

**COBLESKILL-RICHMONDVILLE CENTRAL SCHOOL STUDENT REGISTRATION FORM**

**For Office Use Only**

Date of Registration \_\_\_\_\_ Registered by \_\_\_\_\_  New Student  Re-entry Counselor \_\_\_\_\_

Entry Date \_\_\_\_\_ Grade \_\_\_\_\_ Homeroom \_\_\_\_\_ Student ID \_\_\_\_\_ Bus am \_\_\_\_\_ Bus pm \_\_\_\_\_

Is student resident of this school district?  Yes  No - explain \_\_\_\_\_

Was residency confirmed by transportation supervisor?  Yes - Date \_\_\_\_\_  No - explain \_\_\_\_\_

Student is:  In Foster Care County of Origin \_\_\_\_\_  ESL /LEP  Other District Name of District \_\_\_\_\_

Placed Out of District \_\_\_\_\_  Foreign Exchange Student  Parent is on active duty in the Armed Forces

Has Student Repeated a grade?  Yes  No If yes which grade(s) \_\_\_\_\_ Date Entered 9<sup>th</sup> Grade \_\_\_\_\_

Copy of proof of age \_\_\_\_\_ (BC/passport, OTHER) \_\_\_\_\_

**Student's Name** \_\_\_\_\_ Date of Birth \_\_\_\_\_

(last name) (first name) (middle name)

Male  Female  Non-Binary \* Primary Ethnicity \_\_\_\_\_ \*Secondary \_\_\_\_\_ Birthplace \_\_\_\_\_ Home Phone \_\_\_\_\_

(See page 2 attached)

Mailing Address \_\_\_\_\_ Apt/Unit \_\_\_\_\_

911 Residence Address \_\_\_\_\_ Type \_\_\_\_\_

**Student lives with:**  BOTH PARENTS  MOM  DAD  GUARDIAN  OTHER (name & relationship) \_\_\_\_\_

Parent #1 - Name/Cell # \_\_\_\_\_ Parent #2 - Name/Cell # \_\_\_\_\_

Email #1 \_\_\_\_\_ Email #2 \_\_\_\_\_

Name/address/phone of school/preschool student transferred from \_\_\_\_\_

Circle All services previously received: Speech Occupational Therapy Physical Therapy Counseling Special Education (CSE) 504 Gifted  
 Remedial Reading Remedial Math Other/name \_\_\_\_\_

**\_\_\_\_\_ Please check this box if your child is living in a shelter, with relatives or others due to a lack of housing; in an abandoned apartment/building; in a motel/hotel, camping ground, car, train/bus station or other similar situation due to lack of adequate housing or temporarily housed in a shelter awaiting OCFs permanent foster care placement.**

Parent #1 Full Name \_\_\_\_\_ Birthplace \_\_\_\_\_ DOB \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Education Level \_\_\_\_\_

Parent #2 Full Name \_\_\_\_\_ Birthplace \_\_\_\_\_ DOB \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Education Level \_\_\_\_\_

**SIBLINGS IN HOUSEHOLD**

**EMERGENCY CONTACT INFORMATION**

**Full Name** \_\_\_\_\_ **DOB** \_\_\_\_\_ **Male/Female** \_\_\_\_\_

**Name** \_\_\_\_\_

\_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

**Relationship** \_\_\_\_\_ **Phone** \_\_\_\_\_

\_\_\_\_\_

**Name** \_\_\_\_\_

\_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

**Relationship** \_\_\_\_\_ **Phone** \_\_\_\_\_

List other members of the household and their position in the household \_\_\_\_\_

Use this area to provide additional information that would be beneficial for us to know regarding your child (i.e. special custody situations).

Signature of person registering student \_\_\_\_\_ Relationship to student \_\_\_\_\_

Copy to:  SchoolTool  Student File  Bus Garage  Attendance  Nurse  Special Programs

Teacher \_\_\_\_\_  Team/HR \_\_\_\_\_  Other \_\_\_\_\_