

FABIUS-POMPEY CENTRAL SCHOOL DISTRICT
1211 Mill Street, Fabius, NY 13063

REGISTRATION FORM

Student's Name: _____
Last First Middle

Date of Birth: _____ Place of Birth: _____ Gender: ___Male ___Female Enrollment Grade: ____
mm/dd/yyyy

Permanent Address: _____
Street/P.O. Box Home Phone: _____
City/State/ Zip

Description of Location: _____

School Previously Attended: _____ Phone: _____

Previous School Address: _____
Street City/State/Zip

****Please complete the Request for Student Records form.***

Parent/Guardian Name: _____ **Relationship to Student:** _____

Occupation: _____ Place of Employment: _____

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

Home Address (if different than student): _____
Street/P.O. Box Home Phone (if different than student): _____
City/State/Zip

Parent/Guardian Name: _____ **Relationship to Student:** _____

Occupation: _____ Place of Employment: _____

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

Home Address (if different than student): _____
Street/P.O. Box Home Phone (if different than student): _____
City/State/Zip

Other Relationship Name: _____ **Relationship to Student:** _____

Occupation: _____ Place of Employment: _____

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

Home Address (if different than student): _____
Street/P.O. Box Home Phone (if different than student): _____
City/State/Zip

Siblings, extended family members and others living at home address:

Name	Relationship to student	Date of birth if sibling/child	Current grade if student

Student's Name: _____
Last First Middle

Is there a custody agreement in place for your child? ____Yes ____No
If yes, which parent or person in parental relation has physical custody? ____Mother ____Father ____Other (specify relationship)
***If yes, please provide the District with a copy of the agreement.** Other relationship: _____
If no, and parents reside at separate addresses, please provide the District with a notarized statement acknowledging agreement by both parents as to which parent is designated as parent with residential custody.

Adults authorized to pick up your child: _____

Emergency contact name (if parents are unavailable): _____
Address: _____ Phone: _____

Please indicate services previously/currently provided to your child, including number of years provided:
_____ Speech/Language _____ Special Education _____ OT/PT _____ English as a New Language
_____ Psychological/Counseling _____ Gifted _____ Math Support _____ Reading Support
Does your child currently have an IEP? ____Yes ____No Does your child have a 504 Plan? ____Yes ____No

The following questions are intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services that you and your child may be eligible to receive.
1. Is your current address a temporary living arrangement? ____Yes ____No
2. Is this temporary living arrangement due to loss of housing or economic hardship? ____Yes ____No
***If you answered yes to the above questions, please complete the Enrollment Form/Residency Questionnaire.**

Student Racial and Ethnic Identification. This information is collected in accordance with the policy adopted by the District to satisfy reporting requirements by State and Federal Education Departments, to plan educational programs available to all students and to analyze differences in academic performance, attendance and completion of school.
Is your child Hispanic, Latino or of Spanish origin? ____Yes ____No
(Hispanic, Latino or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.)

Please select one or more races from the following racial groups that apply to your child:
____American Indian/Alaskan Native ____Asian ____Black or African-American ____Native Hawaiian/Other Pacific Islander
____White

Language
Is English the primary language spoken in the home? ____Yes ____No
***If you answered no, please complete the NYS Home Language Questionnaire.**
If no, what is the primary language spoken in the home? _____

Active Military Service
Is either parent actively serving in the military? ____ Yes ____ No

Any additional information which will help us to understand your child: _____

Name of Parent/Person in Parental Relation (Printed) Signature of Parent/Person in Parental Relation Date

The information you have provided on this form is confidential. It is protected by the Family Educational Rights and Privacy Act (1974), which prohibits unauthorized access to student records and unauthorized release of any student record information identifiable by either student name or student identification number.
Please call the District Office at (315) 683-5301 with any questions regarding required proof of residency, proof of age, health records or proof of guardianship/custody.