

**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  504 Plan  Adaptive Physical Education  
 Occupational Therapy  Physical Therapy  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)
- Placed in temporary custody through CPS/Department of Social Services (McKinney Vento)
- 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:**

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

**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** \_\_\_\_\_