

Andover Central School District
Registration Check List

1. Student Registration ☐
2. Health Record Form ☐
3. Pre-Kindergarten Entrance Form ☐
4. Official Birth Certificate ☐
5. Immunization Records ☐
6. Custody Paperwork or any other legal documents (if applicable) ☐
7. Proof of Residency ☐
8. Dental Health Certificate – if completed ☐
9. Current Physical Exam (as soon as possible before school starts) ☐
10. Dial 4 Parent Questionnaire
11. Transportation form ☐

Please call Sarah Moline, Guidance Secretary, with questions 607-478-8491 ext. 227.

Thank you!

Sarah Moline

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: _____

PRE-K/Kindergarten Entrance Form

Last Name: _____ First Name: _____ Middle: _____

Date of Birth: _____

Birth Weight: _____ Birth Length: _____ Type of Delivery: Vaginal/Cesarean and
Full Term/Premature

Has your child ever been hospitalized? Yes No If YES, please explain: _____

Has your child had surgery? Yes No If YES, please explain: _____

Please mark any of the following your child may have experienced and please explain:

- ☐ Ear infection _____
- ☐ Frequent colds _____
- ☐ Vision problems _____
- ☐ Does your child wear glasses? _____
- ☐ Nose bleeds _____
- ☐ Pneumonia _____
- ☐ Seizures _____
- ☐ Concussions _____
- ☐ Diabetes _____
- ☐ Hearing problems _____
- ☐ Speech problems _____
- ☐ Asthma _____
- ☐ Diagnosed ADD or ADHD _____
- ☐ Physical disabilities _____
- ☐ Bleeding disorders _____
- ☐ Allergies _____
- ☐ Does your child have an epi-pen? _____

Does your child take any medications? Yes No If YES, please specify: _____

Please describe the following for your child:

Eating habits _____ Sleep habits _____

Independent in bathroom? _____ Can your child dress him/herself? _____

Describe your child's personality _____

Are there specific behaviors that are a problem? _____

Do you feel your child has specific areas of need? _____

How does your child handle anger? _____

How does your child relate to other children? _____

How does your child relate to adults? _____

What are your child's fears? _____

What are the concerns you have about your child's development? _____

Please attach any additional information that we should know.

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: _____

2020-2021 Transportation Information

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