

Andover Central School District
Registration Check List

1. Student Registration ☐
2. Health Record Form ☐
3. Official Birth Certificate ☐
4. Immunization Records ☐
5. Custody Paperwork or any other legal documents (if applicable) ☐
6. Proof of Residency ☐
7. Dental Health Certificate – if completed ☐
8. Current Physical Exam (as soon as possible before school starts) ☐
9. Transportation form ☐
10. Release of information if student has attended another school.

Please call Samantha Kephart with questions 607-478-8491 ext. 226.

Thank you!

AUTHORIZATION FOR RELEASE OF PUPIL INFORMATION

I hereby grant permission for records concerning:

_____	DOB _____	Grade _____
_____	DOB _____	Grade _____
_____	DOB _____	Grade _____
_____	DOB _____	Grade _____

To be released from:

☐ PLEASE CHECK IF ANY STUDENTS ABOVE HAVE HAD SPECIAL SERVICES (EX. SPEECH, RESOURCE ROOM, AIDES, ETC.) AND INDICATE WHICH STUDENT WITH AN *. PLEASE FAX DOCUMENTATION SHOWING THESE SERVICES WERE PROVIDED.

Please send: Transcript of Grades, Immunization & Health Records, Test Data, Birth Certificate, Confidential Reports (personality or psychological test scores, special education records, etc.) and any other pertinent information to:

Email: skephart@andovercsd.org

Guidance Office
Andover Central School
PO Box G
Andover, NY 14806

Phone 607-478-8491 x227
Fax 607-478-8085

Date _____

Parent/Guardian Signature _____

2022-2023 Transportation Form

Student's Name: _____

Parent/Guardian Name: _____

Phone Number: _____

Address: _____

_____ My child will be self-transported TO school

BY: _____

Relationship: _____ Phone #: _____

_____ My child will be self-transported FROM school

BY: _____

Relationship: _____ Phone #: _____

_____ My child needs to ride a bus _____ AM _____ PM

Andover Central School District



Student Registration Forms

Official Use Only

STUDENT ID: _____

Notification: _____

Records: _____

Nurse _____

Date requested _____

Principal's Office _____

Manner _____

Transportation _____

Date Received _____

Guidance Office _____

Enrollment Date _____

Date of requested enrollment: _____ Today's date: _____

Student Information:

Last Name: _____ First Name: _____ Middle: _____

Current Grade: _____ Gender: ☐ Male or ☐ Female

Date of Birth: _____ Age: _____ Birth City/State: _____

Residence Address:**Mailing Address: (if different from residence)**

Street: _____

PO Box/Street: _____

Town: _____ Zip: _____

Town: _____ Zip: _____

Phone # (Cell) _____ (Home) _____

Ethnic Group: Hispanic, Latino, or of Spanish Origin ☐ YES or ☐ NO**Race:** Check all that apply:☐ White ☐ Black ☐ Native Hawaiian or Pacific Islander ☐ American Indian or Alaskan Native ☐ Asian**Please check all that apply:**☐ Has this student ever attended Andover Central School – If yes, when: _____☐ Enrolling from outside Andover School District (non-Foster Care)

If yes, actual home school district: _____

☐ Currently in Foster Care

If yes, Agency responsible for placement: _____

Actual home School District: _____

Parent/Guardian Information: Please complete ALL information below

*Note: We presume both parents share custody in divorce or legal separation agreements unless and until we receive a copy of the court order or separation agreement that pertains to the child's custody. Non-custodial parents are legally able to obtain school records unless otherwise noted in court documents.

Mother's Name: _____ Student resides with: ☐ YES or ☐ NO

Address: _____

Phone #: (Cell) _____ (Home) _____ Email: _____

Employer: _____ Work Phone: _____

Check all that apply: Is to receive mailings regarding student _____ Can pick up student _____Father's Name: _____ Student resides with: ☐ YES or ☐ NO

Address: _____

Phone #: (Cell) _____ (Home) _____ Email: _____

Employer: _____ Work Phone: _____

Check all that apply: Is to receive mailings regarding student _____ Can pick up student _____

Parent/Guardian Information continued: (Only if applies)

Legal Guardian's Name: _____ Student resides with: ☐ YES or ☐ NO

Address: _____

Phone #: (Cell) _____ (Home) _____ Email: _____

Employer: _____ Work Phone: _____

Check all that apply: Is to receive mailings regarding student _____ Can pick up student _____

Parents are:

☐ Married ☐ Divorced

Separated: ☐ Legally ☐ No Legal Agreement

Custody: ☐ Joint ☐ One parent has custody*

*We will need a copy of the custody agreement.

Custody papers on file? ☐ YES ☐ NO Order of Protection on file? ☐ YES ☐ NO

Comments: _____

****If student does not live with parents please check the appropriate box below****

☐ In a shelter ☐ In a motel/hotel, camping, or similar situation due to lack of alternative housing

☐ Shared housing belonging to a non-family member ☐ With relatives or others due to lack of housing.

☐ In an abandoned apartment/building or other area not designed as a regular sleeping area

☐ Temporarily housed in a shelter awaiting permanent foster care placement

Homeless students are protected under the McKinney-Vento Act and are eligible for immediate or continued enrollment

Others living in household:

Name	Relationship to Student	Date of Birth	Grade Level
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Emergency Contacts:

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Address: _____	Address: _____
Phone# _____	Phone# _____

Previous School(s) attended:

School: _____ Address: _____

Dates (to and from): _____ Grades(s): _____

School: _____ Address: _____

Dates (to and from): _____ Grades(s): _____

My Child Received the Following Services:

☐ Academic Intervention Services (AIS)

☐ Was your child classified under the Committee of Special Education?

☐ Does your child have a 504 plan?

(For more information regarding parents rights for referral and evaluation, please visit: www.nysed.gov – Parent Guide to Special Education in NYS)

Parent (Guardian) Signature: _____

Date: _____

Andover Central School District
Health Record
Confidential Information

Student's Name: _____ D.O.B. _____ Grade: _____

Father's Name: _____ Phone: _____

Mother's Name: _____ Phone: _____

Guardian's Name: _____ Phone: _____

Emergency Contacts: In the event that parents/guardians cannot be reached.

Name: _____ Phone: _____

Address: _____ Relationship: _____

Name: _____ Phone: _____

Address: _____ Relationship: _____

Medical History:

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Eye Doctor: _____ Phone: _____

Has your child had any recent or recurring illness? ☐ Yes ☐ No

If yes, please describe _____

Allergies: Foods - ☐ Yes ☐ No Please list _____

Medications - ☐ Yes ☐ No Please list _____

Environmental - ☐ Yes ☐ No Please list _____

Other - ☐ Yes ☐ No Please list _____

Bee sting requiring treatment? ☐ Yes ☐ No

Expected reaction to above? _____

Does your child have any ongoing health concerns? (ADHD, asthma, diabetes, ect.) ☐ Yes ☐ No

If yes, please describe _____

Does your child have any serious illness or medical conditions? ☐ Yes ☐ No _____

If yes, please describe _____

Current Medications/frequency: _____

****No medication including over the counter meds will be given without a doctor's order.**

Parent (Guardian) Signature: _____

Date: _____