

First Day Registration
Watervliet City School District

Student Information

Student ID #

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

Male Female Non Binary Preferred Pronouns _____

Grade: _____ Date of Birth: _____ (MM/DD/YYYY)

Mailing Address _____ City _____ NY, Zip Code _____

Home Phone _____ Work Phone : _____

Students Place of Birth: City _____ State _____ Country _____

Language spoken in home: English _____ Other _____

Ethnic Category: Hispanic Not Hispanic

Race: White Black American Indian/Alaskan Asian Pacific Islander Other

Residence Type: Own Rent Lease Unknown

Family Information

Name: _____ Date of Birth: _____

Mother Father Legal Guardian Relation _____

Place of Employment: _____ Occupation _____

Home Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email address _____

Name: _____ Date of Birth: _____

Mother Father Legal Guardian Relation _____

Place of Employment: _____ Occupation _____

Home Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email address: _____

Parent(s) in active Military status: Yes: _____ No: _____

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: A complete certified copy of the court custody decision bearing its case number and including the official stamp and signature are required

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

Please list all previous schools child has attended:

Name Address State Country Entry Date Exit Date

1. _____

2. _____

3. _____

Brothers or Sisters in School

1. _____ Grade _____ School _____

2. _____ Grade _____ School _____

3. _____ Grade _____ School _____

4. _____ Grade _____ School _____

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 listed adults, including parents, will be allowed to sign him /her out.

In case of early dismissal or a “go home” drill, where should your child go? Home: _____

If not dismissed to home, then please list the location: _____

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 : _____

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.

Does student have an IEP or 504 Plan with Special Education? YES [] NO []

I understand that if I provide false information on the registration forms and/or on the supporting materials that I may be committing the crime of perjury in the third degree (a class A misdemeanor); if I provided false information on these forms to the Watervliet City School District with the intent to defraud the District, I may be committing the crime of perjury in the second degree (a class E Felony); and I may be prosecuted on criminal charges for such false information.

Signature of parent/guardian _____ Date _____