

UNION-ENDICOTT CENTRAL SCHOOL DISTRICT SCHOOL YEAR _____

FOR OFFICE USE ONLY:			STUDENT ID # VERIFIED
STUDENT ID # _____	BUILDING _____	COUNSELOR _____	GRADE 9 ENTRY VERIFIED
GRADE ASSIGNED _____	ENTRY DATE _____		DATE APPROVED _____

REGISTRATION FORM

PLEASE PRINT

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STUDENT NAME _____ (Last) _____ (Jr/Sr/III/IV) _____ (First) _____ (Middle) SEX _____ (M/F)

BIRTH DATE (MM/DD/YY) _____ BIRTHPLACE (City) _____ (State) _____ (Country) _____

DATE ENTERED INTO USA _____ (MM / DD / YYYY)

Medicaid _____ Yes _____ No

SUPPORT SERVICES: IEP _____ 504 _____
Yes/No Yes/No

Medicaid# _____

EVER ATTEND U-E SCHOOL(Yes/No) _____ If Yes, indicate the School and the Year _____

LAST SCHOOL ATTENDED	NAME _____
	ADDRESS _____
	DATE LEFT _____ LAST GRADE COMPLETED _____

STUDENT RESIDENTIAL ADDRESS	STUDENT MAILING ADDRESS only if different than residential
ADDRESS _____	ADDRESS _____
APT # _____	APT # _____
CITY _____	CITY _____
STATE <u>New York</u> ZIP CODE _____	STATE <u>New York</u> ZIP CODE _____
PRIMARY PHONE _____	PRIMARY PHONE _____
NIGHTTIME RESIDENCE <input type="checkbox"/> Yes <input type="checkbox"/> No	

<p>G U A R D I A N NAME _____ (Last) _____ (Jr/Sr/III/IV) _____ (First) _____ (Middle)</p> <p>ADDRESS _____ APT # _____</p> <p>CITY _____ STATE <u>New York</u> ZIP CODE _____</p> <p>PRIMARY PHONE _____ CELL PHONE _____ WORK PHONE _____</p> <p>NAME & ADDRESS OF EMPLOYER _____</p>	<p>Receive Mailings YES / NO</p> <p>Relationship to student _____</p> <p>Living with student YES / NO</p>
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<p>G U A R D I A N NAME _____ (Last) _____ (Jr/Sr/III/IV) _____ (First) _____ (Middle)</p> <p>ADDRESS _____ APT # _____</p> <p>CITY _____ STATE _____ ZIP CODE _____</p> <p>PRIMARY PHONE _____ CELL PHONE _____ WORK PHONE _____</p> <p>NAME & ADDRESS OF EMPLOYER _____</p>	<p>Receive Mailings YES / NO</p> <p>Relationship to student _____</p> <p>Living with student YES / NO</p>
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If student is not living with both parents, who has legal custody? Mother Father Other _____

Custody Documentation Received _____ Yes _____ No

STUDENT'S NAME: _____

ADDITIONAL EMERGENCY CONTACTS OTHER THAN GUARDIAN

1. NAME	_____	_____	_____	_____
	(Last)	(Jr/Sr/III/IV)	(First)	(Middle)
ADDRESS	_____			APT # _____
CITY	_____	STATE _____	ZIP _____	
RELATIONSHIP TO STUDENT	_____			
HOME PH	_____	CELL PHONE _____	WORK PH _____	
NAME & ADDRESS OF EMPLOYER	_____			

2. NAME	_____	_____	_____	_____
	(Last)	(Jr/Sr/III/IV)	(First)	(Middle)
ADDRESS	_____			APT # _____
CITY	_____	STATE _____	ZIP _____	
RELATIONSHIP TO STUDENT	_____			
HOME PH	_____	CELL PHONE _____	WORK PH _____	
NAME & ADDRESS OF EMPLOYER	_____			

PHYSICIAN _____ PHONE _____ HOSPITAL CHOICE _____

SIBLINGS OF STUDENT (Including siblings 0 – 4 years)

NAME	_____	SCHOOL	_____	SEX	_____	DOB	_____	AT RESIDENCE	_____
	(First) Middle (Last)				M/F		MM/DD/YY		Y/N
NAME	_____	SCHOOL	_____	SEX	_____	DOB	_____	AT RESIDENCE	_____
	(First) Middle (Last)				M/F		MM/DD/YY		Y/N
NAME	_____	SCHOOL	_____	SEX	_____	DOB	_____	AT RESIDENCE	_____
	(First) Middle (Last)				M/F		MM/DD/YY		Y/N
NAME	_____	SCHOOL	_____	SEX	_____	DOB	_____	AT RESIDENCE	_____
	(First) Middle (Last)				M/F		MM/DD/YY		Y/N
NAME	_____	SCHOOL	_____	SEX	_____	DOB	_____	AT RESIDENCE	_____
	(First) Middle (Last)				M/F		MM/DD/YY		Y/N

ADDITIONAL INFORMATION: _____

I hereby state that to the best of my knowledge, my answers to the above questions are complete and correct.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

SIGNATURE OF SCHOOL OFFICIAL _____ DATE _____
WHO REGISTERED CHILD _____

THIS FORM MUST BE SUBMITTED IN PERSON TO CENTRAL REGISTRATION, 1100 EAST MAIN STREET, ENDICOTT, NY