

# CHENANGO FORKS CENTRAL SCHOOLS

## Student Registration Form

Today's Date \_\_\_\_\_

Person Registering Student

Student's Full Name \_\_\_\_\_  
Last First Middle

Building \_\_\_\_\_ Grade \_\_\_\_\_ Phone No. \_\_\_\_\_

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/Stepfather  Stepfather  Aunt/Uncle  Other  Identify

Other Children: <u>full name</u>	<u>sex</u>	<u>date of birth</u>	<u>school attending</u>	<u>grade</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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 \_\_\_\_\_

**To be completed by Building 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..*

**To be verified by Attendance Clerks or**

**Guidance Staff** Date of Entry \_\_\_\_

Student No. \_\_\_\_\_

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

\_\_\_\_\_  
*Signature of Attendance Clerk/Guidance Staff*

\_\_\_\_\_  
*Date*

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To be completed by the Building Principal or Guidance Department- 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 4<sup>th</sup> 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 coordinator 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*