

FAMILY REGISTRATION FORM – NEWFANE CENTRAL SCHOOL DISTRICT

INFORMATION ON STUDENTS BEING ENROLLED

(If more than three students ask for a supplemental student information form)

STUDENT (1)	STUDENT (2)	STUDENT (3)
Legal Name:	Legal Name:	Legal Name:
Birthdate:	Birthdate:	Birthdate:
Last Grade Completed:	Last Grade Completed:	Last Grade Completed:
Current Grade:	Current Grade:	Current Grade:
Gender:	Gender:	Gender:
Ethnicity:	Ethnicity:	Ethnicity:
Social Security Number:	Social Security Number:	Social Security Number:
Relationship to Parent/Guardian:	Relationship to Parent/Guardian:	Relationship to Parent/Guardian:
Name of previous district:	Name of previous district:	Name of previous district:
Name of previous school:	Name of previous school:	Name of previous school:
IEP or 504 Plan (circle)	IEP or 504 Plan (circle)	IEP or 504 Plan (circle)
Any educational considerations/services: OT PT Speech Small Class AIS _____	Any educational considerations/services: OT PT Speech Small Class AIS _____	Any educational considerations/services: OT PT Speech Small Class AIS _____
Allergies/Serious health concerns?	Allergies/Serious health concerns?	Allergies/Serious health concerns?
Special Guardianship or Custody Issues??	Special Guardianship or Custody Issues??	Special Guardianship or Custody Issues??

INFORMATION ON PARENTS/PRIMARY LEGAL GUARDIAN(S)

FATHER	MOTHER	OTHER - Specify
Name:	Name:	Name:
Address:	Address:	Address:
Is above address the primary residence of the student(s) being enrolled? Yes or No	Is above address the primary residence of the student(s) being enrolled? Yes or No	Is above address the primary residence of the student(s) being enrolled? Yes or No
Employer:	Employer:	Employer:
Occupation:	Occupation:	Occupation:
Home Phone:	Home Phone:	Home Phone:
Cell Phone:	Cell Phone:	Cell Phone:
Work Phone:	Work Phone:	Work Phone:
Email:	Email:	Email:
Ethnicity:	Ethnicity:	Ethnicity:

INFORMATION ON OTHER CHILDREN OR ADULTS RESIDING IN THE HOUSEHOLD

Name	Age (DOB)	Relationship in/to Family

EMERGENCY CONTACTS

(Please list all individuals who can be called in an emergency and/or are permitted to pick-up your children from school.)

Name:	Name:	Name:
Address:	Address:	Address:
Relationship:	Relationship:	Relationship:
Home Phone:	Home Phone:	Home Phone:
Cell Phone:	Cell Phone:	Cell Phone:
Work Phone:	Work Phone:	Work Phone:
Email:	Email:	Email:
Call in an emergency? Yes or No	Call in an emergency? Yes or No	Call in an emergency? Yes or No
Can pick-up from school? Yes or No	Can pick-up from school? Yes or No	Can pick-up from school? Yes or No
Name:	Name:	Name:
Address:	Address:	Address:
Relationship:	Relationship:	Relationship:
Home Phone:	Home Phone:	Home Phone:
Cell Phone:	Cell Phone:	Cell Phone:
Work Phone:	Work Phone:	Work Phone:
Email:	Email:	Email:
Call in an emergency? Yes or No	Call in an emergency? Yes or No	Call in an emergency? Yes or No
Can pick-up from school? Yes or No	Can pick-up from school? Yes or No	Can pick-up from school? Yes or No

Certification: I hereby certify that I am a legal resident of the Newfane Central School District and that the above information is both accurate and complete to the best of my knowledge.

Parent/Guardian Signature: _____ Date: _____