

PRATTSBURGH CENTRAL SCHOOL Student Enrollment/Emergency Contact Form

For Office Use Only

Grade	Teacher	Enrollment Date
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Ethnicity
		Student #

.....

Name of Student _____		
Last	First	Middle(name)
DOB:	Email #1	Email #2
Residential Address: County:		City
Mailing Address		City Zip
Home Telephone #		

Parent/Guardian 1		Relationship
Address if different from student		City Zip
Phone # if different	Cell Phone #	
Employment	Employment Phone #	
(Email Address):		

Parent/Guardian 2		Relationship
Address if different from student		City Zip
Phone # if different	Cell Phone #	
Employment	Employment Phone #	
(Email Address):		

List other siblings age 2 and older (if not living in household, must note school district enrolled in)			
Name	Age	DOB	School District
Name	Age	DOB	School District
Name	Age	DOB	School District
Name	Age	DOB	School District

**FOR NEW ENTRANTS ONLY	
Previous school attended _____	Grade Level _____
Was student receiving any special services at previous school? YES / NO If yes, please list services: _____	

BE SURE TO COMPLETE THE BACK OF THIS FORM

During the course of the school year an emergency situation may arise which would require immediate parental contact. Your assistance in the event of an unexpected school closing or health related accident is greatly appreciated. Please take a moment to complete the information.
****Your continued assistance with a note to the Student Office indicating when your child changes his/her daily routine or if any information on this form should change would be greatly appreciated. ****

****PERSON TO BE CONTACTED IN AN EMERGENCY IF PARENT CANNOT BE REACHED****
This should be someone OTHER than the parent/guardian

Name	Address	
Relationship to Student	Phone # 1	Phone # 2

Legal Information

Please list any legal concerns that the school should know about (i.e.- custodial, order of protection, adoption) Documentation will be needed.

Medical Information

Family Physician

Phone #

Please list any physical, mental or emotional concerns that the school should know about

Please list any operations, injuries, or allergies that a student has experienced in the last 12 months

Medication student is presently taking: (please list below)

*A note from the doctor will be required for students to take medication at school.

_____	Reason _____	Will be taking at school Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	Reason _____	Will be taking at school Yes <input type="checkbox"/>	No <input type="checkbox"/>

**** I have reviewed and completed the above information to ensure accuracy**

Signature of Parent/Guardian _____ Date _____

BE SURE TO COMPLETE THE NEXT PAGE OF THIS FORM

*****LUNCH TIME PASS PRIVILEGE*****

Grades 10-12 ONLY

Students in grades 10-12 who have proven themselves worthy by displaying commendable qualities of responsibility, trustworthiness, scholarship (maintain an average of 70 in all classes), and having reasonable need, may, with parent permission, leave school grounds from 11:55 AM- 12:25 PM. **Students are responsible for their own actions during this lunch period as they are free from school supervision at this time.** Students in grades 7, 8 and 9 must use the cafeteria.

Student _____ Grade _____

Check one:

_____ is permitted to leave school grounds during lunchtime.

_____ is **not** permitted to leave school grounds during lunchtime.

Parent/Guardian Signature _____ Date _____

*This privilege may be revoked by the parent or school at any time.

PERMISSION TO PARTICIPATE IN FIELD TRIPS

Grades PreK-12

Periodically, students will leave the school premises as part of a school sponsored field trip. The supervisors of the activity will inform parents so that they are aware of each occasion.

As school sponsored activities, students are responsible to act in accordance with the Prattsburgh Central School District Code of Conduct Policy as stated in the Parent/Student Handbook.

I am aware that my child (name) _____ will periodically participate in school sponsored field trips and that I will be made aware of such activities.

Parent/Guardian Signature _____ Date _____

PERMISSION TO PUBLISH STUDENT INFORMATION

Grades PreK-12

I authorize Prattsburgh Central School to publish my child's name and photograph in student recognition materials (sports photographs, academic recognition programs, awards, etc.) in school, media article and the Prattsburgh Central School website. In addition, I authorize the periodic use of my child's picture on the school website. In accordance with the internet safety plan, pictures will **not** contain any names and/or other personal identification.

Student name: _____

Parent/Guardian Signature _____ Date _____

BE SURE TO COMPLETE THE BACK OF THIS FORM

Prattsburgh Central School District

(McKinney- Vento Homeless Student Requirements)

In accordance with the Federal No Child Left Behind Act, the following information is required of all students. Your answers will help the administrator determine residency documents necessary for enrollment of this student.

1. Student name: _____

2. Presently, where is the student living?

_____ (A) in a shelter

_____ (B) with more than one family in a house or apartment

_____ (C) in a motel, car or campsite

_____ (D) with friends or family members (other than parent/guardian)

_____ (E) the choices above do not apply

****If you checked (E), you do not need to complete the remainder of this form. Please sign the bottom and submit to the student office.**

3. The student lives with:

_____ 1 parent

_____ a relative, friend(s) or other adult(s)

_____ 2 parents

_____ alone with no adults

_____ 1 parent & another adult

_____ an adult that is not the parent or the legal guardian

School: _____

Date of Birth: _____ MALE FEMALE

Name of Parent(s)/ Legal Guardian(s) _____

Address: _____

City: _____ State: _____ Zip: _____

Signature of Parent/ Legal Guardian _____ Date _____