

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) Circle one Date of Birth _____ Place of Birth (City, State, Country) _____

If country of birth is not the USA, indicate the date of arrival of your child in the United States _____
Month/Day/Year

Native Language _____

Student racial and ethnic identification: Please review the attached CFCS "Student Racial and Ethnic Identification" and complete as required.

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: _____

Adults Living in the Home <i>Indicate Mr., Mrs., Miss., Ms.</i>	Relationship To Student	Date of Birth	Place of Employment	Work Phone	Guardian?

Guardianship

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

Other Children: full name sex 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 _____

Does this student currently have medical or health insurance coverage? Yes No

If yes, please name _____

Official use only

To be completed by Building Registrar

911 Address _____

- Yes No *Is the 911 address the same as the physical address? If no, enter 911 address in PowerSchool as the physical address.*

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

To be completed by the Building Principal or Guidance Department

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 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 the student a Student with Disabilities? If the student has a disability, please forward the registration form to the Office of Special Education. The child is not to be enrolled until the Office of Special Education provides authorization.*
- Yes No *Is the child a migrant? If yes, please refer to the Homeless Liaison and enroll student immediately.*
- Yes No *Was the completion of the residency form waived? If no, the child is not to be enrolled until the form has been reviewed by the district's legal counsel and authorization has been provided.*
- Yes No *Is the student an English Language Learner or Limited English Proficient? If yes, please arrange to have the student evaluated.*
- Yes No *Has the child repeated any grades? If yes, which grade? _____*
- Yes No *Is a copy of the child's birth certificate or other appropriate proof of age (baptismal record, passport, visa) on file? If no, the child is not to be enrolled until the birth certificate or appropriate proof is produced. If a passport or visa is being presented, please involve central administration immediately and **do not** register the child.*
- 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.*

Signature of Official Completing Questions

Date