

FOR OFFICE USE ONLY

School Entered: KI PA PI SES MS HS Other: _____

New Student
 Returning Student

Student #: _____

CP Custody Papers
GP Guardianship Papers
RO Restraining Order
RA Request for Attendance
NR No Release of Information

McKinney-Vento
 Foster Child
 Migrant Student
 Special Permission
 Title III Eligible Immigrant

Family #: _____

Enter Date: _____

Grade: _____ HR#: _____

WARWICK VALLEY CENTRAL SCHOOL DISTRICT Registration Form

STUDENT INFORMATION

Student's Last Name	First Name	Middle Name	Sex
_____	_____	_____	_____
Date of Birth	Home Phone	Birth Place: City / State / Country	
_____	_____	_____	
Residence Address	Mailing Address (if different)		
_____	_____		
City / State / Zip	City / State / Zip		
_____	_____		
Please list any landmarks that would help the bus company locate your residence: _____			

Previous address before moving to the Warwick Valley Central School District: _____			

PARENT/GUARDIAN INFORMATION

Father's Full Name	Mother's Full Name		
_____	_____		
Father's Address (if different from student)	Mother's Address (if different from student)		
_____	_____		
Father's Home Phone (if different from student)	Mother's Home Phone (if different from student)		
_____	_____		
Father's Work Phone	Father's Cell Phone	Mother's Work Phone	Mother's Cell Phone
_____	_____	_____	_____
Legal Guardian's Name (if different from above)	Guardian's Home Phone	Guardian's Work Phone	Guardian's Cell Phone
_____	_____	_____	_____

SIBLINGS / OTHER CHILDREN LIVING AT SAME ADDRESS

Name	Sex	Birth Date	Grade	Present School

STUDENT EDUCATIONAL BACKGROUND

Previous School Name	Previous School Address	Grades Attended

The Following Information is Voluntary and Confidential

STUDENT INFORMATION

<p>CURRENT LIVING SITUATION:</p> <p> <input type="checkbox"/> Living in a shelter <input type="checkbox"/> Living in an abandoned apartment/building <input type="checkbox"/> Living at a train or bus station, park, or in a car <input type="checkbox"/> Living with relatives or others due to loss of housing or economic hardship <input type="checkbox"/> Living in a hotel/motel, campground, or other similar situation due to lack of adequate housing <input type="checkbox"/> Temporarily housed in a shelter awaiting a permanent foster care placement <input type="checkbox"/> None of the above </p> <p>LIVING WITH:</p> <p> <input type="checkbox"/> Both Biological Parents <input type="checkbox"/> Foster Parents <input type="checkbox"/> Biological Mother Only <input type="checkbox"/> Self (proof of emancipated status required) <input type="checkbox"/> Biological Father Only <input type="checkbox"/> Group home or other court placed residence (proof of court placement required) <input type="checkbox"/> Mother/Stepfather* <i>Name of Group Home:</i> _____ <input type="checkbox"/> Father/Stepmother* <input type="checkbox"/> Other (explain) _____ </p> <p><i>*Please indicate stepparent name</i> _____</p>	<p>ETHNICITY:</p> <p> <input type="checkbox"/> Caucasian (White) <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Multi-Racial </p> <p>PRIMARY LANGUAGE SPOKEN AT HOME:</p> <p>_____</p>
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STUDENT'S SPECIAL PROGRAMS

Has your child been retained (repeated a grade)?	__ Yes __ No	If so, what grade? _____
Has your child received:	__ Counseling	__ Remedial Math __ Remedial Reading
	__ Speech	__ Other (Explain) _____
Comments or Requests: _____		

PARENT INFORMATION

	Date of Birth	Place of Birth	Educational Level	Occupation
Mother				
Father				

Is there any address where you would like to have school reports and other information sent other than the home address? YES / NO

If so, give complete address: _____

Reason: _____

I verify that the above information is correct.

Signature _____

Date _____