

**GLOVERSVILLE ENLARGED SCHOOL DISTRICT
REGISTRATION FORM**

Student Name: _____ M F Date of Birth: _____ Grade: _____

Educational Experience:

Did this child attend Pre-Kindergarten? Yes No

If yes, name of program and location?: _____

Has your child ever attended a Gloversville school before? Yes No

If yes, when/where? _____ Last grade: _____

Was your child ever registered at any other school before? Yes No

If yes, date left _____

School Previously Attended: _____

Parent/Guardian Information:

Father's Full Name: _____ Work Place: _____

Father's Address: _____ Work #: _____

Relationship to student: parent step-parent foster parent legal guardian

other/specify _____

Mother's Full Name: _____ Work Place: _____

Mother's Address _____ Work #: _____

Relationship to student: parent step-parent foster parent legal guardian

other/specify _____

Are the natural parents living together? Yes No

If remarried, name of step-parent: _____ Work #: _____

Mother's name if remarried: _____

If separated or divorced, who has legal custody of the child? _____

Is there a court order in effect? Yes No If yes, provide the most recent Court Order.

Are there any custodial orders/documents in place at this time? Yes No If yes, please provide.

Is there anyone to whom the student cannot be released due to court order/order of protection?

Yes No If yes, please provide.

Is the child known by any other name? Yes No

If so, what is the name? _____

Does the student have a parent/guardian who is an Active military member?

Active Duty military member? Yes No Relationship _____

Please list ALL siblings starting with the oldest including non-school age children: NA

Last Name	First Name	Birth Date	Sex	Present Grade	Living at Home	School Attending

School History

Does your child currently have an IEP (Individualized Education Plan)? Yes No
 Does your child currently have a 504 Plan in place? Yes No

Please check any special services your child may have received in their previous school:

Remedial Services: Reading Math Speech

Special Education Services: (Check all that apply)

6:1:1 15:1:1 12:1:1 OT PT Counseling

Has your child ever repeated a grade? Yes No

If yes, grade repeated: _____ School: _____

Other:

Foster Home: Yes No If yes, copy of DSS 2999 Form is required.

Did your child receive free or reduced lunch at a previous school? Yes No

Check here (and provide details) if student lives in a shelter, abandoned apartment/building, motel or hotel, camping ground, car, or train/bus station; if the student lives with relatives or others due to lack of housing or other similar situations; or if the student is temporarily housed in a shelter awaiting permanent foster care placement _____ (living arrangements). The answer you give 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 protected under the McKinney –Vento Act may also be entitled to free transportation and other services

Parent Statement: I certify the above information is true and correct. Any misinformation regarding residency may result in being billed to cover the cost of instruction and/or exclusion from attending the Gloversville Central School District. I further understand that it is my responsibility as the Parent/Guardian to immediately inform the school district of any changes in the information provided.

Full Parent/Guardian Name: _____ Date _____

Relationship: _____