



OFFICIAL USE ONLY	OFFICIAL USE ONLY
Date Received _____	School Year _____
Registration Date _____	Student ID# _____ Household Name _____
Profile into Computer _____	
Proof of Age Received: Yes No	Grade* K 1 2 3 4 5 6 7 8 9 10 11 12 SP
<b>PROOF OF RESIDENCY:</b> <input type="checkbox"/> Lease <input type="checkbox"/> Proof of Ownership <input type="checkbox"/> Third Party Statement <input type="checkbox"/> Other:	
Copies to: (if applicable ) Psychologist; Social Worker; Original to C.O. File	

**Name of School Attending** \_\_\_\_\_ **Grade** \_\_\_\_\_

Private/Parochial  Charter School  Other \_\_\_\_\_

Student Information *Indicates NYS reporting fields							
Last Name*		First Name*		Middle Name*	Suffix (Jr. /Sr. I, etc.)		
Nickname:		Gender* <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth* / /		Must provide Proof of Age		
Birthplace ▶	City:		State:				
Residential Street Address* ▶			Apt. # ▶	Zip Code* ▶			
Home Phone (Primary)* ▶		( )	<input type="checkbox"/> Landline <input type="checkbox"/> Cell	Student Cell # ▶		( )	
Student Primarily Resides with: (Circle One): ▶		1. Both Parents 2. Parent & Step-Parent 3. Mother Only 4. Father Only 5. Court Appointed Legal Guardian 6. Foster Parent 7. Foreign Exchange Host Family 8. Other: (Please List)					
School District of Prior Residence ▶							

Language	
Home Language* (Primary Language Spoken in Home) <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:	Language Background* (Native Language) <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:

Other Siblings Living in the Household (Birth to 21)						
Last Name	First Name	MI	Birth Date	Gender M / F	School (If applicable)	Grade

Educational Services			
<b>HAS CHILD EVER RECEIVED ANY SPECIAL SERVICES?</b> <input type="checkbox"/> Yes (check all that apply) <input type="checkbox"/> No			
<input type="checkbox"/> Academic Intervention Services (AIS)	<input type="checkbox"/> English as a Second Language (ESOL)	<input type="checkbox"/> Gifted/Talented	<input type="checkbox"/> Occupational Therapy
<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> Resource Room	<input type="checkbox"/> School Counseling	<input type="checkbox"/> SEIT
<input type="checkbox"/> Speech Therapy		<input type="checkbox"/> 504 Accommodation Plan	
Other Services (Please list):			
Has child ever been reviewed by a committee on Special Education (CSE): <input type="checkbox"/> Yes (If yes, please see below) <input type="checkbox"/> No			
Does child have a current Individualized Education Plan (IEP)? <input type="checkbox"/> Yes (if yes, please provide a copy) <input type="checkbox"/> No			

## Primary Custodial Parent/Guardian Information

<b>Adult #1 of Student's Primary Residence</b>	Last Name:		Suffix (Jr., Sr. etc.):	
	First Name:		Middle Initial:	
	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Marital Status:	
	Relationship to Student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other (Please List):			
	Employer:			
	Email Address:			
	Home Phone:		Cell:	Work:
<b>Adult #2 of Student's Primary Residence</b>	Last Name:		Suffix (Jr., Sr. etc.):	
	First Name:		Middle Initial:	
	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Marital Status:	
	Relationship to Student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other (Please List):			
	Employer:			
	Email Address:			
	Home Phone:		Cell:	Work:
<b>Are one or both parents deceased?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", which parent?				
If you are a Foster parent, please list the following:			<b>Required:</b> Must submit DSS-2999 form	
Name of Foster Care Agency:		Caseworker Name:	Caseworker Phone:	

## Secondary Parent/ Guardian Information

<b>Adult #3</b>	Last Name:		Suffix (Jr.Sr. etc.):	
	First Name:		Middle Initial:	
	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Marital Status:	
	Address:			
	City/State/Zip:			
	Relationship to Student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other (Please List):			
	Email Address:			
Home Phone:		Cell:	Work:	Ext:
<b>Adult #4</b>	Last Name:		Suffix: Suffix (Jr.,Sr. etc.):	
	First Name:		Middle Initial:	
	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Marital Status:	
	Address:			
	City/State/Zip:			
	Relationship to Student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other (Please List):			
	Email Address:			
Home Phone:		Cell:	Work:	Ext:

### Other Contact Information

Please put full names and phone numbers in the *order* you wish calls to be made. List at least two (2) people (**other than Parent/Guardian**) we may call if the parent(s) or guardian(s) cannot be reached in the event of an emergency. **Contacts listed also have pick-up privileges.** Please list in order of contact priority. Please make sure all phone numbers provided are correct and in working order. Any changes in phone numbers or contacts should immediately be reported to Central Office.

Contact Name (Other than Parent/Guardian(s))	Relationship	Home Phone	Cell Phone	Work Phone
<b>Doctor Name ▶</b> Please list Doctor or Practice (if established)	<input type="checkbox"/> No doctor at this time Must indicate Preferred Hospital ▼	<b>Doctor Phone:</b>		
<b>Preferred Hospital ▶</b>	<input type="checkbox"/> Golisano Children's Hospital (Strong) <input type="checkbox"/> Rochester General <input type="checkbox"/> Highland <input type="checkbox"/> Unity (f/k/a Park Ridge) <input type="checkbox"/> <b>No Preference</b>			
<b>Dentist Name ▶</b> Please list Dentist (if established)	<input type="checkbox"/> No dentist at this time	<b>Dentist Phone:</b>		

### Court Order and Restrictions Information N/A

<b>Does your child have court restrictions regarding a parent/legal guardian contact?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, please provide copy of court documents)</i>
<b>Legal Custody:</b> <input type="checkbox"/> Both Parents ( <i>Joint</i> ) <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other ( <i>Please List Relationship</i> ):
<b>Legal Documentation of Custody?</b> ( <i>If applicable</i> ) <input type="checkbox"/> Copy submitted <input type="checkbox"/> Copy <i>not</i> Submitted <input type="checkbox"/> No Documentation Exists
<i>Student educational records and/or student will be released to parent/guardian unless a court order specifically prohibits contact or release with parent/guardian. Enrolling parent/legal guardian is responsible for providing current copies of all court orders.</i>
<b>Restrictions of Contact:</b> <input type="checkbox"/> Order of Protection (Expires: _____ )                   Custodial Restriction: <input type="checkbox"/> Yes <input type="checkbox"/> No Person(s) Restricted: _____
<b>Is anyone denied contact with your child due to court restraints?</b> Name: _____ Relationship: _____ <i>(Note: If this person is the biological parent, the school <b>must</b> have legal documentation on file in order to deny the biological parent access.)</i>

***I certify that all the information provided concerning the residency of both my child and me is true and accurate. I also understand that if I provide false information to the East Irondequoit Central School District that I may be committing the crime of perjury in the third degree and that I may be prosecuted on criminal charges for such false information. \_\_\_\_\_ Initial***

***I will notify the District Registrar with information changes and updates.***

Registration Completed by: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
 (Print Name)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Parent or legal guardian, or self if over 18)