

**ADIRONDACK CENTRAL SCHOOL
STUDENT REGISTRATION FORM**

School Year
20__ - 20__

Date: _____ Entering Date: _____

Student(s) being registered:

<u>Name</u>	<u>Birth date</u>	<u>Grade</u>	<u>Birthplace (City, State)</u>	<u>Sex</u>	<u>Date of 1st Polio</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Verified by: Birth certificate ____ Affidavit ____ Hospital Certificate ____ Other _____

COMPLETE THIS BOX ONLY IF; IT REFLECTS YOUR CHILD'S CURRENT LIVING SITUATION, OR 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:

- () with relatives or others due to lack of housing or other similar situation due to lack of alternative, adequate housing
 () in a hotel/motel () in an abandoned building
 () in a shelter () in a car, train or bus station () in a camp ground or park
 () temporarily housed in a shelter awaiting a DCFS permanent placement () other due to lack of housing

If (√) all other records/paperwork unnecessary. Homeless Liaison begins paperwork quest.

Parent/Guardian/Unaccompanied Youth Signature: _____

Are any children migrant student(s)? Yes _____ No _____

Child(s) Ethnicity:

- White _____ Asian _____
 Hispanic _____ American Indian or Alaskan Native _____
 African American _____ Native Hawaiian or Island Pacific _____
 Other (please state) _____

County of Residence: Oneida _____ Lewis _____ Herkimer _____

If Foreign born:

Date of entry into the United States _____ Native Language _____
 Number of years in U.S. schools _____

Have any of the above previously attended Adirondack Central School? Please list names and dates on back.

Other school aged children ALREADY attending Adirondack Central School:

<u>Name</u>	<u>Birth date</u>	<u>Grade</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other children living at the same address not currently enrolled ages 0-5:

Name:	DOB:	Sex:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Child or children resides with (check all that applies):

Mother _____	*Foster Mother _____	Stepmother _____
Father _____	*Foster Father _____	Stepfather _____
Grandmother _____	Grandfather _____	Other (state relationship) _____

*Foster parents must submit a DSS Foster Care Form - Form submitted: _____

Marital Status of Child's Parents: Married ____ Separated ____ Divorced ____ Remarried ____ Other ____

Father's Name: _____

Address _____ Home Phone _____

Cell Phone Number: _____ Work Phone _____

Place of Employment _____

Address

Military No Yes (active/reserves/retired) *please circle one*

Base/Location _____

Mother's Name: Ms.____ Mrs.____ _____

Address _____ Home Phone _____

Cell Phone Number: _____ Work Phone _____

Place of Employment _____

Address

Military No Yes (active/reserves/retired) *please circle one*

Base/Location _____

Please provide information as requested herein below to establish your student's school district residency:

A) Child resides with both parents in one household and parents own or rent dwelling:

- Proof of ownership
- Original purchase order
- Original lease
- Other objective proof of residency

B) Child resides with both parents in one household and parents **NEITHER** own **NOR** rent dwelling:

Submit the **ORIGINAL** of at least **TWO** of the following with home address:

- Tax return
- Payroll stub or unemployment document
- Insurance policy
- Utility bill
- Social Services documentation
- Post Office documentation of forwarding address
- Other objective proof of residency

C) Child resides with one parent

- Proof of residency as above **AND**,
- Proof of physical custody:
 - Documentation in separation divorce agreement of physical custody arrangements. Physical custodian must reside in district
 - All other paperwork must be reviewed by the Superintendent
 - Affidavit may be requested by the Superintendent

Office Use Only:

Residency Verified by: _____ Date: _____

Elementary:

NAME	STUDENT NUMBER	TEACHER	GRADE

Secondary:

NAME	STUDENT NUMBER	COUNSELOR	GRADE