

CHENANGO FORKS CENTRAL SCHOOLS

Student Registration Form

Today's Date: _____ Person Registering Student

Student's Full Name: _____
Last *First* *Middle*

Building: _____ Grade: _____ Phone Number: _____

Sex: (F / M) Date of Birth: _____
Circle one

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.

Where is the student currently living? (Please check one box)

- In a shelter Permanent housing
 In a hotel/motel In a car, park, bus, train, or campsite
 With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
 Other temporary living situation (Please describe): _____

Home Address: _____

Mailing Address: _____

Mail should be addressed to: _____

Guardian(s) Living in the Home	Relationship To Student	Date of Birth	Place of Employment	Work Phone	Cell Phone

Person in parental relationship/Guardianship status

- Parents Adoptive Parents Male Adopter Female Adopter Foster Parents Grandparents Grandmother Grandfather
 Mother Mother/Stepfather Stepmother Father Father/Stepmother Stepfather Aunt/Uncle Other-_____

Other Children: <u>Full Name</u>	Sex <u>M/F</u>	Date of Birth	School Attending	Grade
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Has the student attended Chenango Forks Schools previously: _____ Grades: _____

School last attended: _____ District Last Attended: _____

If foster placement, indicate Caseworker: _____

Phone No. Caseworker: _____ Home District: _____

Official use only

To be completed by District Registrar

- Yes No *Is the US Postal address the same as the physical address and checked with CF District Transportation List? Correct on front page if necessary.*

Date of Entry: _____

Student #: _____

- Yes No *Has the student's transcripts been requested?*
- Yes No *Has the registration information been entered into the system?*

Signature of District Registrar

Date

To be completed by the Building Principal or District Registrar - When a parent or person in parental relation requests enrollment the child shall be enrolled and attend the next school day or as soon as practicable unless a determination of non-residency is made. As soon as practicable, but no later than 3 business days after initial enrollment the parent or person in parental relation shall submit documentation and/or information support of the residency in the district and the district shall make a residency determination no later than the 4th business day after initial enrollment.

Please check appropriate boxes:

- Yes No *Is the child homeless? If yes, please refer to the Homeless Liaison and enroll the student immediately. If the answer is no, the student is to be informed of appeal rights in writing and a form for appeal is to be attached to the denial of homeless status.*
- Yes No *Does the child present for enrollment with an adult that claims to be homeless? If yes, please enroll the child immediately, contact the Homeless Liaison and the Office of Special Education. If the child is homeless and has an IEP, a surrogate parent will need to be appointed.*
- Yes No *Is the child a migrant? If yes, please refer to the Homeless Liaison and enroll student immediately.*
- Yes No *Is the student in foster care? If yes, the person registering the student must have a Department of Social Services Notification of Guardianship document. If the person registering does not have such documentation, they should be referred to DSS to acquire the document **before registration is to proceed.***
- Yes No *Is a copy of the child's birth certificate or other appropriate proof of age (baptismal record, passport, visa) on file or other documentation? If no, the child is not to be enrolled until the birth certificate or appropriate proof is produced.*
- Yes No *Have copies of the immunization records and a health certification been obtained? If no, the child can be admitted but the immunization records must be produced within 14 days of the start of school or enrollment or the student may not be allowed to attend. If the student transfers from another state or country this timeframe may be extended to 30 days.*
- Yes No *Is the student a Student with Disabilities? If the student has a disability, please forward the registration form to the Office of Special Education.*
- Yes No *Was the completion of the residency questionnaire waived? If no, the child is not to be enrolled until the form has been reviewed by and authorization has been provided.*
- Yes No *Has the child repeated any grades? If yes, which grade? _____*

Signature of Official Completing Questions

Date