





**FAMILY INFORMATION**

Relationship Code (See below)

Parent/Guardian				<div style="border: 1px solid black; width: 40px; height: 30px; margin: 0 auto;"></div>
	Last Name	First Name	MI	
Spouse/Other Adult				<div style="border: 1px solid black; width: 40px; height: 30px; margin: 0 auto;"></div>
	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** Residential (Physical) and Mailing address and resident address if they are not the same.

**RESIDENTIAL (PHYSICAL) ADDRESS**

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**MAILING ADDRESS (If not the same as residence)**

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**PARENT/GUARDIAN**

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email #1\*: \_\_\_\_\_

Email #2: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

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Employment Phone: \_\_\_\_\_

**SPOUSE/OTHER ADULT**

Place of Employment: \_\_\_\_\_

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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.

**Complete this section only if joint physical custody applies  
(Please provide legal custody papers)**

NA \_\_\_\_\_

**FAMILY INFORMATION (2<sup>nd</sup> custodial parent – if applicable)**

Relationship  
Code  
(See below)

Parent/Guardian (2) \_\_\_\_\_  
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. Custody/guardianship papers must be provided at the time of registration if the parent is not registering the prospective student.

**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** 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:**

Sister(s) Name(s) Date of Birth Current Grade (if applicable)

\_\_\_\_\_  
Name DOB Grade

\_\_\_\_\_  
Name DOB Grade

\_\_\_\_\_  
Name DOB Grade

\_\_\_\_\_  
Name DOB Grade

Brother(s) Name(s) Date of Birth Current Grade (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) \_\_\_\_\_

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## 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.*

## STUDENT RACIAL AND ETHNIC IDENTIFICATION

All students between 5 and 21 years of age have the right to a free public education. Children may not be refused admission because of race, color, creed or national origin, sex, citizenship, handicapping condition, or immigration status.

### PURPOSE OF THE FORM

Ichabod Crane Central School District has adopted a procedure that requires the collection and recording of the ethnic identity of students in accordance with the federal categories and definitions. The information will be used to:

- Report information to the state and federal Education Departments.
- Plan educational programs and make sure that they are readily available to all students.
- Study the movement of students in different ethnic groups as they move from school to school.
- Analyze differences in academic performance, attendance and completion of school.

STUDENT NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ GRADE \_\_\_\_\_

### DIRECTIONS FOR PARENT/GUARDIAN

Please review the Racial/Ethnic definitions below. Put a check (✓) in the box for the category or categories which best describe your child. Ichabod Crane Central School understands the sensitive nature of this information and wishes to assure you that it will be kept secure and confidential in accordance with all state and federal student privacy laws and regulations. If the information requested is not provided on this form on behalf of your child, a designated employee from the school will be required to identify the group to which the student appears to belong, identifies with, or is regarded in the community as belonging. Thank you for your cooperation.

**PLEASE ANSWER QUESTIONS (1) and (2). PLEASE READ THEM BEFORE YOU RESPOND. [For question (1) Check (✓) the box that best describes your child.] Check (✓) only ONE box.**

**1. Is the student Hispanic, Latino, or of Spanish origin?** Hispanic, Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

**Hispanic**

**NO, not Hispanic**

**2. Select one or more races from the following five racial groups. [For question (2) check (✓) all groups that apply to your child; check (✓) at least ONE box.]**

**AMERICAN INDIAN OR ALASKA NATIVE:** A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition. e.g. Cherokee, Mohawk, Inuit.

**ASIAN:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**BLACK:** A person having origins in any of the black racial groups of Africa

**WHITE:** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East

\_\_\_\_\_  
Signature of Parent/Guardian/Other

\_\_\_\_\_  
Date

Relationship to Student (please circle one below):

Mother

Father

Guardian

Other (Specify) \_\_\_\_\_



**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 _____ _____
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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

<b>CODES</b>		
BEDS		STAR BASE
004 –	Primary School	- 002
007 –	Elementary School	- 011
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

**Student Racial and Ethnic Identification:** Please complete this section from Form #CO-90

**Housing:** If the student is NOT living in permanent housing per the response on Residency Questionnaire/Screening Form CO-91, please ensure that the Building Principal and the District Homeless Liaison is notified.

**Migrant Program:** If the student is qualified per the screening form CO-92, please notify the Building Principal and send the form to the address for the Migrant Education Outreach Program

<p><b>Immunization Date For First Polio Vaccination</b></p> <p>_____</p> <p>mm / dd / yyyy</p>
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<p><b><u>FOR HIGH SCHOOL STUDENTS ONLY</u></b></p> <p><b>DATE OF ENTRY INTO GRADE 9:</b> _____</p> <p>mm / dd / yyyy</p>
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<p><b>Residency verified:</b>        _____ Initials        _____ Date</p> <p><b>Joint custody/guardianship:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, paperwork verified:    _____ Initials        _____ Date</p>
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