



Cheektowaga-Sloan Union Free School District STUDENT REGISTRATION FORM

(This registration form can be downloaded and completed electronically at cheektowagasloan.org)

| Part A: STUDENT INFORMATION | | | |
|--|-------------------|--------------------|--|
| Student's Last Name: | | Date of Birth: / / | Gender: <input type="checkbox"/> M <input type="checkbox"/> F |
| First Name: | Middle: | Place of Birth: | |
| Street Address: | | City/State/Zip: | |
| Cross Street: | Phone Number: () | | <input type="checkbox"/> Unlisted |
| Student is living with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother only <input type="checkbox"/> Father Only <input type="checkbox"/> Lives with Relatives/Friends <input type="checkbox"/> Foreign Exchange (Check all that apply) <input type="checkbox"/> Foster Parents <input type="checkbox"/> Other (Shelter, Doubled Up, Motel, Hotel, Car): _____ | | | Parents Divorced? <input type="checkbox"/> No <input type="checkbox"/> Yes Parents Separated? <input type="checkbox"/> No <input type="checkbox"/> Yes Never Married? <input type="checkbox"/> No <input type="checkbox"/> Yes |

| Part B: STUDENT RACE & ETHNIC IDENTIFICATION | |
|--|---|
| Is the student Hispanic, Latino, or of Spanish origin? Hispanic, Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture of origin, regardless of race. | <input type="checkbox"/> YES, Hispanic <input type="checkbox"/> NO, not Hispanic |
| Select one or more races from the following five racial groups: Check (v) all groups that apply to your child; please be sure to select at least one box. | |
| <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE: A person having origins in any of the original people of North and South America (including Central America), and who maintains tribal affiliation or community attachment. | |
| <input type="checkbox"/> ASIAN: A person having origins in any of the original people of Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. | |
| <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. | |
| <input type="checkbox"/> BLACK OR AFRICAN AMERICAN: A person having origins in any of the Black racial groups of Africa. | |
| <input type="checkbox"/> WHITE: A person having origins in any of the original peoples of Europe, North Africa, or Middle East. | |

| Part C: HOME LANGUAGE QUESTIONNAIRE | | | |
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| I. Home Language Questionnaire Predominant language spoken at home? <input type="checkbox"/> English <input type="checkbox"/> Other: _____ What language(s) does the student speak? <input type="checkbox"/> English <input type="checkbox"/> Other: _____ What language(s) does the student read? <input type="checkbox"/> English <input type="checkbox"/> Other: _____ What language(s) does the student write? <input type="checkbox"/> English <input type="checkbox"/> Other: _____ | | II. If a language other than English is spoken at home, Please complete this section: <i>How well does the student understand, speak, read and write English?</i> | |
| | | Very Well Only a little Not at all | |
| | | Understands English | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | | Speaks English | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | | Reads English | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | | Writes English | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

| Part D: IMMIGRANT STUDENT DATA | |
|---|---------------------------------------|
| If born in one of the following: the United States, the Commonwealth of Puerto Rico, the District of Columbia, Guam, American Samoa, the U.S. Virgin Islands, or the Trust Territory of the Pacific Islands, <u>do not complete the rest of this section. The student is NOT an immigrant.</u> Leave the rest of this section blank. | |
| If not born in the United States or U.S. territories as listed above, you must COMPLETE the rest of this section. | |
| Date of entry into the United States: | Date first enrolled in a U.S. School: |
| Location of first U.S. School enrollment: | |
| Name of School, City, and State: | |

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| Other previous public or private school enrollments in one of the United States, the Commonwealth of Puerto Rico, the District of Columbia, Guam, American Samoa, the U.S. Virgin Islands, or the Trust Territory of the Pacific Islands. | | |
| <input type="checkbox"/> None. This is the first time the student has enrolled in a U.S. school. | | |
| State/Territory: | Date From: | Date To: |
| State/Territory: | Date From: | Date To: |
| Has anyone in your family moved from another, country, city, town or school district within the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Has anyone in your family worked or looked for work at the following occupations within the last three (3) year? <input type="checkbox"/> No <input type="checkbox"/> Yes, please check one below | | |
| <input type="checkbox"/> Any agricultural or farm work (such as hay, dairy, fruit or vegetable crops, poultry, fish farming, nursery/greenhouse, other)? | | |
| <input type="checkbox"/> Work related to logging, timber growing or harvesting? Work at food processing plant, (such as vegetable or poultry processing plants packing apples or vegetables)? | | |
| Parent/Guardian/ Eligible Person's Name: | Phone Number: () | Best Time to be Reached: <input type="checkbox"/> AM <input type="checkbox"/> PM |
| Home Address: | Previous Address: | |
| Student Name: | Age: | Grade: |
| Student Name: | Age: | Grade: |

| Part E: REGISTERING STUDENT'S EDUCATIONAL BACKGROUND | | |
|---|--|---|
| Current Grade Level: | Has student ever attended Cheektowaga-Sloan UFSD? <input type="checkbox"/> No <input type="checkbox"/> Yes | If yes, provide school, grade and year: |
| Previous District: | Previous School: | Grades: |
| Previous School Address: | | Phone Number: () |
| I. Has/does the student repeated any grades? <input type="checkbox"/> No <input type="checkbox"/> Yes; grades: _____ been reviewed by CSE? <input type="checkbox"/> No <input type="checkbox"/> Yes; when: _____ have a current IEP? <input type="checkbox"/> No <input type="checkbox"/> Yes (please provide a copy) | II. Has the student ever received and special services? <input type="checkbox"/> Special Education Services <input type="checkbox"/> Speech Therapy <input type="checkbox"/> 504 Accommodation Plan <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Academic Intervention Services (AIS) <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> English Language Learner (ELL) <input type="checkbox"/> Counseling <input type="checkbox"/> Gifted/Talented Program <input type="checkbox"/> Other: _____ | |
| III. Has the student ever been suspended or removed from a school the student attended? <input type="checkbox"/> No <input type="checkbox"/> Yes; please explain | | |
| IV. Does the student have any conditions or requirements (allergies, asthma, medications)? <input type="checkbox"/> No <input type="checkbox"/> Yes; please explain | | |

| Part F: STUDENT RESIDENCY INFORMATION | |
|--|---|
| Primary Residence Street Address: | City, State, Zip: |
| Residence Type: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Lease <input type="checkbox"/> Temporary Housing (complete next section) | If rent/lease, name of property owner: |
| CONFIDENTIAL INFORMATION: If you selected (Temporary Housing) In the question above, please complete the following section to describe your current living situation. Under the McKinney-Vento Act, you may be entitled to additional services and support provided by the District. Check any of the boxes that apply: | |
| <input type="checkbox"/> in a shelter <input type="checkbox"/> with relatives or others due to lack of housing <input type="checkbox"/> at a train or bus station or in a car <input type="checkbox"/> in an abandoned apartment building <input type="checkbox"/> in a motel/hotel, camping ground or other similar situation due to lack of adequate housing <input type="checkbox"/> temporarily housed in a shelter awaiting foster care placement | |
| Proof of Residency Provided (minimum of 3): <input type="checkbox"/> Property Tax Bill <input type="checkbox"/> Deed, Lease or Rental Agreement <input type="checkbox"/> Sale Contract <input type="checkbox"/> Mortgage Statement <input type="checkbox"/> Utility Bill <input type="checkbox"/> Notarized Landlord Affidavit <input type="checkbox"/> Post Office Form Documenting Address Change <input type="checkbox"/> Car Registration <input type="checkbox"/> Payroll Stub <input type="checkbox"/> Government Benefit Document <input type="checkbox"/> Court/Agency Documentation <input type="checkbox"/> Other _____ | |
| Household Email Address: | Primary Phone Number: () <input type="checkbox"/> Cell phone <input type="checkbox"/> Unlisted |
| Number of adults living in the household: | Number of children living in the household: |

| Part I: EMERGENCY CONTACT INFORMATION | | |
|--|----------------|--------------------------|
| In case of an emergency, please identify who should be contacted and in what priority should the primary contact be unavailable. Note: It is the responsibility of the parent/guardian to notify the school office of any changes to the information throughout the year. | | |
| Primary Emergency Contact #1: | Phone: () | Relationship to Student: |
| Emergency Contact #2: | Phone: () | Relationship to Student: |
| Emergency Contact #3: | Phone: () | Relationship to Student: |
| Emergency Contact #4: | Phone: () | Relationship to Student: |
| Doctor/Health Care Provider: | | Phone: () |
| Dentist: | | Phone: () |
| If an accident or illness occurs, a parent will be informed immediately to come for your child. If unable to contact a parent and emergency room care is necessary, I would prefer that my child be taken to: Hospital Name: _____ | | |

ACKNOWLEDGEMENT & RELEASE OF RECORDS

A. Acknowledgement of District Residency Policy

I hereby certify that the student listed on this registration form actually resides at the address specified on Page 1 within the Cheektowaga-Sloan Union Free School District boundaries. I further certify that all the information I provided on this registration form is true and correct. I understand that I must immediately notify the District if the residency of the student changes from the address listed on the registration form.

I authorized the request of student records from previous schools and give permission to the Cheektowaga-Sloan Union Free School District to verify telephone numbers, addresses, and employment. I understand that if the district believes that the information on this form is no longer correct or that the child being registered no longer lives at the address provided, the Cheektowaga-Sloan Union Free School District has the right under New York State Law to investigate and to withdraw the child from the District.

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 to tuition payment to the District and that my child will be immediately dismissed from Cheektowaga-Sloan Union Free School District.

| | | |
|--|---|------|
| Registering Parent/Guardian Name – Please Print | Registering Parent/Guardian Name – Signature | Date |
|--|---|------|

B. Acknowledgement of Code of Conduct Policy

I have read and understand the CSUFSD Code of Conduct provided in the district registration packet.

YES NO

C. Technology Release & AUP Policy

I have read and understand the CSUFSD Acceptable Use Policy (AUP). I give permission for my child to access Technology services within the Cheektowaga-Sloan Union Free School District.

YES NO

D. Media Release

I give permission for my child to appear in pictures and articles sharing the positive accomplishments within the Cheektowaga-Sloan Union Free School District. I understand that they may be published in the school or district Newsletter, and on the district website.

YES NO

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|---|------|
| Registering Parent/Guardian Name – Signature | Date |
|---|------|