



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: Male _____ Female _____

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 _____

Current language spoken in the home (If other than English) _____

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 as OCFS permanent foster care placement? Yes _____ No _____

SIBLINGS

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 (____) _____
Mobile 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 (____) _____
Mobile 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 (____) _____
Mobile 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 (____) _____
Mobile 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 (____) _____

Mobile 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 (____) _____

Mobile Phone (____) _____

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Name: First _____ Last _____

Relationship to Child: Grandparent____ Neighbor____ Sitter____ Doctor____ Other (Specify)_____

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Name: First _____ Last _____

Relationship to Child: Grandparent____ Neighbor____ Sitter____ Doctor____ Other (Specify)_____

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

Mobile Phone (____) _____

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

TRANSPORTATION (K-12) Transportation is **not provided for UPK**

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 top 3 site preferences in numeric order from 1-3 with 1 being your top choice. **Do Not mark with an X**

Canandaigua Primary _____ Care-a-lot _____ FLCC _____

Happiness House _____ Our Children's Place _____ YMCA _____

Only if you selected Canandaigua Primary, please select your preference for AM or PM pre-kindergarten: AM _____ PM _____

SCHOOL RECORDS (FOR TRANSFERRING STUDENTS ONLY)

Name of School last attended: _____ District: _____

Address: _____ City/Town _____ State _____ Zip _____

Phone: (____) _____ Guidance Office FAX: (____) _____ 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 education disability? Yes _____ No _____

If Yes, Please describe: _____

Check which applies: Student has a current Individual 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 _____