

First Day Registration
Watervliet City School District

Student Information

Student ID # _____

Student=s Last Name _____ First Name _____ Middle Initial _____

Mailing Address _____ City _____ NY, Zip Code _____

Home Phone _____ Work Phone _____ Grade ____ DOB _____

Students Place of Birth: City _____ State _____ Country _____

Male Female Social Security Number _____

If Country of Origin is not the U.S.A.: Date of initial Entry into U.S. _____ Years in U.S. Schools _____

Ethnic Category: White (not Hispanic) Black (not Hispanic) Hispanic

American Indian/Alaskan Asian Pacific Islander

Students Home Language: English _____ Other _____

Residence Type: Own Rent Lease Unknown

Family History

Father=s Name _____ DOB _____ Occupation _____

Address _____ City _____ Home Phone _____

Business Phone _____ Cell Phone _____ Place Of Employment _____

Mother=s Name _____ DOB _____ Occupation _____

Address _____ City _____ Home Phone _____

Business Phone _____ Cell Phone _____ Place Of Employment _____

Family E- Mail Addresses _____

Babysitter: _____ Telephone (home): _____ Cell: _____ Relation: _____

Parents: Married Divorced Separated Widowed Single

If parents are separated, what legal arrangements are in place:

Joint Custody Sole Custody Visitation Rights Foster Students

NOTE: Custody documents are required to be on file in the guidance office.

If child is **NOT** living with a parent, please indicate guardian=s name

Guardian=s relationship to child

Home Phone _____ Business Phone _____

Guardian=s mailing address _____

School child attended last year (if not in this school system) _____

Address _____

Mail from school should be addressed to (check one): Both Parents Mother Father Guardian

Brothers or Sisters in School

1. _____ Grade _____ School _____
2. _____ Grade _____ School _____
3. _____ Grade _____ School _____
4. _____ Grade _____ School _____

Brothers or Sisters - preschool age

1. _____ Age _____ DOB _____
2. _____ Age _____ DOB _____
3. _____ Age _____ DOB _____

EMERGENCY DATA

In case of an emergency, illness, accident or removal from school due to discipline issues we will contact the parent/guardian first. If we are unsuccessful the following adults listed will be contacted. Please inform these people that are listed as emergency contacts for your child. If your child needs to leave school, only the following adults, including the parents, will be allowed to sign him /her out:

In case of early dismissal or a "go home" drill, where should your child go? If not dismissed to home, then please list the location and responsible adult's name. _____

PLEASE NOTE: Please indicate with your emergency contacts if the phone is home, work or cell.

1. Contact _____ Relationship _____ Phone# _____ (h)(w)(c)
2. Contact _____ Relationship _____ Phone# _____ (h)(w)(c)
3. Contact _____ Relationship _____ Phone# _____ (h)(w)(c)

Physician To Be Called In An Emergency _____ Phone # _____

Family Dentist _____ Phone # _____

In Case Of An Emergency, Hospital Preferred _____

Please list any serious illness such as Heart Disease, Diabetes, Epilepsy, severe allergies, eye or ear problems or any chronic condition, etc. Please include any operation or serious injury, eg. fractures, severe laceration requiring sutures, etc. _____

Signature of parent/guardian _____ Date _____

Class assigned _____ **Bus#** _____ **Stop#** _____ **Date of Entry** _____

***Please Note:** All students who arrive late or leave early must have a written note signed by the parent/guardian.

OFFICE USE ONLY:

<p>HL_____ HS_____ D_____ M_____</p> <p>English Language Learners: Number of Years in ELL program _____</p> <p>Date of Entry in grade 9 _____</p> <p>Immunization Date: (1st Polio) _____</p> <p>Does child have an IEP? _____ 504 _____</p> <p>Type of Disability _____</p>	<p>PROOF OF RESIDENCY:</p> <p>___ Property Tax Bill</p> <p>___ Mortgage Statement</p> <p>___ Lease Agreement</p> <p>___ Certificate of Occupancy</p> <p>___ Residential Occupancy Permit</p>
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