

Syracuse City School District

REGISTRATION FORM

PLEASE PRINT

* PLEASE PRINT*

STUDENT ID# _____ (Office Only)

STUDENT NAME _____ (Last) _____ (First) _____ (Middle) _____ (Jr / Sr / III / IV) SEX: _____ (M / F)

BIRTH DATE _____ (MM/DD/YYYY) BIRTHPLACE _____ (City, State, Country)

US CITIZEN _____ If no, indicate citizenship _____ US Entry Date _____ PASSPORT # _____ Primary Language _____ (Yes / No)

EVER ATTEND NYS SCHOOL _____ If yes, Indicate School / Yr _____ EVER ATTEND A Syracuse SCHOOL _____ If yes, Indicate School / Yr _____

Hispanic - YES _____ No _____

Please check one or more from below

- ____ AMERICAN INDIAN OR ALASKA NATIVE
 ____ ASIAN
 ____ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
 ____ BLACK OR AFRICAN AMERICAN
 ____ WHITE

LAST SCHOOL ATTENDED DISTRICT _____ ADDRESS _____ Phone# _____

DATE LEFT _____ CURRENT GRADE _____

STUDENT RESIDENTIAL ADDRESS

STREET _____ APT # _____

CITY _____

STATE _____ ZIPCODE _____

HOME or CELL PHONE _____

STUDENT MAILING ADDRESS (only if different than Residential)

STREET _____ APT # _____

CITY _____

STATE _____ ZIPCODE _____

Where is the student currently living? (Please check one box)

- | | |
|---|---|
| <p>1. <input type="checkbox"/> In a shelter (S)</p> <p>2. <input type="checkbox"/> With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up") (D)</p> <p>3. <input type="checkbox"/> In a hotel/motel (H)</p> | <p>4. <input type="checkbox"/> In a car, park, bus, train, or campsite (U)</p> <p>5. <input type="checkbox"/> Awaiting Foster Care (A)</p> <p>6. <input type="checkbox"/> Other temporary living situation (T)
(Please describe): _____</p> <p>7. <input type="checkbox"/> In Permanent housing</p> |
|---|---|

If you checked 1-6, are you also an unaccompanied youth? ("Unaccompanied" means that you are not currently living with a parent/guardian) ☐ Yes ☐ No

Your answers will help the district determine what services your child may be able to receive under the McKinney-Vento Act. Please ask for the McKinney-Vento liaison for additional information.

G U A R D I A N NAME _____ (Mr/Ms) _____ (First) _____ (Middle) _____ (Last) _____ (Jr / Sr / III / IV)

STREET _____ Apt # _____

CITY _____ STATE _____ ZIP _____

HOME PH _____ WORK PH _____ WORK PH 2 _____

CELL PH _____ PAGER _____ CELL PH 2 _____

EMAIL ADDRESS _____ RELATIONSHIP TO STUDENT: _____

PLACE & ADDRESS OF EMPLOYMENT _____

Receive Mailings

YES / NO

Relationship to Student

Living with Student

YES / NO

G U A R D I A N NAME _____ (Mr/Ms) _____ (First) _____ (Middle) _____ (Last) _____ (Jr / Sr / III / IV)

STREET _____ Apt # _____

CITY _____ STATE _____ ZIP _____

HOME PH _____ WORK PH _____ WORK PH 2 _____

CELL PH _____ PAGER _____ CELL PH 2 _____

Receive Mailings

YES / NO

Relationship to student

Living with Student

YES / NO

If there are any custody restrictions of which we should be made aware, please provide.

(PLEASE TURN OVER AND COMPLETE BACK OF FORM)

EMAIL ADDRESS _____ RELATIONSHIP TO STUDENT: _____

PLACE & ADDRESS OF EMPLOYMENT _____

If Student is not living with both parents, with whom is student living? _____

Does this person have legal custody of the student? _____

**E
M
E
R
G
E
N
C
Y**

**C
O
N
T
A
C
T**

NAME _____
(Mr/Ms) (First) (Middle) (Last) (Jr / Sr / III / IV)

STREET _____ APT # _____

CITY _____ STATE _____ ZIP _____

HOME PH _____ WORK PH _____ WORK PH 2 _____

CELL PH _____ PAGER _____ CELL PH 2 _____

RELATIONSHIP TO CHILD _____

PLACE & ADDRESS OF EMPLOYMENT _____

**E
M
E
R
G
E
N
C
Y**

**C
O
N
T
A
C
T**

NAME _____
(Mr/Ms) (First) (Middle) (Last) (Jr / Sr / III / IV)

STREET _____ APT # _____

CITY _____ STATE _____ ZIP _____

HOME PH _____ WORK PH _____ WORK PH 2 _____

CELL PH _____ PAGER _____ CELL PH 2 _____

RELATIONSHIP TO CHILD _____

PLACE & ADDRESS OF EMPLOYMENT _____

CHILDCARE PROVIDER: _____

(Name) (Address) (Phone)

OTHER CHILDREN IN FAMILY

NAME _____ BUILDING _____ SEX: _____ DOB _____ AT RESIDENCE _____
(First) (Middle) (Last) (M / F) (MM/DD/YYYY) (Yes /No)

NAME _____ BUILDING _____ SEX: _____ DOB _____ AT RESIDENCE _____
(First) (Middle) (Last) (M / F) (MM/DD/YYYY) (Yes /No)

NAME _____ BUILDING _____ SEX: _____ DOB _____ AT RESIDENCE _____
(First) (Middle) (Last) (M / F) (MM/DD/YYYY) (Yes /No)

NAME _____ BUILDING _____ SEX: _____ DOB _____ AT RESIDENCE _____
(First) (Middle) (Last) (M / F) (MM/DD/YYYY) (Yes /No)

NAME _____ BUILDING _____ SEX: _____ DOB _____ AT RESIDENCE _____
(First) (Middle) (Last) (M / F) (MM/DD/YYYY) (Yes /No)

NAME _____ BUILDING _____ SEX: _____ DOB _____ AT RESIDENCE _____
(First) (Middle) (Last) (M / F) (MM/DD/YYYY) (Yes /No)

OTHER PERSONS LIVING IN THIS RESIDENCE

NAME _____ RELATIONSHIP _____

NAME _____ RELATIONSHIP _____

STUDENT EMERGENCY INFORMATION

PHYSICIAN _____ PHONE _____ HOSPITAL CHOICE _____

SPECIAL SERVICES

ANY DISABILITIES _____ If yes, specify _____ ESL _____ 504 _____ CSE _____ CPSE _____
(Yes/No) (Yes/No) (Yes/No)

* IMMUNIZATION RECORDS REQUIRED TO ENTER SCHOOL (This is not a pre-requisite for students experiencing homelessness)

Additional Information: _____

Signature of Parent/Guardian _____ Date _____

Signature of School Official who registered child _____ Date _____