

Granville Central School District

Student Registration Form

DATE:	STUDENT'S NAME AS SHOW ON BIRTH CERTIFICATE:

MM/DD/YY

LAST

FIRST

MIDDLE

BIRTH DATE:	GENDER:	NICKNAME:
	<input type="radio"/> MALE <input type="radio"/> FEMALE	

MM/DD/YY

OPTIONAL

Has student previously attended Granville Schools?	<input type="radio"/> YES <input type="radio"/> NO	When?	
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STUDENT'S PHYSICAL ADDRESS: (No P.O. Boxes Please)	HOME PHONE: () -

STREET

CITY

STATE

ZIP

STUDENT'S MAILING ADDRESS: (If different from physical)

STREET

CITY

STATE

ZIP

ETHNICITY: (Optional)	RACE – CHECK ALL THAT APPLY: (Optional)
<input type="radio"/> HISPANIC/LATINO <input type="radio"/> PACIFIC ISLANDER <input type="radio"/> AMERICAN INDIAN <input type="radio"/> WHITE <input type="radio"/> ASIAN <input type="radio"/> BLACK/AFRICAN AMERICAN	<input type="radio"/> AMERICAN INDIAN <input type="radio"/> WHITE <input type="radio"/> PACIFIC ISLANDER <input type="radio"/> ASIAN <input type="radio"/> BLACK/AFRICAN AMERICAN

SERVICES
Please indicate which of the following school services this student had at his/her previous school: (Please circle)
INDIVIDUAL EDUCATION PROGRAM: YES NO DECLASSIFIED UNKNOWN
504 ACCOMODATION PLAN: YES NO DECLASSIFIED UNKNOWN
ACADEMIC INTERVENTION SERVICES: YES NO DECLASSIFIED UNKNOWN If yes, which subject(s): ELA MATH SOCIAL STUDIES SCIENCE
ENRICHMENT PROGRAMS: YES NO Name of Program: _____
OTHER: (Please specify) _____
RELATED SERVICES: OT PT Counseling Assistive Technology
FREE/REDUCED LUNCH: FREE REDUCED NO UNKNOWN
PREVIOUS SCHOOL: _____
CITY & STATE: _____ PHONE: _____ FAX: _____
GRADE LEVEL: _____ DATE OF ENTRY INTO 9TH GRADE (If applicable) _____

PRIMARY HOUSEHOLD PARENT/GUARDIAN INFORMATION

(Only list those adults currently living in the household with the child listed on the previous page)

Father/Male Guardian/Other Adult Male:	RELATIONSHIP TO STUDENT:	CUSTODIAL RIGHTS:
		<input type="radio"/> YES <input type="radio"/> NO

LAST

FIRST

DAYTIME CONTACT PHONE: () -	PHONE TYPE:
E-MAIL ADDRESS: _____ Please list any other contact phone numbers here:	<input type="radio"/> HOME <input type="radio"/> CELL <input type="radio"/> WORK <input type="radio"/> OTHER _____

MOTHER/Female Guardian/Other Adult Female:	RELATIONSHIP TO STUDENT:	CUSTODIAL RIGHTS:
		<input type="radio"/> YES <input type="radio"/> NO

LAST

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DAYTIME CONTACT PHONE: () -	PHONE TYPE:
E-MAIL ADDRESS: _____ Please list any other contact phone numbers here:	<input type="radio"/> HOME <input type="radio"/> CELL <input type="radio"/> WORK <input type="radio"/> OTHER _____

1. Are you living in a rented or owned house or apartment?	<input type="radio"/> YES	<input type="radio"/> NO
2. Are you presently living in a shelter?	<input type="radio"/> YES	<input type="radio"/> NO
3. Are you presently living with friends or relatives due to lack of housing or economic hardship?	<input type="radio"/> YES	<input type="radio"/> NO
4. Are you presently living in a motel, hotel, or transitional housing situation?	<input type="radio"/> YES	<input type="radio"/> NO
5. Are you living in a car, trailer on private property owned by other, or seasonal campsite?	<input type="radio"/> YES	<input type="radio"/> NO
6. Are you temporarily with an adult that is not a parent or legal guardian?	<input type="radio"/> YES	<input type="radio"/> NO
7. Is your student waiting for a foster placement or currently in foster care?	<input type="radio"/> YES	<input type="radio"/> NO
8. Is your student receiving any special or remedial services?	<input type="radio"/> YES	<input type="radio"/> NO

NON-HOUSEHOLD PARENT INFORMATION

(Only list biological/legal guardians that are **NOT** residing in the **PRIMARY** household. If a mailing address is not listed for this person, they will not be added to the child's profile, and therefore will not receive correspondence. i.e., copies of report cards, mailings, meetings, etc.)

NAME OF PARENT/GUARDIAN:	RELATIONSHIP TO STUDENT:	CUSTODIAL RIGHTS:	CAN THIS PERSON BE USED AS AN EMERGENCY CONTACT?
		<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO

LAST

FIRST

MAILING ADDRESS:	
PHONE:	

Is at least one parent/guardian of the student currently on active duty in the Armed Forces? YES/ NO (Circle One)

The Armed Forces are the Army, Navy, Air Force, Marine Corps., Coast Guard, or Full - Time National Guard. Active duty means full-time duty in the active military service of the United States.

NOTICES TO PARENTS & GUARDIANS:

CUSTODIAL RIGHTS: IMPORTANT NOTE REGARDING THE RELEASE OF STUDENTS FROM

SCHOOL: The school district shall presume that either parent of a student has the authority to obtain the child's release from school. However, a student shall not be released to a non-custodial parent if the district has been provided with a certified copy of a legally binding instrument, such as a court order or decree of divorce, separation, or custody which indicates the non-custodial parent does not have the right to obtain such release.

PUBLICITY RELEASE:

Please help the Granville Central School District inform the school community and public about our innovative classroom activities, exciting student projects, and special field trips and events. If children in a photo are identified it will only be by first name and last initial. By signing below, you authorize Granville Central School District to publicize student activities through our website, school publications, newspaper, video, and film. Thank you for your support. (Please choose a preference for each line)

Granville Central School District Website(s): ___ I give ___ I do not give permission for my student's picture and or/ work to be posted on the school website(s).

School Publications and Local Newspaper(s): ___ I give ___ I do not give permission for my student's picture and or/ work to be posted in School Publications and the Local Newspaper(s).

Video and Films: ___ I give ___ I do not give permission for my student's image, name, and statements to be used in school videos and films produced for educational and noncommercial purpose.

Parent/Guardian/Eligible Student Statement:

I certify the information I have provided 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 Granville 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/Eligible Student Signature: _____ Date: _____

