# Registration Questionnaire Baldwin Union Free School District

School: _	
Grade: _	
Start Date	:

Today's Date:	S Date: Household Surname						
STUDEN	T INFORM	ATION					
Student's Name:  First	Middle	Last					
Date of Birth: Birth Country:	City:						
Has this student ever attended Baldwin Schools before?   No Yes  Ethnicity: Black White Hispanic Asian/Pacific Islander American Indian/Alaskan Native							
Primary language/s spoken at home:  Does this student currently receive special education services (IEP/504)? □ No □ Yes  If Yes, please describe:  Has this student ever been in an ESL, ELL or bilingual program? □ No □ Yes (indicate grade/s)							
RESIDENCY INFORMATION							
Residence Type:   Own Rent Lease Expiration	1	Other					
Address			Apt #				
Home Phone Number:							
Former Address:	City	State	Zip				

#### RESIDENCY QUESTIONNAIRE

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.

Name of Baldwin Sc	hool:			
Name of Student:	First	Middle		Last
Gender: □ Male □ Female	Date of Birth:	/ /		
Address:			Phone:	
☐ In a hoteld☐ In a car, p	ther family or other per	osite		• /
☐ In permar	nent housing			
Print name of Parent,	Guardian, or panied homeless youth)		rent, Guardian, or	Date

If the student is not living in permanent housing, proof of residency and other documents normally needed for enrollment are not required and the student is to be immediately enrolled.

## PARENT/GUARDIAN INFORMATION

Mother's n	ame:				
	First		Middle	Last	
Status:			Divorced		
Home #		Cell #		Other #	
Email Add	ress:				
	e:				
Employer	71		Year		License Plate
			Work # _		
Employer	work address				
Father's na	ıme <sup>.</sup>				
	First		Middle	Last	
			Divorced □ De		
		· ·		•	)
Automoun	e:	Model	Year	Color	License Plate
Employer 1	Name:		Work #		_Extension
Employer	work address:				
Guardian's	nomo:				
	First		Middle	Last	
Status:		· ·	Divorced	•	·
Automobil	e:	Model	Year	Color	License Plate
Employer 1	Name:		Work #		
Employer	work address:				
If there is a	a custody arrange	ement, please exp	lain:		
		ody papers:	Court papers		idavit papers:

### **SCHOOL INFORMATION** Most recent school attended: Former School District: Former School Name: \_\_\_\_\_ Guidance counselor's name: Former School: Address City State Zip Phone # \_\_\_\_\_ Fax # \_\_\_\_ **HEALTH INFORMATION** Does this student have: \(\begin{aligned} \text{Asthma} \) ☐ *Allergies* ☐ Seizures □ *ADHD/ADD* ☐ *Hearing Problems* ☐ *Ear infections* ☐ Vision Problems ☐ Depression ☐ Tubes ☐ Wears Glasses □ *Other* (\_\_\_\_\_) Please describe:\_\_\_ Is this student currently taking any medication(s)?: □ No □ Yes If Yes, please indicate type / purpose\_\_\_\_\_\_ Student's Physician Name: \_\_\_\_\_ Phone Number: Address: \_\_\_\_\_ Address City Zip State HOUSEHOLD INFORMATION Household Surname: List EVERYONE (adults and children) who lives in the home: Relationship to the Name M/F DOB Occupation/School Grade Student

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## NAME: First Middle Last Gender: □ Male □ Female Address: \_\_\_\_\_ City: \_\_\_\_ Zip: \_\_\_\_ State: \_\_\_\_ Home # \_\_\_\_\_ Email \_\_\_\_\_ Relationship to student: NAME:\_\_\_\_ First Middle Last Gender: □ Male □ Female Address: \_\_\_\_\_ City: \_\_\_\_ Zip: \_\_\_\_ State: \_\_\_\_ Home # \_\_\_\_\_ Email \_\_\_\_\_ Relationship to student: NAME: First Middle Last Gender: □ Male □ Female Home # Cell # Email Relationship to student: **SIGNATURES** I certify that the information provided is correct. Any false statements made in this admission form are punishable as a Class A misdemeanor pursuant to section 210.455 of the penal law. Parent/Guardian Signature Signature of person/s who completed this form\* Please print your name/s Date Relationship/s to student For School Use Only: Proof of Residency Submitted: \_\_\_\_ Health and Immunization sheet attached?: □ Yes $\square$ No □ Waiver School signature: Enrollment Date: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**