



**WILLIAMSVILLE CENTRAL SCHOOL DISTRICT PUPIL REGISTRATION FORM**

SCHOOL: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

**STUDENT INFORMATION- Please complete accurately and completely. Information is to be used to satisfy reporting requirements. \* REQUIRED INFORMATION – REGISTRATION NOT COMPLETE UNLESS FILLED OUT COMPLETELY**

\*STUDENT'S NAME \_\_\_\_\_ NICKNAME \_\_\_\_\_

\_\_\_\_\_ *Last* \_\_\_\_\_ *First* \_\_\_\_\_ *Middle*  
 \*BIRTHDATE \_\_\_\_\_ SEX: M  F  \* DATE ENTERED GRADE 9: \_\_\_\_\_ Has student lived in WCSD previously?: YES [ ] NO [ ]

IS STUDENT HISPANIC: Y/N

\*Racial Information (More than one may be selected if student is multiracial)  Am. Indian/Alaskan  Black/African Am.  Asian  White  Pac Is/Native Hawaiian

STUDENT'S RESIDENCE: \_\_\_\_\_  
 \_\_\_\_\_ *No. & Street* \_\_\_\_\_ *Apt. No.* \_\_\_\_\_ *city/town* \_\_\_\_\_ *zip code*

**Check one that applies:**  one family household  lives with relatives/friends  Foreign Exchange student  Other (Shelter: Motel, Hotel, Car)

\*HOME TELEPHONE: \_\_\_\_\_

TEMPORARY ADDRESS: \_\_\_\_\_ TEMP. PHONE: \_\_\_\_\_ School District \_\_\_\_\_  
 (Contract use only) \_\_\_\_\_ *No. & Street* \_\_\_\_\_ *Apt. No.* \_\_\_\_\_ *city/town* \_\_\_\_\_ *zip code* Date of Anticipated Move to WCSD Residence: \_\_\_\_\_

PREVIOUS DISTRICT & SCHOOL: \_\_\_\_\_ FAX # \_\_\_\_\_ \*\*PREVIOUS GRADE \_\_\_\_\_

SCHOOL'S ADDRESS (to request records) \_\_\_\_\_  
 \_\_\_\_\_ *No. & Street* \_\_\_\_\_ *city/town* \_\_\_\_\_ *state* \_\_\_\_\_ *zip*

**\*\* Incorrect information may result in a change of grade and school schedule.**

MEMBERS OF THE STUDENT'S PRIMARY RESIDENCE			
<b>ADULT #1</b> Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female _____ <i>Sal Last First MI</i> EMAIL ADDRESS _____ WORK PHONE: _____ CELL PHONE _____ RELATIONSHIP TO CHILD: <i>Check one</i> <input type="checkbox"/> Natural Parent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster _____ RELATIONSHIP TO ADULT #2 _____	<b>ADULT #2</b> Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female _____ <i>Sal Last First MI</i> EMAIL ADDRESS _____ WORK PHONE: _____ CELL PHONE _____ RELATIONSHIP TO CHILD: <i>Check one</i> <input type="checkbox"/> Natural Parent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster _____ RELATIONSHIP TO ADULT #1 _____		
<b>NAME OF CHILD'S BROTHERS</b>	<b>DATE OF BIRTH</b>	<b>NAME OF CHILD'S SISTERS</b>	<b>DATE OF BIRTH</b>

**EMERGENCY CONTACTS (RELATIVE, FRIEND)**

NAME Mr./Ms. \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ Cell#/Home# \_\_\_\_\_

NAME Mr./Ms. \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ Cell#/Home# \_\_\_\_\_

NAME AND ADDRESS OF NON-CUSTODIAL PARENT/GUARDIAN WHO SHOULD RECEIVE CORRESPONDENCE.

\_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_

\* HAS CHILD EVER RECEIVED ANY SPECIAL SERVICES? (i.e. Speech, Resource Room, Etc) YES  (specify) \_\_\_\_\_ NO

\* HAS CHILD PREVIOUSLY BEEN CLASSIFIED YES [ ] NO [ ]

ADDITIONAL INFORMATION or COMMENTS: (Non-Custodial parent info, health info, Allergies, \_\_\_\_\_)

NOTICE: The provision of false information on this registration form may constitute a crime and may result in a referral to the appropriate law enforcement agency. The District also reserves the right to recover from parents, legal guardians, or others who falsely complete this form, the entire cost of educating the student, plus all related costs, for the entire period the student was enrolled in school under false assurances. Related costs include, but are not limited to, costs of investigations, legal fees, and court fees.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**OFFICE USE ONLY:**

PROOF OF RESIDENCY 1. \_\_\_\_\_ 2. \_\_\_\_\_ PROOF OF BIRTHDATE \_\_\_\_\_ CUSTODY/GUARDIAN PAPERS \_\_\_\_\_

ENTRY DATE: \_\_\_\_\_ GRADE \_\_\_\_\_ H.R. \_\_\_\_\_ TEACHER/COUNSELOR \_\_\_\_\_

BUS TO SCHOOL \_\_\_\_\_ BUS HOME \_\_\_\_\_ RECORDS REQUESTED \_\_\_\_\_

NURSE'S REVIEW OF IMMUNIZATION RECORDS:  Approved  Not Approved DATE OF CHILD'S FIRST POLIO IMMUNIZATION \_\_\_\_\_

NURSE'S SIGNATURE & DATE OF REVIEW: \_\_\_\_\_

**REGISTRAR'S SIGNATURE & DATE OF REVIEW:**