

**Auburn Enlarged City School District
Student Registration Form**

I. STUDENT INFORMATION (For Student Being Registered)

Last Name: _____ First _____ Middle: _____ Suffix: _____

Sex: Male Female

Address (must be street address): _____

Date of Birth: _____ Proof of Birth _____

II. STUDENT RACIAL AND ETHNIC IDENTIFICATION

Directions to Parent/Guardian: Please answer questions (1) and (2). Please read them before you respond. For Question 1 check the box that best describes your child. *This is important as this information will follow your child throughout their academic career and may affect scholarships, funding, and future statistical data related to your child.*

1. **Is the student Hispanic, Latino, or of Spanish origin?** Hispanic, Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

YES, Hispanic **NO**, not Hispanic

2. Select one or more races from the following five racial groups. For Question 2 check all groups that apply to your child; check at least one box.

American Indian or Alaskan Native: A person having origins in any of the original peoples of North and South America (including Central America), **and** who maintain tribal affiliation or community attachment.

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Native Hawaiian or other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Black or African American: A person having origins in any of the black racial groups of Africa.

White: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

III. FAMILY INFORMATION

Parent/Legal Guardian

Name: _____
First Middle Last

Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Cell: () _____

Employer: _____

Work Phone: () _____

E-Mail Address: _____

Authorized to pick up Yes No

Parent/Legal Guardian

Name: _____
First Middle Last

Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Cell: () _____

Employer: _____

Work Phone: () _____

E-Mail Address: _____

Authorized to pick up Yes No

Emergency Contact: (list two persons who will assume temporary care if parent/legal guardian is not reachable)

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell: (____) _____

Home Phone: (____) _____ Cell: (____) _____

Work Phone: (____) _____

Work Phone: (____) _____

Authorized to pick up Yes No

Authorized to pick up Yes No

Foster Care (Secure DSS 2999 Form)

Case Worker _____ County _____

Date of Placement _____ School District of Residence at Time of Foster Care Placement _____

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

- In a shelter With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled up") In a car, park, bus, train, or campsite
- In a motel/hotel In permanent housing
- Temporary living situation (Please Describe): _____

Print name of Parent/Guardian, or _____

Signature of Parent/Guardian, or _____

Student (for unaccompanied homeless youth) _____

Student (for unaccompanied homeless youth) _____

IV. ADDITIONAL REGISTRATION INFORMATION

Has a Committee of Special Education (CSE) identified the student with an educational disability? ___ Yes ___ No

If yes, please explain: _____

Does the student have a 504 Plan? ___ Yes ___ No If yes, please explain _____

V. ACADEMIC HISTORY

Has the student ever attended an Auburn School? ___ Yes ___ No

If yes, which school? _____

Date(s) attended: _____

School Last Attended: _____ Name of District Last Attended: _____

Address: _____

Date(s) Last Attended: _____ Present Grade: _____

Note: It is no longer necessary to obtain written consent from parents/guardians to request records from other schools.

VI. OTHER FAMILY INFORMATION: Please list all family members living in the home including all pre-school age children:

Name	M/F	DOB	Relationship to child
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

VII. GENERAL PERMISSIONS

Yes No My son/daughter is permitted to attend all field trips, provided I am informed about them in advance.

Yes No My son/daughter may be pictured in the school newsletter, school brochures, newspaper articles, videos, etc.

PLEASE NOTIFY THE SCHOOL OF ANY CHANGES AS SOON AS THEY OCCUR.

VIII. HEALTH INFORMATION

In case I cannot be reached, I authorize the Auburn Enlarged City School District to render such treatment as may be necessary in an emergency for the health of my child. I give permission to the school official in charge to obtain the services of the nearest ambulance, rescue service, family physician on record, or other physician if my own is not available, to provide immediate and necessary care.

This form will be shared with appropriate instructional staff, the transportation department, and Health Services. It will also be available on field trips and in the event of an emergency will be given to emergency personnel.

Physician: _____
Phone: _____

Dentist: _____
Phone: _____

Does Child Have:	<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>
Allergies	_____	_____	Skin Rash/Eczema	_____	_____
Bee Sting Allergy	_____	_____	Headaches/Injury	_____	_____
Attention Deficit (ADD, ADHD)	_____	_____	Ear Infections	_____	_____
Medication*	_____	_____	Tubes in Ears	_____	_____
Stomach Aches	_____	_____	Asthma	_____	_____
Broken Bones	_____	_____	Hearing Disorder	_____	_____
Seizure Disorder	_____	_____	Vision Disorder	_____	_____
Diabetes	_____	_____	Glasses/Contacts	_____	_____
Bladder/Bowel Problem	_____	_____	Heart Murmur	_____	_____

If you answered yes to any of the above please explain: _____

Surgery: _____

Accident/Injury: _____

Medication: name/dose/frequency/Physician/reason for medication: _____

- Has child had (give dates):
 Chicken Pox _____ Mononucleosis _____ Pneumonia _____
 Hepatitis _____ Rheumatic Fever _____ Scarlet Fever _____
- Has child contracted frequent (more than 4 or 5 times per year):
 Sore Throat/Strep Infections _____ Headaches/Stomach aches _____
 Earaches/Ear Infections _____ Skin Rashes/Eczema _____
- Are there any NEW medical problems? _____
- Has your child experienced any significant, emotional upheaval about which the school personnel should be informed (for example: recent divorce, death, etc.)?
 yes _____ no _____
 If yes, please explain: _____

NYS Education Law requires school districts to have on file signed instructions for emergencies from parents/guardians.

I attest that the information completed by me on this form is current, true, and accurate

Signature _____ Relationship _____ Date _____

IF AT ANY TIME THE INFORMATION ABOVE CHANGES PLEASE NOTIFY THE HEALTH OFFICE AS SOON AS POSSIBLE.

Home Language Questionnaire

In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes English. Your assistance in answering these questions is greatly appreciated.

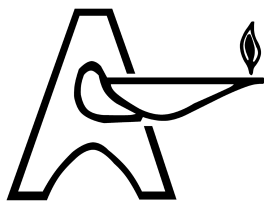
1. What language(s) is spoken in the student's home or residence? _____
2. What language(s) are spoken most of the time to the student in the home? _____
3. What language(s) does the student understand? _____
4. What language(s) does the student speak? _____
5. What language(s) does the student read? _____
6. What language(s) does the student write? _____
7. In your opinion how well does the student understand, speak, read, and write English?

Understands English:	Very Well _____	Only a little _____	Not at all _____
Speaks English:	Very Well _____	Only a little _____	Not at all _____
Reads English:	Very Well _____	Only a little _____	Not at all _____
Writes English:	Very Well _____	Only a little _____	Not at all _____

CONFIDENTIALITY PROCEDURES AND REGULATIONS

This form will be filed in the student's permanent record as confidential information. The information which has been provided on this form is protected by the Confidentiality Regulations cited below:

"The family Educational Rights and Privacy Act (1974) prohibits unauthorized access to student records and unauthorized release of any student record information identifiable by either student name or student identification number."



For Registrar's Use Only

Student ID: _____

Start Date: _____

School: _____

Grade: _____

Homeroom: _____

Proof of Residency Secured: _____

Proof of Birth: _____

Custody Papers: _____

Sole Custody w/visitation: _____

Homeowner/Renter Affidavit: _____

Custodial Affidavit: _____

Parent Affidavit: _____

Processed by: _____

Date: _____