

IROQUOIS CENTRAL SCHOOL DISTRICT REGISTRATION FORM

office use only Student # _____ Bldg _____ Grade _____ Birth Certificate _____ Immunization _____ Physical _____ Dental _____ Records Request _____ ICS Records Release _____ CSE _____ Custody _____ NYS Housing Question _____ NYS Race/Ethnic ID _____ NYS Home Language _____ Bus # am _____ pm _____ e-School _____ Folder _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Last Name</td> <td style="width: 20%;">First Name</td> <td style="width: 20%;">Middle</td> <td style="width: 20%;">Birthdate</td> <td style="width: 20%;">Birthplace</td> <td style="width: 20%;">Gender</td> </tr> <tr> <td colspan="6">Entering Grade _____ Previous School Name _____</td> </tr> <tr> <td colspan="6">School Address _____</td> </tr> <tr> <td colspan="6"> <ul style="list-style-type: none"> • Has student ever attended Iroquois Central School? () No () Yes If yes, date _____ • Student resides with () Both Parents () Mother () Father () Other _____ • If applicable: Do parents share custody () Yes () No Court Document required Custodial/Residential Parent _____ Restrictions _____ • Is the student and/or guardians migrant workers? _____ • In case of emergency dismissal, student should go home or to the following address within student's school attendance area: _____ </td> </tr> </table>	Last Name	First Name	Middle	Birthdate	Birthplace	Gender	Entering Grade _____ Previous School Name _____						School Address _____						<ul style="list-style-type: none"> • Has student ever attended Iroquois Central School? () No () Yes If yes, date _____ • Student resides with () Both Parents () Mother () Father () Other _____ • If applicable: Do parents share custody () Yes () No Court Document required Custodial/Residential Parent _____ Restrictions _____ • Is the student and/or guardians migrant workers? _____ • In case of emergency dismissal, student should go home or to the following address within student's school attendance area: _____ 					
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PROOF OF RESIDENCE: _____

Residence/Mailing Address _____ City/State _____ Zip Code _____

Indicate phone calling order for each parent; automated calls go to priority #1:

Parent 1 Last Name _____ First Name _____ #_____ Home Phone #_____ Cell Phone #_____ Work Phone

Parent 2 Last Name _____ First Name _____ #_____ Home Phone #_____ Cell Phone #_____ Work Phone

Does parent reside in household? Yes No. If no, please provide address:

RELATIONSHIP TO CHILD _____

Email address Parent #1 _____ Parent #2 _____

Emergency Contacts:

NAME _____ RELATIONSHIP _____ DAY PHONE _____ cell phone

NAME _____ RELATIONSHIP _____ DAY PHONE _____ cell phone

Siblings Name/Birthdate/Grade/School: _____ Use reverse side if needed

The District Board of Education will not admit non-resident students to attend the District's schools. I understand that should the above information prove false, as parent/guardian, I am liable for tuition payment to the District and that my child(ren) will be immediately dismissed from Iroquois Central School District. I also understand that if my residency should change, I will immediately notify the Iroquois Central School District.

Date

Parent/Guardian Signature