

SALAMANCA CITY CENTRAL SCHOOL DISTRICT - STUDENT ENROLLMENT FORM

 New Student

 Re-Enrollment/transfer

Student #: _____

Family # _____

STUDENT INFORMATION:

Student Last Name	First Name	Middle Name	Birth Date	Sex	Grade
-------------------	------------	-------------	------------	-----	-------

Last School Attended (Name, District #, Address and Phone #)

HOUSEHOLD INFORMATION:

PRESENT PHYSICAL ADDRESS: (NO P.O. BOX)

Complete Street Address:	Apt./Unit #	City/ State	Zip Code:	Home/Cell Phone
--------------------------	-------------	-------------	-----------	-----------------

FORMER ADDRESS:

Complete Street Address	Apt./Unit #	City/State:	Zip Code
-------------------------	-------------	-------------	----------

PARENT/GUARDIAN INFORMATION

Parent/Guardian Last Name (1):	First Name & Initial:	Relationship to Student:	Lives with Student <input type="checkbox"/> Yes <input type="checkbox"/> No	Receives Mailings <input type="checkbox"/> Yes <input type="checkbox"/> No	Allowed to pick-up <input type="checkbox"/> Yes <input type="checkbox"/> No	Sex:	Birth Date:
--------------------------------	-----------------------	--------------------------	--	---	--	------	-------------

PRESENT ADDRESS and/or P.O. BOX for mailing purpose:

Complete Street Address: (if different than above)	Apt./Unit #	City/ State	Zip Code:	Home/Cell Phone	Work Phone
--	-------------	-------------	-----------	-----------------	------------

Parent/Guardian Last Name (2):	First Name & Initial:	Relationship to Student:	Lives with Student <input type="checkbox"/> Yes <input type="checkbox"/> No	Receives Mailings <input type="checkbox"/> Yes <input type="checkbox"/> No	Allowed to pick-up <input type="checkbox"/> Yes <input type="checkbox"/> No	Sex:	Birth Date:
--------------------------------	-----------------------	--------------------------	--	---	--	------	-------------

PRESENT ADDRESS and/or P.O. BOX for mailing purpose:

Complete Street Address: (if different than above)	Apt./Unit #	City/ State	Zip Code:	Home/Cell Phone	Work Phone
--	-------------	-------------	-----------	-----------------	------------

Parent/Guardian Last Name (3):	First Name & Initial:	Relationship to Student:	Lives with Student <input type="checkbox"/> Yes <input type="checkbox"/> No	Receives Mailings <input type="checkbox"/> Yes <input type="checkbox"/> No	Allowed to pick-up <input type="checkbox"/> Yes <input type="checkbox"/> No	Sex:	Birth Date:
--------------------------------	-----------------------	--------------------------	--	---	--	------	-------------

PRESENT ADDRESS and/or P.O. BOX for mailing purpose:

Complete Street Address: (if different than above)	Apt./Unit #	City/ State	Zip Code:	Home/Cell Phone	Work Phone
--	-------------	-------------	-----------	-----------------	------------

Parent/Guardian Last Name (4):	First Name & Initial:	Relationship to Student:	Lives with Student <input type="checkbox"/> Yes <input type="checkbox"/> No	Receives Mailings <input type="checkbox"/> Yes <input type="checkbox"/> No	Allowed to pick-up <input type="checkbox"/> Yes <input type="checkbox"/> No	Sex:	Birth Date:
--------------------------------	-----------------------	--------------------------	--	---	--	------	-------------

PRESENT ADDRESS and/or P.O. BOX for mailing purpose:

Complete Street Address: (if different than above)	Apt./Unit #	City/ State	Zip Code:	Home/Cell Phone	Work Phone
--	-------------	-------------	-----------	-----------------	------------

EMERGENCY CONTACT -

Preferably different from above

Emergency Contact (1): Last Name	First Name & Initial:	Relationship to Student:	Sex:	Can be contacted for emergencies arising during the day? <input type="checkbox"/> Yes <input type="checkbox"/> No	Allowed to pick-up <input type="checkbox"/> Yes <input type="checkbox"/> No	Lives with Student <input type="checkbox"/> Yes <input type="checkbox"/> No
----------------------------------	-----------------------	--------------------------	------	--	--	--

PRESENT ADDRESS:

Complete Street Address: (if different than above)	Apt./Unit #	City/ State	Zip Code:	Home/Cell Phone	Work Phone
--	-------------	-------------	-----------	-----------------	------------

Emergency Contact (2): Last Name	First Name & Initial:	Relationship to Student:	Sex:	Can be contacted for emergencies arising during the day? <input type="checkbox"/> Yes <input type="checkbox"/> No	Allowed to pick-up <input type="checkbox"/> Yes <input type="checkbox"/> No	Lives with Student <input type="checkbox"/> Yes <input type="checkbox"/> No
----------------------------------	-----------------------	--------------------------	------	--	--	--

PRESENT ADDRESS:

Complete Street Address: (if different than above)	Apt./Unit #	City/ State	Zip Code:	Home/Cell Phone	Work Phone
--	-------------	-------------	-----------	-----------------	------------

The Salamanca City Central School District will not release any student to an adult that is NOT listed on this form. All students must be signed out in the respective offices of each building

The requested information below is private and will be treated as such.*Check any special services that the student has been receiving:*

- CSE supports CPSE services/Early Intervention services Health Related Services 504 Supports AIS/RTI supports
 Other Has the Student ever registered under a different name? NO Yes

CONFIDENTIAL INFORMATION

COMPLETE THIS BOX ONLY IF (1) IT REFLECTS YOUR CHILD'S CURRENT LIVING SITUATION; OR (2) YOUR LIVING SITUATION IF YOU ARE A YOUTH NOT LIVING WITH A PARENT OR GUARDIAN. (Your answer will help school staff with school enrollment and may enable the student to receive additional services).

Check one box if you are living:

- in a shelter with relatives or others due to lack of housing at a train or bus station, park or in a car
 in a motel/hotel, camping ground or other similar situation due to the lack of in an abandoned apartment/building
 a temporarily housed in a shelter awaiting a DCFS permanent foster care placement alternative, adequate housing

School Principal: If any box is checked, see the Homeless Education Program Policy and other Important Documents.

LIST ANY OTHER CHILDREN/FAMILY MEMBERS LIVING IN THE SAME HOUSEHOLD:

Last Name	First Name	Birth Date	Gender	School/ School District

I understand that the provision of false information on this registration form could constitute a crime. In addition, I understand that the District reserves its right to recover from parents, persons in parental relation or other responsible parties the entire actual cost of educating a student (as established by the New York State Education Department), 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 pretenses.

I hereby certify that the student listed on this registration form actually resides at the address specified above, within the Salamanca City 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.

Signature

Date

Email

Please notify the school district of any changes in the above information