

Chatham Central School District Student Registration Form

50 Woodbridge Avenue
Chatham, NY 12037

For Office Use Only:

Date: _____

Student Number: _____

Grade/School Year: _____

Student's Name: _____ Sex/Gender: _____ Date of Birth: _____

Residential Address: _____

Mailing Address (if different): _____

Home Telephone: _____ Cell Number: _____ Email Address: _____

If you make a selection below other than "In Permanent Housing" you will be referred to the district's homeless liaison. The answer you provide will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Where is the Student currently living? Please select one of the following: In a Shelter, In a Hotel/Motel, In a car, park, bus, train, or campsite, Other temporary living situation (please describe _____), With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up"), In Permanent Housing

Is the child known by any other name? Yes, No. If yes, what is the name? _____

Previous School Attended: _____ Phone Number: _____ Grade: _____

Address: _____ If in High School, year of entry into 9th Grade: _____

Services at Previous School: AIS Math, AIS Reading, IEP (Special Education), 504 Plan, Speech, Counseling, Other _____

Expected Grade in Chatham: _____ Expected Start Date: _____ Has this student previously attended Chatham Schools? If yes, what school year/grade? _____

Is there anything you wish to tell us regarding your child? Please explain: _____

Sibling #1 Name (First and Last): _____ Sex/Gender: _____ Date of Birth: _____ Lives at home: Y/N

School Attending: _____ Present Grade in School: _____

Sibling #2 Name (First and Last): _____ Sex/Gender: _____ Date of Birth: _____ Lives at home: Y/N

School Attending: _____ Grade in School: _____

Sibling #3 Name (First and Last): _____ Sex/Gender: _____ Date of Birth: _____ Lives at home: Y/N

School Attending: _____ Grade in School: _____

Chatham Central School District Student Registration Form – Page 2

Parent/Guardian #1 Name: _____ Address: _____

Home Telephone: _____ Cell Number: _____ Email Address: _____

Employer: _____ Work Number: _____ Relationship to Child: _____

Parent/Guardian #2 Name: _____ Address: _____

Home Telephone: _____ Cell Number: _____ Email Address: _____

Employer: _____ Work Phone Number: _____ Relationship to Child: _____

Can this parent/guardian pick the child up from school? ** _____

Parent/Guardian #3 Name: _____ Address: _____

Home Telephone: _____ Cell Number: _____ Email Address: _____

Employer: _____ Work Phone Number: _____ Relationship to Child: _____

Can this parent/guardian pick the child up from school? ** _____

Student lives with (check one): ___ Parent/Guardian #1 and Parent/Guardian #2 Full Time, ___ Parent/Guardian #1 and Parent/Guardian #2 Split Time (Primary residential custody is with _____), ___ Parent/Guardian #1 Full Time, ___ Parent/Guardian #2 Full Time, ___ Non-Parental Legal Guardian*, ___ Foster Placement (**must provide a copy of DSS-2999 Form and list County** _____), ___ Other* (_____)

Order of Protection in place: ___ Yes, ___ No. **If an order of protection exists, it must be submitted to the registrar at the time of student enrollment.**

Order of Custody in place: ___ Yes, ___ No. **If an order of custody exists, it must be submitted to the registrar at the time of student enrollment.**

The following non-parental adults may pick my child up from school:

Name: _____ Telephone Number: _____ Relationship to Child: _____

Name: _____ Telephone Number: _____ Relationship to Child: _____

Name: _____ Telephone Number: _____ Relationship to Child: _____

Signature of person filling out form: _____ **Relationship to Child:** _____ **Date:** _____

The following questions are optional and may only be asked AFTER the registration process is complete:

Birthplace: _____ (if outside US, how many years has the student attend US schools? _____),

Ethnicity: Hispanic/Latino ___ Yes or ___ No , **Race:** ___ American Indian or Alaskan Native, ___ Asian, ___ Black or African American, ___ Native Hawaiian or Pacific Islander, ___ White, ___ Multiracial (please indicate which races apply above)

***Please Note: When a parent relinquishes custody of a student to another person and there is no court order to establish a change in guardianship, the District requires notarized Affidavits of Guardianship from both the parent(s) AND the Other Adult(s) which acknowledge/authorize the transfer of custody and control to the child's custodian.**

****Please note: A Court Order is required to restrict parental access to a child.**