

## Watkins Glen Central School District

## STUDENT REGISTRATION FORM

To be completed by Parent/Guardian Updated 8/3/23

**Anticipated Start Date** Today's Date Date of Birth Home Telephone Number **Entering Grade** Student Legal Last Name Student First Name Middle Name Gender M\_\_\_ F\_\_ Nonbinary FAMILY HISTORY - PRIMARY PARENT/GUARDIAN HOUSEHOLD Parent/Guardian #1 Last Name First Name Relationship to Student Parent/Guardian Address City State Zip Code Cell Phone: Work Phone: Email Address: First Name Parent/Guardian #2 Last Name Relationship to Student Parent/Guardian Address City State Zip Code Cell Phone: Work Phone: Email Address: 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 do not have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are under the McKinney-Vento Act may also be entitled to free transportation and other Living Arrangements: (Check Current Situation): □At Home with Parent or Guardian □Other □With Relative Due to Lack of Housing □In a Motel/Hotel, Campground, Car, Train, or Bus Station or Other Similar Situation Due to Lack of Alternative, Adequate Housing □Temporarily Housed in a Shelter Awaiting Foster Care Placement □In a Shelter Student Residing With Relationship Does your Child Receive Special Educational or 504 Do you have Court Orders? If so, please provide documents. Services? EMERGENCY CONTACT IF PARENT/GUARDIAN NOT AVAILABLE ☐ Please check if all emergency contacts can pick up your child Home or Work Phone Address (Please provide full address) Relationship to Student Name Name Home or Work Phone Address (Please provide full address) Relationship to Student Name Home or Work Phone Address (Please provide full address) Relationship to Student **Legal Consideration** □ Court Orders, □ Joint Custody □ Special Custody Arrangements: DOES YOU CHILD/CHILDREN NEED DISTRICT BUSSING Yes No

|                                                                                                            | Pleas                           | se complete other side                                                                           |                             |
|------------------------------------------------------------------------------------------------------------|---------------------------------|--------------------------------------------------------------------------------------------------|-----------------------------|
| Siblin                                                                                                     | a Information (other            | r children in the family under the a                                                             | age of 21)                  |
| Last Name                                                                                                  | •                               | Date of Birth                                                                                    | School                      |
|                                                                                                            | <u>First Name</u>               | Date of Birth                                                                                    | <u>301001</u>               |
| 1.                                                                                                         |                                 |                                                                                                  |                             |
| 2.                                                                                                         |                                 |                                                                                                  |                             |
|                                                                                                            |                                 |                                                                                                  |                             |
| 3.                                                                                                         |                                 |                                                                                                  |                             |
| 4.                                                                                                         |                                 |                                                                                                  |                             |
|                                                                                                            |                                 |                                                                                                  |                             |
|                                                                                                            |                                 | <b>=</b> 41                                                                                      |                             |
|                                                                                                            |                                 | <u>Ethnicity</u>                                                                                 |                             |
|                                                                                                            |                                 |                                                                                                  |                             |
| 1. Is the student Hispan                                                                                   | ic, Latino, or of Spanis        | h origin? Hispanic, Latino, or of Spanis                                                         | h origin means a person of  |
| · · · · · · · · · · · · · · · · · · ·                                                                      | erto Rican, Central or S        | South American, or other Spanish Cultur                                                          | e or origin, regardless of  |
| race.  Yes, Hispanic                                                                                       |                                 |                                                                                                  |                             |
|                                                                                                            |                                 |                                                                                                  |                             |
| No, Not Hispanic                                                                                           |                                 |                                                                                                  |                             |
|                                                                                                            |                                 |                                                                                                  |                             |
|                                                                                                            |                                 |                                                                                                  |                             |
| 2. Select one or mor                                                                                       | e races from the fol            | llowing five racial groups.                                                                      |                             |
|                                                                                                            | •                               | rson having origins in any of the original peopl<br>or community recognition, e.g. Cherokee, Moh |                             |
| <b>ASIAN</b> : A person having                                                                             | g origins in any of the origi   | nal peoples of the Far East, Southeast Asia, or                                                  | the Indian subcontinent     |
| including for example, (                                                                                   | Cambodia, China, India, Ja      | pan, Korea, Malaysia, Pakistan,  Philippine Isl                                                  | ands, Thailand and Vietnam. |
| <b>NATIVE HAWAIIAN O</b><br>Guam, Samoa, or othe                                                           |                                 | IDER: A person having origins in any of the ori                                                  | ginal peoples of Hawaii,    |
| BLACK: A person havi                                                                                       | ng origins in any of the bla    | ck racial groups of Africa.                                                                      |                             |
| WHITE: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East. |                                 |                                                                                                  |                             |
|                                                                                                            |                                 |                                                                                                  |                             |
|                                                                                                            |                                 |                                                                                                  |                             |
| The Information                                                                                            | _                               | re of Parent or Guardian:                                                                        | et of my Knowlodge          |
| ine imormation .                                                                                           | ουμριι <del>ε</del> α οπ από Εί | nrollment Form is True to the Bes                                                                | st of my knowledge.         |
|                                                                                                            |                                 |                                                                                                  |                             |
| Signature of Parent of                                                                                     | or Guardian on this Line        |                                                                                                  |                             |
| -                                                                                                          |                                 |                                                                                                  |                             |
|                                                                                                            |                                 |                                                                                                  |                             |
| Print of Parent or Guardian on this Line                                                                   |                                 |                                                                                                  | Date                        |