

LAKE SHORE CENTRAL SCHOOLS

District Registration Form

FOR OFFICE USE ONLY

Date Entered: _____ New Entry Re-Entry Birth Verification (Type and #): _____
 Student #: _____ Family # _____ School Entered: _____ Grade Level: _____
 Immunizations Proof of Residency Release Sent Records Received

STUDENT REGISTRANT INFORMATION (Please print and complete all questions.)

Student Name _____ **Gender** male / female
Last First Middle

Home Phone/Cell # _____ **Birth date** _____ **Age** _____

Street Address _____ **Mailing Address** (if different) _____

Town _____ Zip Code _____ Town _____ Zip Code _____

Is the student Hispanic, Latino or of Spanish Origin?: **Yes**, Hispanic **No**, Not Hispanic
Ethnic Group (Choose All That Apply): American Indian/Alaska Native* *506 Form Completed? Yes / No
 Asian Black/ African American Native Hawaiian/Other Pacific Island White

Has your child been receiving Special Education services? **Yes (please specify)** **No**
 IEP Occupational Therapy 504 Plan Physical Therapy Adaptive Physical Education Speech Therapy

Is your child receiving remedial or AIS help in – Reading Math Writing

School last attended _____
District Building Address School Phone

Last Grade Attended _____ **Grade(s) Repeated** _____ **Was this student suspended or expelled from school?** **Yes** **No**

HAS YOUR CHILD ATTENDED LAKE SHORE CENTRAL SCHOOLS BEFORE? **YES**, Grade(s) _____ **NO**

FAMILY INFORMATION

Resides with Both Parents Mother only Father only Step-Parent Guardian Foster Parent* DSS Form _____

If applicable, Custody arrangement – Joint / Sole **Proper court papers provided? Yes / No**

Does this student understand English? Yes / No **If no, what language(s)** _____

Father _____ **DOB** _____ **Mother** _____ **DOB** _____
Last Name, First Name Last Name, First Name (Maiden)

Address _____ **Address** _____
Street Street

Town _____ Zip code _____ Town _____ Zip code _____

Phone _____ **Cell** _____ **Phone** _____ **Cell** _____

Email Address _____ **Email Address** _____

Work Place _____ **Phone** _____ **Work Place** _____ **Phone** _____

Address _____ **Address** _____

Parent/Guardian Civilian On Military Post? Yes / No **Parent/Guardian Civilian On Military Post?** Yes / No

Parent/Guardian Active Duty Military? Yes / No **Parent/Guardian Active Duty Military?** Yes / No

Start Date _____ **End Date** _____ **Start Date** _____ **End Date** _____

NOTE: The information gathered to determine eligibility for Impact Aid pertains to any student whose mother, father or legal guardian is active duty **OR** a civilian working on a military post.

Family information continued:

Circle one: Step-parent Guardian Foster Other _____

Name _____

Phone _____ Cell _____

Work Place _____ Phone _____

Address _____

Circle one: Step-parent Guardian Foster Other _____

Name _____

Phone _____ Cell _____

Work Place _____ Phone _____

Address _____

HOUSING INFORMATION

Where is the Student currently living? (Please check one box. Your response helps the District determine if the student is eligible to receive additional services.)

- In permanent housing (Own/Rent)
- Sharing the housing of other persons due to loss of housing, economic hardship, or similar reason
- Living in a motel, hotel, trailer park, or camping ground
- Living in an emergency or transitional shelter awaiting DSS placement
- Living in a car, park, bus or train station
- Living in an abandoned building or similar substandard housing
- Other, please specify: _____

EMERGENCY CONTACT INFORMATION

In the event of an emergency or illness, I give my permission to release my child to any of the contacts listed below.

Name _____

Relationship to Child _____

Phone _____ Cell/Work _____

Address _____

Town

Zip code

Name _____

Relationship to Child _____

Phone _____ Cell/Work _____

Address _____

Town

Zip code

Name _____

Relationship to Child _____

Phone _____ Cell/Work _____

Address _____

Town

Zip code

Name _____

Relationship to Child _____

Phone _____ Cell/Work _____

Address _____

Town

Zip code

PLEASE DO NOT RELEASE MY CHILD TO:

List all children ages 0 to 18 years (up to 21 years if disabled) living in your household.
DO NOT LIST THE CHILD YOU ARE REGISTERING:

CHILD'S NAME	M / F	DOB	SCHOOL	GRADE LEVEL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

NOTICE

Please be advised that any false information on this registration form could constitute a crime. In addition, the District reserves its right to recover from parents, legal guardian or other responsible parties the entire actual cost of educating a student, plus related costs, for the entire period that any non-resident student is enrolled in the District's schools without authorization and/or under false pretences.

CHANGE OF ADDRESS

Please be advised that if there is ANY residential change, which exceeds 48 hours, the school district must be informed immediately of any and all changes. Non-compliance may jeopardize continued enrollment.

CERTIFICATION

I hereby certify that the student listed on this registration form actually resides at the address specified on page 1, within the Lake Shore Central School District boundaries. I further certify that all the information I provided on this registration form is true and correct. I understand that I must immediately notify the District if the residency of the student changes from the address listed on this registration form.

AUTHORIZATION

I authorize the request of student records from previous schools and give permission to the Lake Shore Central School District to verify telephone numbers, addresses and employment. I understand that if the District believes that the information on this form is no longer correct or that the child being registered no longer lives at the address provided by you, the Lake Shore Central School District has the right under New York State Law to investigate and to withdraw the child from the Lake Shore Central School District.

APPLICATION SIGNATURE

I have read and understand all of the information contained in this form.

Person completing this form, (Please print) _____

Signature _____ **Date** _____

Relationship to Registrant Child _____

Name of Witness _____

Signature of Witness _____