

Fort Ann Central School Student Registration 2010-2011



Today's Date: ____/____/____

Student's Legal Name: _____

(Last)

(First)

(Middle)

Student's Birth Date: ____/____/____

Age: _____

Gender: Male Female

Grade (circle): PK K 1 2 3 4 5 6 7 8 9 10 11 12

Student lives with: Mother Father Step Mother Step Father Foster Parents Legal Guardian

Other (Please explain): _____

Student Address: _____ **Zip Code:** _____

Mother Guardian Other _____

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Cell Phone: _____

Employer: _____

Work Phone: _____

Email: _____

Father Guardian Other _____

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Cell Phone: _____

Employer: _____

Work Phone: _____

Email: _____

Emergency Contacts

Please list, in order of preference, the person(s) you wish to have contacted in the event of an emergency involving your child.

Parent/Guardian Relative Other _____

(Please specify relation)

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email: _____

Parent/Guardian Relative Other _____

(Please specify relation)

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email: _____

Please list any other adults who have your permission to pick up your child from school:

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Custody Limitations (must be documented with legal papers)

Limitations: Yes No

Explanation: _____

List brothers and sisters that are part of the family unit:

Name: _____

Date of Birth: _____

Sex: _____

Grade: _____

Name: _____

Date of Birth: _____

Sex: _____

Grade: _____

Name: _____

Date of Birth: _____

Sex: _____

Grade: _____

Name: _____

Date of Birth: _____

Sex: _____

Grade: _____

Ethnicity: If you choose not to enter this information, NYS requires the district to choose.

White, non- Hispanic Black, non-Hispanic Hispanic American Indian Asian Native Alaskan
Pacific Islander/Native Hawaiian

Previous School: _____

Dates Attended: _____

Has student ever been enrolled in Fort Ann School? Yes No If yes, date withdrawn ____/____/____

Student Services Information

Is your child currently receiving Special Education Services? Yes No

IEP 504 plan Tutoring Resource Room Inclusion Speech OT PT Other

Health Information

Does your child have any allergies? Yes No

Does your child have any medical issues that the school should be aware of? Yes No (if yes, please explain)

Activity Permission: I give permission for this student to participate in any activity of the Fort Ann Central School District, such as field trips, pictures, etc. during the school year if under school supervision. Yes No

Parent/Guardian Signature

____/____/____
Date