

Clymer Central School District

District Registration Form

For Office Use Only New Entry Re-Entry Homeroom: _____ Proof of Residency Immunizations

Date Entered: _____ Locker: _____

Student Number: _____ Lock #: _____ Records Received Birth Certificate

Please indicate the student's academic placement.

New Kindergartner for the _____ school year.

New student entering grade _____ for the _____ school year.

Student Information

Student Name: _____ / _____

Last First Middle Nickname

Street Address: _____

Street City State Zip

Mailing Address: _____

Street/PO Box City State Zip

Home Phone: _____

Birth Date: _____

US Citizen?
 Yes No

 Birth Place: _____

Gender:
 Male Female

Month/Day/Year City/State/Country

Ethnicity: Hispanic/Latino Non Hispanic

Please select all that apply:

Race: (I) American Indian/Alaska Native (A) Asian (B) Black or African American (P) Native Hawaiian/Other Pac Islander (W) White

Family Information

Resides with Both Parents Mother Only Father Only Step-Parent Grandparent Guardian Foster Parent

CONTACT 1- Parent/Guardian Residing with Student Emergency Call Order: _____

Name: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____ Ext: _____ Email Address: _____

CONTACT 2- Parent/Guardian Residing with Student Emergency Call Order: _____

Name: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____ Ext: _____ Email Address: _____

CONTACT 3- Parent/Guardian NOT Residing with Student Emergency Call Order: _____

Name: _____ Relationship: _____

Mailing Address: _____

Street/PO Box City State Zip

Home Phone: _____ Cell Phone: _____ Work Phone: _____ Ext: _____

Email Address: _____

Joint Custody?

Yes No

Receive Mailings?

Yes No

Emergency Contact Information

CONTACT 4

Emergency Call Order: ____

Name: _____ Relationship: _____

Phone 1: _____ Ext: _____ Phone 2: _____ Ext: _____

CONTACT 5

Emergency Call Order: ____

Name: _____ Relationship: _____

Phone 1: _____ Ext: _____ Phone 2: _____ Ext: _____

CONTACT 6

Emergency Call Order: ____

Name: _____ Relationship: _____

Phone 1: _____ Ext: _____ Phone 2: _____ Ext: _____

After School Care - Reserved for after-school care provider

Name: _____ Emergency Call Order: ____

Phone 1: _____ Ext: _____ Phone 2: _____ Ext: _____

GUARDIAN ALERT -- PLEASE DO NOT RELEASE MY CHILD TO:

School Information

Last School Attended: _____ Grade: _____

Has the student ever been enrolled at Clymer Central School District? Yes, Grade(s) _____ No

Has the student been receiving Special Education Services? Yes No Unknown

If yes, please select the services: IEP Physical Therapy Counseling Assistive Technology
 504 Plan Occupational Therapy Speech Therapy Adaptive Physical Education

Confidential Housing Information

Complete this section only if

(a) It reflects your child's current living situation,
or

(b) Your living situation and you are under age 21 not living with a parent or guardian.

Your response helps the district determine if the student is eligible to receive additional services.

Please check the appropriate box:

- Sharing the housing of other persons due to loss of housing, economic hardship, or similar reason.
- Living in a motel, hotel, trailer park, or camping ground.
- Living in an emergency or transitional shelter awaiting DSS placement.
- Living in a car or park.
- Living in an abandoned building or similar substandard housing.
- Unaccompanied Youth
- Other, please specify: _____

Parent/Guardian: _____

Date: _____

Signature