

## 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 #: _____
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Enrollment Date:	Start Date:	
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**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: \_\_\_\_\_

**FAMILY INFORMATION**

**IS THERE CUSTODY PAPERWORK FOR THIS STUDENT?      circle one:    YES    NO**

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

**Office Use Only:**

Date Official Court  
Ordered Paperwork  
Received

\_\_\_\_\_ by: \_\_\_\_\_

Student Lives With:

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: \_\_\_\_\_