

**FABIUS-POMPEY CENTRAL SCHOOL DISTRICT
1211 Mill Street, Fabius, NY 13063**

REGISTRATION FORM

Student's Name: _____
Last First Middle

Date of Birth: _____ Place of Birth: _____ Gender: ___ Male ___ Female Enrollment Grade: ____
mm/dd/yyyy

Permanent Address: _____
Street / P.O. Box _____ Home Phone: _____
City / State / Zip _____

Description of Location: _____

School Previously Attended: _____ Phone: _____

Previous School Address: _____
Street _____ City / State / Zip _____

****Please complete the Request for Student Records form.***

Parent/Guardian Name: _____ **Relationship to Student:** _____

Occupation: _____ Place of Employment: _____

Email Address: _____ Work Phone: _____ Cell Phone: _____

Home / Mailing Address (if different than student): _____
Street / P.O. Box _____ Home Phone (if different than student): _____
City / State / Zip _____

Parent/Guardian Name: _____ **Relationship to Student:** _____

Occupation: _____ Place of Employment: _____

Email Address: _____ Cell Phone: _____ Work Phone: _____

Home / Mailing Address (if different than student): _____
Street / P.O. Box _____ Home Phone (if different than student): _____
City / State / Zip _____

Other Relationship Name: _____ **Relationship to Student:** _____

Occupation: _____ Place of Employment: _____

Email Address: _____ Cell Phone: _____ Work Phone: _____

Home / Mailing Address (if different than student): _____
Street / P.O. Box _____ Home Phone (if different than student): _____
City / State / Zip _____

Siblings, extended family members and others living at home address:

| Name | Relationship to student | Date of birth if sibling/child | Current grade if student |
|------|-------------------------|--------------------------------|--------------------------|
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| | | | |

Student's Name: _____
Last First Middle

Is there a custody agreement in place for your child? ____ Yes ____ No
If yes, which parent or person in parental relation has physical custody? ____ Mother ____ Father ____ Other (specify relationship)
***If yes, please provide the District with a copy of the agreement.** Other relationship: _____
If no, and parents reside at separate addresses, please provide the District with a notarized statement acknowledging agreement by both parents as to which parent is designated as parent with residential custody.

Adults authorized to pick up your child (name and relationship): _____

Emergency contact name and relationship (if parents are unavailable): _____

Address: _____ Phone: _____

Please indicate services previously/currently provided to your child, including number of years provided:

_____ Speech/Language _____ Special Education _____ OT/PT _____ English as a New Language
_____ Psychological/Counseling _____ Gifted _____ Math Support _____ Reading Support

Does your child currently have an IEP? ____ Yes ____ No Does your child have a 504 Plan? ____ Yes ____ No

The following questions are intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services that you and your child may be eligible to receive.

1. Is your current address a temporary living arrangement? ____ Yes ____ No
2. Is this temporary living arrangement due to loss of housing or economic hardship? ____ Yes ____ No

***If you answered yes to the above questions, please complete the Enrollment Form/Residency Questionnaire.**

Student Racial and Ethnic Identification. This information is collected in accordance with the policy adopted by the District to satisfy reporting requirements by State and Federal Education Departments, to plan educational programs available to all students and to analyze differences in academic performance, attendance and completion of school.

Is your child Hispanic, Latino or of Spanish origin? ____ Yes ____ No
(Hispanic, Latino or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.)

Please select one or more races from the following racial groups that apply to your child:

____ American Indian/Alaskan Native ____ Asian ____ Black or African-American ____ Native Hawaiian/Other Pacific Islander
____ White

Migrant Status

Does either parent/guardian qualify legally as a migrant worker in the agricultural industry? ____ Yes ____ No
***If you answered yes, please complete the NYS Migrant Education Program Identification & Recruitment Parent Survey**

Language

Is English the primary language spoken in the home? ____ Yes ____ No
***If you answered no, please complete the NYS Home Language Questionnaire.**
If no, what is the primary language spoken in the home? _____

Active Military Service

Is either parent/guardian actively serving in the military? ____ Yes ____ No

Any additional information which will help us to understand your child: _____

Name of Parent/Person in Parental Relation (Printed) Signature of Parent/Person in Parental Relation Date

The information you have provided on this form is confidential. It is protected by the Family Educational Rights and Privacy Act (1974), which prohibits unauthorized access to student records and unauthorized release of any student record information identifiable by either student name or student identification number.

Please call the District Office at (315) 683-5301 with any questions regarding required proof of residency, proof of age, health records or proof of guardianship/custody.