

REGISTRATION INFORMATION FORM

**To be completed by parent/guardian - please complete all fields where applicable
For procedures regarding completion of this form, please refer to Addendum attached.**

Please print

| |
|--------------------------------------|
| Student Name: _____ Last First MI |
|--------------------------------------|

Date of Registration _____
month / day / year

Start Date at Ichabod Crane _____
month / day / year

Placement: Grade:

Years in U.S. Schools _____

Date of Birth ____ / ____ / ____
month / day / year

Gender: Male Female

Place of Birth: _____
City

_____ State/Province

_____ Country

| |
|--|
| <p><i><u>If born outside of the U.S.:</u></i></p> <p>Date of entry to U.S.: ____ / ____ / ____ Country entered from: _____ NA _____ month / day / year</p> |
|--|

Primary Language: _____ Secondary Language (If any): _____

School district child is entering from (if applicable):

_____ School Name

_____ Mailing Address (Street/PO)

_____ City State Zip

_____ () Phone Number

FAMILY INFORMATION

Relationship Code (See below)

Parent/Guardian _____
 Last Name First Name MI

Spouse/Other Adult _____
 Last Name First Name MI

RELATIONSHIP CODE: (KEY)

| | | | |
|-----------------------|----|-----------------------------------|----|
| Mother | MO | Father | FA |
| Foster Mother | FM | Foster Father | FF |
| Grandmother | GM | Grandfather | GF |
| Legal Female Guardian | FG | Legal Male Guardian | MG |
| Step Mother | SM | Step Father | SF |
| Surrogate Parent | SP | Other <i>Please specify</i> _____ | |

Please fill in **Both** mailing address and resident address if they are not the same.

RESIDENTIAL ADDRESS

MAILING ADDRESS (If not the same as residence)

PARENT/GUARDIAN

Home Phone: _____

Cell Phone: _____

Email #1*: _____

Email #2: _____

Place of Employment: _____

Employment Phone: _____

SPOUSE/OTHER ADULT

Place of Employment: _____

Employment Phone: _____

Cell Phone: _____

*NOTE: In cases of **joint physical custody (see next page)**, the District will use only Email #1 from each page for emergency notification/communication.

Please list below all siblings under the age of 21

Please print

***Please check this box if there are siblings preschool age or younger**

Student Name: _____ **DOB:** _____

Parent/Guardian Name: _____

SIBLINGS:

| <u>Sister(s) Name(s)</u> | <u>Date of Birth</u> | <u>Current Grade</u> (if applicable) |
|--------------------------|----------------------|---|
| _____ Name | _____ DOB | _____ Grade |
| _____ Name | _____ DOB | _____ Grade |
| _____ Name | _____ DOB | _____ Grade |
| _____ Name | _____ DOB | _____ Grade |

| <u>Brother(s) Name(s)</u> | <u>Date of Birth</u> | <u>Current Grade</u> (if applicable) |
|---------------------------|----------------------|---|
| _____ Name | _____ DOB | _____ Grade |
| _____ Name | _____ DOB | _____ Grade |
| _____ Name | _____ DOB | _____ Grade |
| _____ Name | _____ DOB | _____ Grade |

FOR OFFICE USE ONLY:

*If there are siblings preschool age or younger, please copy and forward this page to the Primary School office with a copy of parent information (pages 3 and 4).

PARENT/GUARDIAN HOME LANGUAGE QUESTIONNAIRE

Please print:

Student Name: _____ School: _____

Grade: _____

Please circle the correct response for each of the following questions concerning your child:

1. What language did the child learn when she/he first began to talk? English
Other (Specify) _____
2. What language does the family speak in the home most of the time? English
Other (Specify) _____
3. What language does the mother speak to her child most of the time? English
Other (Specify) _____
4. What language does the father speak to his child most of the time? English
Other (specify) _____
5. What language does the child speak to his/her mother most of the time? English
Other (specify) _____
6. What language does the child speak to his/her father most of the time? English
Other (specify) _____
7. What language does your child speak to his/her brother(s)/sister(s) most of the time? English
Other (specify) _____
8. What language does your child speak to his/her friends most of the time? English
Other (specify) _____

REGISTRATION INFORMATION SIGNATURE

Name of person completing the Registration Information: _____

Relationship of person completing Registration Information: Mother Father

Guardian Other (Please specify) _____

Signature of person completing the Registration Information: _____

Date of completion: _____

NOTE: Custody/guardianship papers must be provided at the time of registration if the parent is not registering the prospective student.

LOCATION OF HOME FOR TRANSPORTATION

(Please print all fields)

STUDENT NAME: _____

DATE OF BIRTH: _____

PARENT/GUARDIAN NAME: _____

GRADE _____ MALE FEMALE

HIGH SCHOOL MARTIN H. GLYNN PRIMARY SCHOOL

MIDDLE SCHOOL MARTIN VAN BUREN

TELEPHONE:

Home _____ Work _____ Cell #1 _____ Cell #2 _____

RESIDENCE ADDRESS: (Road, Street, Development, etc.)

MAILING ADDRESS: _____

LOCATION DESCRIPTION: (Next to firehouse, church, etc.)

FOR OFFICE USE ONLY: This form must be copied and forwarded to the Transportation Dept.

HEALTH HISTORY

Student Last Name _____ First _____ Middle Initial _____

Grade this student is attending when this form is filled in: _____

Date of Birth _____ Place of Birth _____ M _____ F _____

Address _____ Home Phone _____ Work Phone _____

Parent/Guardian: Mother _____ Father _____

Family Physician _____ Phone Number _____

Physician's Address _____

IF YOUR CHILD HAS EVER HAD ANY OF THE FOLLOWING, PLEASE GIVE DATE(S)

| | | |
|--|--|--|
| _____ Anemia _____ Birth/Congenital defects _____ Chicken Pox _____ Diabetes _____ Epilepsy (seizure disorder) _____ German Measles (Rubella) _____ Measles _____ Mumps _____ Nephritis (Kidney Disease) | _____ Heart Disease _____ Poliomyelitis _____ Tuberculosis _____ Pneumonia _____ Rheumatic Fever _____ Scarlet Fever _____ Contact with TB (Tuberculosis) _____ Whooping Cough _____ Asthma (type) | _____ Ear Conditions _____ Frequent headaches (or migraines) _____ Operations _____ Serious Injuries _____ Allergies (food, I insects, medications) List: _____ _____ Eyeglasses _____ all the time _____ reading only _____ Prosthetic devices: ___ Hearing Aid ___ Walker ___ Leg braces ___ Wheelchair Dental appliance (braces, retainer) List: _____ Other _____ _____ |
|--|--|--|

Is there anything concerning the eyes, ears, or health of this child that the school nurse should know in order to provide special care? Yes No If yes, please explain: _____

Is it necessary for the child to have any daily medication? Yes No If yes, please explain: _____

Are there any other concerns not listed, which we should be aware of? Yes No If yes, please explain: _____

Physicals are mandated for grades K, 2, 4, 7, 10 and new entrants. If your child has not had a recent physical by a physician, the school physician will provide a physical. **(Please check one):**

- _____ My child will have an exam by his/her private provider
- _____ My child will have an exam by the school physician

Parent Signature _____ **Date** _____

AUTHORIZATION FOR RELEASE OF INFORMATION

Please Print

NAME OF STUDENT _____ CURRENT GRADE _____

PREVIOUS ADDRESS _____

NEW ADDRESS _____

I hereby request that the Board of Education transfer copies of the following records concerning the student named above:

- Academic Records (including state assessments)
- Attendance Records
- Health AND Immunization Records
- Comprehensive Psychological Report (CONFIDENTIAL)
- Individual Education Program (IEP) or 504 Plan (CONFIDENTIAL)
- Copy of Free and Reduced Lunch application or District Certification Letter
- Copy of legal determination regarding guardianship/custody (if applicable)
- Discipline record
- Other _____

FROM:

SCHOOL CHILD IS LEAVING _____

SCHOOL ADDRESS _____
Mailing Address (Street/PO)

City State Zip

TO:

SCHOOL CHILD IS ENTERING _____

SCHOOL ADDRESS _____
Mailing Address (Street/PO)

City State Zip

PARENT/GUARDIAN NAME (Please Print)

DATE

PARENT/GUARDIAN SIGNATURE

For
Office
Use
Only

Request for records sent to former school _____
Date Initials

Records received from school _____
Date Initials

DO NOT COMPLETE THIS SECTION

For Office Use Only

DISTRICT BEDS CODE -----

BUILDING BEDS CODE -----

STAR BASE Building Code -----

District Student ID Number

Current School Year _____
mm / dd / yyyy

| CODES | | |
|--------------|------------------|-----------|
| BEDS | | STAR BASE |
| 004 – | Primary School | - 002 |
| 001 – | Martin Van Buren | - 004 |
| 003 – | Martin H. Glynn | - 003 |
| 006 – | Middle School | - 005 |
| 005 – | High School | - 001 |

Type of evidence supplied to verify student’s Date of Birth:

_____ birth certificate with raised seal _____ passport

Ethnicity:

_____ American Indian/Alaskan Native [I] _____ Hispanic [H]
 _____ Black (not Hispanic origin) [B] _____ White (not Hispanic origin) [W]
 _____ Asian [A] _____ Pacific Islander [P]

Housing: Does this child reside in a shelter; with relatives or others due to lack of permanent housing; in an abandoned apartment/building, in a motel/ hotel, camping ground, car, train/bus station or other similar situation due to the lack of alternatives, adequate housing; or temporarily housed in a shelter awaiting an Office of Children and Family Services (OCFS) permanent foster care placement?

Yes* ___ No ___

*If yes, the Building Principal should contact the District Homeless Liaison

| |
|--|
| <p>Immunization Date For First Polio Vaccination</p> <p>_____</p> <p>mm / dd / yyyy</p> |
|--|

| |
|---|
| <p align="center"><u>FOR HIGH SCHOOL STUDENTS ONLY</u></p> <p>DATE OF ENTRY INTO GRADE 9: _____</p> <p align="right">mm / dd / yyyy</p> |
|---|

| |
|--|
| <p>Residency verified: _____ Initials _____ Date</p> <p>Joint custody/guardianship: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, paperwork verified: _____ Initials _____ Date</p> |
|--|