

For Office Use Only
I.D. #: _____
Entry Date _____

REGISTRATION FORM
HARRISVILLE CENTRAL SCHOOL

14371 Pirate Lane, Harrisville, NY 13648
Ph: (315) 543-2707 elem. or (315) 543-2920 high school; Fax: (315) 543-2360

Grade: _____ Bus # In: _____
Homeroom #: _____ Bus # Out: _____
Special Ed. Services: _____

Name of Pupil: _____ D.O.B. ____/____/____ Birth Place: _____ Sex: M F X
Last First Middle Mo Day Year
Military: Yes/No Migrant Worker: Yes/No
Civilian working @ Ft. Drum: Yes/No

Student resides with: Both Parents Mom Dad Other (relationship to student): _____

Home Address (911 Address): _____
Route, Box or Street # Road or Street Name Town State Zip

Mailing Address (if different): _____
Route, Box or Street # Road or Street Name Town State Zip

Where is student currently living (check one box): In a shelter; With another family or other person because of loss of housing or as a result of economic hardship ("doubled-up"); In a hotel/motel; In a car, park, bus, train, or campsite; Other temporary living situation (please describe): _____;
 Permanent housing

Home Phone: _____ Cell Phone: _____ E-Mail Address: _____

Transferred From: _____
School Name Town State Zip

Ethnicity: (choose one) Hispanic/Latino or Spanish Origin; Not Hispanic/Latino

Race: (select one or more) White/Caucasian; Asian; American Indian/Alaskan Native; Black/African American; Native Hawaiian/Pacific Islander

Home Language (language spoken in the home, if not English): _____

Custodial Parent: _____ Are there any legal custody arrangements? _____

****PLEASE SUBMIT COPIES OF ORDERS OF CUSTODY AND/OR ORDERS OF PROTECTION. THE SCHOOL IS BOUND BY LAW TO ADHERE TO THESE DOCUMENTS.**

Non-Custodial Parent: _____
Name Address Phone #

Should the non-custodial parent receive school mailings? _____ May the non-custodial parent pick the child up from school? _____

Father/Male Guardian: _____
Last First Middle (Relationship to child)

Mother/Female Guardian: _____
Last First Middle (Relationship to child)

Additional Adult(s) In Household: _____

Siblings or Other Children In the Household:

Last	First	Middle	Birthdate
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Father/Guardian Work Information: _____
 Name Place of Employment Phone Number

Mother/Guardian Work Information: _____
 Name Place of Employment Phone Number

Other Emergency Contact: _____
 Contact Name Relation (if any) Phone Number(s)

Other Emergency Contact: _____
 Contact Name Relation (if any) Phone Number(s)

Please list the people who are authorized to pick your child up at school:

Name & Phone Number (Relation to student)

Name & Phone Number (Relation to student)

Name & Phone Number (Relation to student)

Name & Phone Number (Relation to student)

HEALTH DATA: A COPY OF BIRTH CERTIFICATE & IMMUNIZATIONS REQUIRED AT TIME OF REGISTRATION

Proof of Immunizations:

Copy of Immunization Record: _____

Date of 1st Polo Vaccination: _____

Additional Information:

Copy of birth certificate: _____

Religious Excusal: _____

TRIP PERMISSION: This child has my permission to go on field trips taken as part of the school program under the supervision of a teacher.

DATE

SIGNATURE OF PARENT OR LEGAL GUARDIAN

I/we verify that the student named resides with me/us and that our residence is within the Harrisville Central School District. I/we certify that all the information above & on the enrollment form is accurate & correct.

 DATE
 cc Guidance Office Main Office

 SIGNATURE OF PARENT OR LEGAL GUARDIAN
 Transportation CSE Chairperson

Nurse