



AMITYVILLE UNION FREE SCHOOL DISTRICT REGISTRATION

Email _____

Student's Name _____ Medicaid Eligible
Last First Middle Initial Yes No

Date of Birth _____ Sex _____ Prior School Enrollment _____

Proof of Age: Birth Certificate _____

What was the date that your child first entered school? _____

Date of Registration _____ Grade _____ Student I.D. Number _____

Home Language: _____ Language Dominance: _____

Ethnicity (Check one): American Indian/Alaskan _____ Black _____ Asian/Pacific Islander _____
Hispanic _____ White _____ Multiracial _____

Home Address _____

Home Phone: _____ Cell Phone _____

Previous Residence _____

Previous School & District Attended _____ Grade _____

Address _____

Did your child ever attend school in the Amityville School District? Yes _____ No _____ If yes, what is the date your child left the school district? _____

Date your child entered 9th grade _____

Does your child receive Special Education Services Yes _____ No _____ If yes, CPSE _____ 504 _____
Classified _____

EMERGENCY CONTACT: Name _____ Phone #1 _____
Relationship _____ Phone #2 _____

PARENT INFORMATION: (Please complete reverse side if: Divorced, Separated, Legal Guardian or Foster Parent)

<u>NAME</u>	<u>WORK PHONE#</u>	<u>PLACE OF BUSINESS</u>
Father _____	_____	_____
Mother _____	_____	_____

PLEASE CHECK ONE: Natural Parents _____ Are the natural parents living in the same household: Yes _____ No _____ Foster Parents _____ Legal Guardians _____ Who is currently living in the household with the student: Mother _____ Father _____ Stepparent _____

Other Family Members/Children in Household:

<u>NAME</u>	<u>AGE</u>	<u>RELATIONSHIP</u>	<u>SCHOOL ATTENDING</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I hereby certify that to the best of my knowledge, the information presented above is accurate.

PRINT NAME PARENT/GUARDIAN

SIGNATURE PARENT/GUARDIAN

IN CASE OF DIVORCE OR SEPARATION ONLY:

Evidence of Divorce or Separation decree indicating custody of child

Parental Signature

IN CASE OF LEGAL GUARDIANSHIP ONLY:

Guardianship Complete _____ **Guardianship Pending** _____

At which location? _____ **Evidence Shown** _____
(Attach copy)

Guardian/Parental Signature

FOSTER CARE INFORMATION:

Responsible Agency _____
(Documentation Required)

Date of Onset of Responsibility _____ **Date of Placement** _____

Agency Address _____

Caseworker _____ **Phone#** _____

School District of Origin _____

School Name _____ **Grade** _____

School Address _____
