

Student Name: _____

**** Part 1 Requirements: Please bring Part 1 complete to appointment.****

_____ **SIGNED RESIDENCY QUESTIONNAIRE**

_____ **COMPLETE REGISTRATION FORM**

_____ **PROOF OF RESIDENCY**

ONE of the following items:

- If renter, current lease, which includes landlord's name, address and telephone number as we may need to contact them to verify the contents of the lease.
- If renter without a current lease, please provide current rent receipt with landlord's name, address and telephone number as we will need to call and speak with them.
- If homeowner, current school taxes for Fonda Fultonville CSD, deed, and/or mortgage statement
- If you have just had your closing, closing papers including all realtor information.
- If moving in with someone else, that individual must provide one of the documents listed above as well as be present at the time of registration to sign an affidavit.

AND at least TWO of the following items:

- Utility bills(s) with current name and address (we prefer two of these, if possible)
- License and car registration with current name and address
- Current hospital or health records
- Bank and/or credit union account statement with current name and address
- Voter registration card with current name and address
- Income tax forms
- Home and/or renter's insurance
- Change of address form from the Post Office
- State or other government issued identification
- Documents issued by federal, state or local agencies

_____ **BIRTH CERTIFICATE, BAPTISMAL RECORD OR PASSPORT**

Accepted alternate forms if those are unavailable:

- OFFICIAL DRIVER'S LICENSE;
- STATE OR OTHER GOVERNMENT ISSUED ID;
- SCHOOL PHOTO ID WITH DATE OF BIRTH;
- CONSULATE ID CARD;
- HOSPITAL OR HEALTH RECORDS;
- MILITARY DEPENDENT ID;
- DOCUMENTS ISSUED BY FEDERAL, STATE OR LOCAL AGENCIES;
- NATIVE AMERICAN TRIBAL DOCUMENTS;
- RECORDS FROM NON-PROFIT INTERNATIONAL AID AGENCIES & VOLUNTARY AGENCIES.

_____ REQUEST FOR RELEASE OF RECORDS COMPLETE

Faxed ☐ Mailed ☐ _____ Records from previous school received

Over

****Part 2 Additional requirements: Please be prepared to complete part 2 on arrival after enrollment.****

_____ IMMUNIZATION RECORDS _____ PHYSICAL

_____ COMPLETE PARENT MEDICAL FORM

_____ COURT CUSTODY PAPERS or CUSTODIAL AFFIDAVITS (if applicable)

_____ COUNTY FORM DSS-2999 (for foster children)

_____ SIGNED COMPUTER RELEASE

_____ THREATS OF VIOLENCE

_____ HOME LANGUAGE QUESTIONNAIRE

Did the student receive any special services at previous school? ☐ Yes ☐ No

If Yes, ☐ Special Ed. ☐ AIS ☐ OT ☐ PT ☐ Speech ☐ Counseling

☐ Skilled Nursing Services ☐ Other _____

****If Yes, SSI consent form must be completed ****

Did the student receive free/reduced lunch at previous school? ☐ Yes ☐ No