies _____

Medications _____

Emergency Contact #1 _____
Name Relationship Address Phone Number

Emergency Contact #2 _____
Name Relationship Address Phone Number

Emergency Contact #3 _____
Name Relationship Address Phone Number

I certify that all of the information on this registration form is true.

Signature of Parent/Guardian _____ **Date** _____

Signature of School Official who registered child _____ **Date** _____