

SANDY CREEK CENTRAL SCHOOL DISTRICT STUDENT REGISTRATION FORM

Office Use Only

Required Documentation before enrollment: Birth Certificate; 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 or Non-Binary/X

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: _____

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: _____

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: _____