WILLIAMSVILLE CENTRAL SCHOOL DISTRICT PUPIL REGISTRATION FORM

SCHOOL: ___________________________ TO-DAY’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

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

MEMBERS OF THE STUDENT’S PRIMARY RESIDENCE

<table>
<thead>
<tr>
<th>ADULT #1</th>
<th>Sex:</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sal</td>
<td>Last</td>
<td>First</td>
<td>MI</td>
</tr>
<tr>
<td>NAME</td>
<td>RELATIONSHIP</td>
<td>EMAIL ADDRESS</td>
<td>WORK PHONE:</td>
</tr>
<tr>
<td>ADULT #2</td>
<td>Sex:</td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Sal</td>
<td>Last</td>
<td>First</td>
<td>MI</td>
</tr>
</tbody>
</table>

EMERGENCY CONTACTS (RELATIVE, FRIEND)

<table>
<thead>
<tr>
<th>NAME</th>
<th>RELATIONSHIP</th>
<th>Cell#/Home#</th>
</tr>
</thead>
</table>

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

** 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:

Check one that applies:

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

HOME TELEPHONE: ________________________________

PREVIOUS DISTRICT & SCHOOL: ____________________________

DATE ENTERED GRADE 9: ____________________________

HAS CHILD PREVIOUSLY BEEN CLASSIFIED  YES ☐  NO ☐

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

ADDITIONAL INFORMATION or COMMENTS: (Non-Custodial parent info, health info, Allergies, etc.) ____________________________

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:**

1. PROOF OF RESIDENCY  2. PROOF OF BIRTHDATE  3. 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: ____________________________

** Homepage: **

*  REQUIRED INFORMATION – REGISTRATION NOT COMPLETE UNLESS FILLED OUT COMPLETELY

[Image 256x737 to 355x775]