



STUDENT INFORMATION

Name: First _____ Middle _____ Last _____

Nickname (if applicable): _____

Home Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

(If different from Home Address)

Home Phone (____) _____

Gender: M F

Birth Date: ____/____/____ Place of Birth: City _____ State _____ Country _____

Is the student Hispanic, Latino, or of Spanish origin? Yes (Hispanic) No (not Hispanic)

Ethnicity, check one or more: American Indian or Alaskan Native Asian Black

Native Hawaiian or other Pacific Islander White

Would you prefer to receive school communications in a language other than English? Yes No

If yes, which language? _____

CUSTODY

Who does the child live with? Both parents: Together or Separately Mother Father Guardian

Are there any custodial restrictions or an order of protection? Please explain:

RESIDENCY

Is your current address a temporary living arrangement? Yes No

If Yes, living: In a shelter With others due to lack of housing In an abandoned apartment/building

Motel/hotel In a campground In a car In a train or bus station Other _____

Are you temporarily housed in a shelter awaiting an OCFS permanent foster care placement Yes No

SIBLINGS (LIVING IN THE HOME)

Name: First _____ Last _____ Date of Birth: ____/____/____ Gender: M F

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PRIMARY PARENT/GUARDIAN INFORMATION

Mother Step-Mother Father Step-Father Guardian

Name: First _____ Middle _____ Last _____

Address (If different from child's) _____ City _____ State _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____

Cell Phone (____) _____ Employer _____

E-mail Address _____

Mother Step-Mother Father Step-Father Guardian

Name: First _____ Middle _____ Last _____

Address (If different from child's) _____ City _____ State _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____

Cell Phone (____) _____ Employer _____

E-mail Address _____

OTHER PARENT/GUARDIAN INFORMATION

Mother Step-Mother Father Step-Father Guardian

Name: First _____ Middle _____ Last _____

Address (If different from child's) _____ City _____ State _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____

Cell Phone (____) _____ Employer _____

E-mail Address _____

Mother Step-Mother Father Step-Father Guardian

Name: First _____ Middle _____ Last _____

Address (If different from child's) _____ City _____ State _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____

Cell Phone (____) _____ Employer _____

E-mail Address _____

EMERGENCY CONTACTS (BEYOND PARENT/GUARDIAN)

Name: First _____ Last _____

Relationship to Child: Grandparent Neighbor Sitter Doctor Other _____ (Specify)

Home Phone (____) _____ Work Phone (____) _____

Cell Phone (____) _____

Authorized to pick up child from school, if the child is ill or there is a school emergency

Name: First _____ Last _____

Relationship to Child: Grandparent Neighbor Sitter Doctor Other _____ (Specify)

Home Phone (____) _____ Work Phone (____) _____

Cell Phone (____) _____

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TRANSPORTATION

Will your child: Ride the bus Walk to / from school Drive / Ride

If Riding the bus:

AM Pick up location _____ PM Drop off location _____

TIME & SITE PREFERENCE (FOR UPK STUDENT REGISTRATION ONLY)

Please select your preference for AM or PM pre-kindergarten: AM PM

Please select your Site preference: Canandaigua Primary Care-a-lot FLCC
 Happiness House Our Children's Place YMCA

SCHOOL RECORDS (FOR TRANSFERRING STUDENTS ONLY)

Name of School Last Attended: _____ District _____

Address _____ City/Town _____ State _____ Zip _____

Phone: (____) _____ Guidance Office FAX Number: (____) _____ Current Grade: _____

Has student attended Canandaigua Schools before? Yes No

If Yes, what was the last year of enrollment? _____

SPECIAL EDUCATION SERVICES

Has your child ever been identified as having an educational disability? Yes No

If yes, please describe _____

Check which applies: Student has a current Individualized Education Plan (IEP)
 Student has a 504 Accommodation Plan

Please describe any Special Education Services that your child has received (i.e. speech, occupational therapy, physical therapy, resource, special class, and remedial instruction): _____

Has your child received any other services (i.e. gifted/talented and /or English as a Second Language)?

Yes No If Yes, please describe _____

SIGNATURE

Verification By Subscription And Notice Under Penal Law Section 210.45

It is a crime punishable as a Class A Misdemeanor under the laws of the State of New York, for a person, in and by a written instrument, to knowingly make a false statement, or to make a statement, which such person does not believe to be true.

Affirmed under penalty of perjury this _____ day of _____ 20 _____

Signature _____