

Corinth Central School District
Student Registration and Data
Form

For Office Use Only:

Date Enrolled: _____

- New Student NYSSISS# _____ Year Entered HS _____
- Re-Entry Social History _____ Student I.D.# _____
- Health /Immunization _____

Student Name: _____ Gender: M /F Current Grade Level: _____

Birth Date: _____ Date Student Entered the 9th Grade: _____

Ethnicity/Race (Please indicate ethnicity. If you choose not to enter this information NYS requires the district to choose).

Primary Ethnic Code:

- Hispanic
- White
- Native Hawaiian/Pacific Islander
- Asian
- American Indian/Native Alaskan
- Black/African American

Student's Address:

(Street #, Apt#, City, State, Zip Code)

Home Phone Number: _____ Parent/Guardian Cell Number: _____

Place of Birth: (City, State, and Country) _____

Emergency Contact Information: _____

Previous School Attended:

Name: _____

Address: _____

Name of Guidance Counselor or Principal at Previous School: _____

Date last attended classes at previous school: _____

Does your child have an Individual Education Plan(IEP) or a 504 Plan? Yes/ No/ Unsure

Has the student ever attended school in the Corinth Central School District: Yes / No

***Living Arrangements:** Are you living in a shelter; with relatives or others due to lack of housing; in an abandoned apartment/building, in a motel/hotel, camping ground, car, other similar situation due to lack of alternative, adequate housing; or temporarily housed in a shelter awaiting an Office of Children and Family Services permanent foster care placement? Yes or No

Pre-Admittance Application:

Please print all information

1. Name of Child: _____

2. Child's Date of Birth: _____

3. Place of Birth: _____

4. Name of the Person with whom the child will live: _____

5. Relationship to the Child: _____

**Custody Limitations: (Must be documented with legal papers in district folder)*

Limitations: Yes or No

Legal Papers on file with the district: Yes or No

Court in which papers were issued: _____

Please explain: _____

6. School District of Residence for the individual whom the child will

live (#4:) _____

Address: _____

City, State, Zip Code: _____

Telephone: _____

Number of years at this residence: _____

7. Last Previous address of the person listed in

#4: _____

Address: _____

City, State, Zip Code: _____

Telephone: _____

8. The following documents are required for enrollment:

a) Proof of Residency (minimum of 2 forms)

i. Water, gas or telephone bill

ii. Landlord's affidavit

iii. House Deed (Renters)

iv. Property Tax Bill(Homeowners)

b) Immunization/Health Records

c) Birth Certificate/Social Security Number

d) Site verification may be conducted by our attendance officer

9. Which school and grade level does your child wish to enroll in?

School: Elementary (K-4) Middle(5-8) High School (9-12)

Grade level:_____

10. Has your child ever been retained? Yes or No

If so at what grade level were they retained? _____

11. Does your child have a disabling condition due to a physical or emotional reason?
Yes or No

12. Does your child currently have an IEP or 504 Plan? Yes or No

13. Please list all special services your child is currently receiving and/or has received in the past?

(Please note that the purpose of this question is to ascertain the extent to which the Corinth Central School District, with its available resources, can provide continuity of services to classified students moving into the district, until the time that the Committee on Special Education meets. No child will be denied admission to the Corinth Central School District because of such student's classification as a child with a disability.)

14. Please list all former addresses where the child has lived:

Street City State Dates With whom did they reside?

15. Please list all former schools the child has attended in chronological order?

School Name School Address

16. Do the child's parents own real property in the Corinth Central School District?

Yes / No

17. If you are moving into the district, please indicate the date you plan to move? _____

18. Does either parent maintain another residence elsewhere? Yes / No

19. Where is each parent registered to vote?

Mother _____ Father _____

20. Does either parent have a driver's license? _____

If so, where issued? _____

21. Is this child covered by health insurance? Yes or No

If yes, in whose name is the policy issued or coverage provided? _____

22. If the parent or guardian has any other children or pre-school children please provide the following information?

<u>Name</u>	<u>Age</u>	<u>DOB</u>	<u>Address</u>	<u>School</u>	<u>Parent/Guardian</u>

23. If the child is RESIDING IN A DISTRICT OTHER THAN THAT OF EITHER PARENT, please describe the reason and purpose for such an arrangement, including whether BOTH parents have consented to such arrangements.

24. Does this child temporarily live in the Corinth School District for the primary purpose of allowing the child to attend school in the Corinth School District? Yes or No

25. Does either parent retain the right to recall the child from the guardian named in #4? Yes or No

26. Who is to receive school mailings and to be contacted in the case of an emergency involving this child?

Is there any significant information you would like to discuss with a staff member?

Yes or No

Staff position or person you would like to speak with?

Please provide any additional information you feel would be helpful for the enrollment of your child in the Corinth School District.

