

SANDY CREEK CENTRAL SCHOOL DISTRICT STUDENT REGISTRATION FORM

Office Use only

Required Documentation before enrollment: Birth Certificate; Residency; Home Language; Medicaid Release; Custody/Guardianship Papers (if applicable); Completed Registration Form (must include information for a minimum of one Adult); Immunizations

Principal Approval/Notification prior to enrollment (name and date):

Teacher:

Home Room:

Bus #:

Enrollment date:

Start date:

STUDENT INFORMATION

STUDENT ID#

Student Name:

Legal Last Name

First

Middle

Date of Birth:

Gender:

M or F

Current Grade:*

New Student or Re-entering Student (Circle one)

Please Note: Parents must provide proof of the student's age prior to student starting school.

*If you are seeking a GED Diploma, it must be obtained through a separate Adult Education Program.

Previous School Attended:

Address:

State

Zip

Phone:

Fax:

Grade:

Please be prepared to provide proof of residency upon request

Home Address:

County:

Mailing Address:

Describe House Location/Landmarks:

FAMILY INFORMATION

Student Lives With: Please Note: The custodial parent must provide proof of custody prior to student starting school.

Name:

Relationship:

Priority 1 Phone:

Home ☐ Cell ☐

Priority 2 Phone:

Home ☐ Cell ☐

Employer:

Work Phone:

Email:

Please circle your current military involvement:

Active Military

Reservist

Civilian on Military Post

None

Student Lives With: Please Note: The custodial parent must provide proof of custody prior to student starting school.

Name:

Relationship:

Priority 1 Phone:

Home ☐ Cell ☐

Priority 2 Phone:

Home ☐ Cell ☐

Employer:

Work Phone:

Email:

Please circle your current military involvement:

Active Military

Reservist

Civilian on Military Post

None

Mailings will be sent to the home address of the student. If you require **additional** mailings to be sent to an alternate address, please indicate below:

Name: _____ Relationship: _____

Address: _____ State: _____ Zip: _____

List ALL children living in the household:

Name	Date of Birth	Age	Grade

EMERGENCY CONTACT INFORMATION (*other than parent*)

Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

Relationship to student: _____ Work Phone: _____

Authorized to pick up student: Yes or No (Circle One)

Authorized to contact in case of medical emergency: Yes or No (Circle One)

Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

Relationship to student: _____ Work Phone: _____

Authorized to pick up student: Yes or No (Circle One)

Authorized to contact in case of medical emergency: Yes or No (Circle One)

HEALTH INFORMATION

Does your child have a life threatening health problem such as:

Asthma / Diabetes / Seizure Disorder / Food Allergies / Other Allergies / Other

Please Explain:

Does your child take medication? Yes / No Name of medication: _____

Is there any other medical or personal information that the school personnel should be aware of?

I authorize the release of all information to school personnel – academic, health and confidential – for the student whom I am registering in Sandy Creek Central School.

Parent/Guardian Signature: _____ **Date:** _____