



Fonda-Fultonville Central School District

Student Registration Form

Student # assigned _____
Date of Entry _____
Bus Slot # _____

Complete all information carefully. Please print.

☐ New Student ☐ Returning Student (Check One)

Date of Registration _____ **Grade** Pre-K K 1 2 3 4 5 6 7 8 9 10 11 12
(Circle One)

Student's Full Legal Name _____
(First) (MI) (Last)

Date of Birth _____ (month/day/year) **Gender** ☐ Male ☐ Female

Street Address _____
(911 address where
Student resides,
No P.O. Boxes

Mailing Address _____
(If different from Street
Address, P.O. Box
Acceptable) _____, NY _____

Home Phone _____ **E-mail** _____

Brothers/Sisters (living in same household)

Name: _____ D.O.B. ____/____/____ Grade ____ ☐ Male ☐ Female

Name: _____ D.O.B. ____/____/____ Grade ____ ☐ Male ☐ Female

Family Information **Student lives with*:** ☐ Both Parents ☐ Mother Only ☐ Father Only ☐ Mother/Stepfather

☐ Father/Stepmother ☐ Grandparents ☐ Self ☐ Guardian(s) _____ (First & Last Name(s))

☐ Other _____ ☐ Foster Parent(s)* * _____ (First & Last Name(s))

Parents or persons in parental relation to the child are expected to submit an affidavit of the parent(s) or person(s) in parental relation. A Court Order establishing custody and decision making authority may be provided to clarify the custodial arrangements if the parent or person in parental relation to the student wish. If a foster placement, a copy of **DSS 2999** form must be submitted

Legal Mother _____ Step Parent _____ (if applicable)
(First & Last Name) (First & Last Name)

Employer: _____ Work Number _____ - _____ - _____ Cell Number _____ - _____ - _____

☐ Full time active duty Military/National Guard

**Only complete if different than Student*

Street Address _____ **Mailing Address** _____
(911 address) (if different)

Home Phone Number _____ - _____ - _____

Legal Father

(First & Last Name) (First & Last Name) (if applicable)
Employer: _____ Work Number _____ - _____ - _____ Cell Number _____ - _____ - _____

☐ Full time active duty Military/National Guard

**Only complete if different than Student*

Street Address _____ Mailing Address _____
(911 address) (if different)

Home Phone Number _____ - _____ - _____

Contact Person

When injury, illness or non-emergency situations occur involving you child, we want to be able to quickly reach families and other responsible adults. In the event that we cannot reach a parent/guardian, please list a person you trust who is available during the day to provide care for your child. (Must be a local contact)

Full Name _____ Phone Number _____ - _____ - _____ Relationship _____

Previous School Information

Name of School Last Attended _____

Street Address _____ Mailing Address _____
(if different)

Phone Number _____ - _____ - _____

Fax Number _____ - _____ - _____

Has your child ever repeated a grade? Yes No (Circle One) If yes, which grade: _____ If the student is a High School Student, what date did they enter into 9th grade? _____

Special Needs of the Child

Does your child currently receive free or reduced lunch? No Free Reduced (Circle One)

Does the student receive AIS? Yes No (Circle One) If Yes, what subject? _____

Does the student receive special education services? Yes No (Circle One)

If Yes, does he/she currently participate in any of the following: IEP - Self Contained Classroom - Consultant Teacher - Resource Room Speech / Language Therapy - Occupational Therapy - Physical Therapy - Declassified - 504 Plan - BOCES (Circle Any)

Other special needs _____

Presently, are you and/or your family in any of the following situations? Circle One, if applicable.

(A) Awaiting foster care

(D) Sharing the housing of others due to loss of housing, economic hardship or similar reason.

(H) Temporarily living in a motel or hotel due to loss of housing, economic hardship or similar reason.

(S) Staying in shelter

(U) Living in a car, park, campground, public space, abandoned building, substandard housing or similar

Parent/Guardian or Eligible Student Statement: I certify that the above information is true and correct. Any misinformation regarding residency or custody may result in being billed to cover the cost of instruction and/or exclusion from attending the Fonda-Fultonville Central School District. I further understand that it is my responsibility as the Parent/Guardian or Eligible Student to immediately inform the school district of any changes in the information provided.

Parent/Guardian or Eligible Student Signature: _____ Date: _____