

WHITNEY POINT
CENTRAL SCHOOL DISTRICT

P.O. BOX 249 • WHITNEY POINT, NY • 13862
PHONE: 607.692.8202 • FAX: 607.692.4434

STUDENT REGISTRATION FORM

Today's Date _____

Student's Name _____
First Middle Last

Phone Number _____

Mailing Address _____

Physical Address _____

Directions to home from school _____

Previous school attended _____

Address _____

Previous school counselor _____

Date of Birth _____

Gender: M / F _____

Place of Birth City _____ State _____

Grade _____ Grades Repeated _____

Has student ever attended any

Whitney Point school? _____

If yes, what school(s)? _____

If yes, what grade(s)? _____

Parent / Guardian Contact Information (with whom student resides)

#1 Name _____ Relationship: Father Mother
First Middle Last Other (please specify) _____

Phone Number (home) _____ Employed by _____

Phone Number (cell) _____ Work Phone Number _____

Address _____ Education: 12th grade or less, no diploma High School Grad
E-mail address _____ Some college, no degree Associate Degree
 Bachelor Degree or higher

#2 Name _____ Relationship: Father Mother
First Middle Last Other (please specify) _____

Phone Number (home) _____ Employed by _____

Phone Number (cell) _____ Work Phone Number _____

Address _____ Education: 12th grade or less, no diploma High School Grad
E-mail address _____ Some college, no degree Associate Degree
 Bachelor Degree or higher

Office Use Only

Date of Entry _____

ID Number _____

Grade (Team) _____

Homeroom Number _____

Teacher _____

Pin # _____ Locker # _____

Bus Route Number _____

COHORT (grade 9 entry) _____

Parents' Names: Father _____

Mother _____ (maiden) _____

Are parents separated? _____ If yes, child is living with: _____

Name

Relationship to child

If there is joint or sole custody or any other court order for child/ children, please supply necessary proof.

Office Use Only

Court Order on File (yes/no) _____ Date _____

Name(s) of people currently living in household with student (**please include siblings in other buildings**):

First Name	Last Name	Relationship to Child	Work Phone or DOB/School/Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

How **long** have you lived at your current residence? _____

Emergency Contact Information

Emergency Contact 1 (Note: This person will be contacted **FIRST**)

Name _____
First Middle Last

Phone Number _____ Employed by _____

Contact 1 Address _____ Work Phone Number _____

Relationship to Child _____

Emergency Contact 2

Name _____
First Middle Last

Phone Number _____ Employed by _____

Contact 2 Address _____ Work Phone Number _____

Relationship to Child _____

Was student receiving free or reduced lunch/breakfast at previous school? _____ If yes, was receiving _____ free _____ reduced

Does student have an **IEP, 504** or any special needs? _____

Additional Comments: _____

Parent/Guardian Signature
(required)

Date _____

STUDENT RACIAL AND ETHNIC IDENTIFICATION

STUDENT NAME: Last, First, Middle: _____ Grade Level: _____

All students between 5 and 21 years of age have the right to a free public education. Children may not be refused admission because of race, color, creed or national origin, sex, citizenship, handicapping condition, or immigration status.

DIRECTIONS TO PARENT/GUARDIAN

PLEASE ANSWER QUESTIONS (1) and (2). PLEASE READ THEM BEFORE YOU RESPOND. [For question (1) Check (✓) the box that best describes your child.] Check (✓) only ONE box.

1. 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 or origin, regardless of race.

- YES, Hispanic**
 NO, not Hispanic

2. Select one or more races from the following five racial groups [For question (2) Check (✓) all groups that apply to your child; check (✓) **at least ONE** box.]:

- BLACK OR AFRICAN AMERICAN:** A person having origins in any of the Black racial groups of Africa.
- WHITE:** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- AMERICAN INDIAN OR ALASKA NATIVE:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- ASIAN:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

*Is Student an IMMIGRANT to US? _____ IF Yes: Date of Entry / Years into US _____

*Primary Language Spoken in the Home (required) _____ Country of Origin _____

Signature of Parent/Guardian/Other

Date

Relationship to Student (please check one box below):

- Mother Father Guardian Other (Specify) _____

STUDENT RACIAL AND ETHNIC IDENTIFICATION

To the Parent/Guardian: The *WHITNEY POINT SCHOOL DISTRICT* is required to collect and record the ethnic identity of students in the *WHITNEY POINT SCHOOL DISTRICT* in accordance with the federal categories and definitions. The information will be used to:

- Report information to the State and federal Education Departments.
- Plan educational programs and make sure that they are readily available to all students.
- Analyze differences in academic performance, attendance and completion of school.

We need your help in order to accomplish this task. Please review the Racial/Ethnic definitions on the top of this page. Put a check (✓) in the box for the category or categories which best describe your child. The *WHITNEY POINT SCHOOL DISTRICT* understands the sensitive nature of this information and wishes to assure you that it will be kept secure and confidential in accordance with all State and federal student privacy laws and regulations. If the information requested is not provided on this form on behalf of your child, a student records officer from the school or district will be required to identify the group to which the student appears to belong, identifies with, or is regarded in the community as belonging. Thank you for your cooperation.

CONFIDENTIALITY PROCEDURES AND REGULATIONS

To School Staff: This form will be filed in the student's permanent record as confidential information To the Parent/Guardian: The information which you have provided on this form is confidential. It is protected by the Confidentiality Regulations cited below. The Family Educational Rights and Privacy Act (1974) prohibits unauthorized access to student records and unauthorized release of any student record information identifiable by either student name or student identification number

RESIDENCY QUESTIONNAIRE – ENROLLMENT FORM

Name of LEA: Whitney Point Central School District

Name of School: _____

Name of Student: _____
Last First Middle

Gender: Male Female Date of Birth: ____ / ____ / ____ Grade: _____
Month Day Year (preschool-12)

Address: _____ Phone: _____

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Where is the student currently living? (Please check one box.)

- In a shelter
- With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
- In a hotel/motel
- In a car, park, bus, train, or campsite
- Other temporary living situation (Please describe): _____
- In permanent housing

Print name of Parent, Guardian, or Student
(for unaccompanied homeless youth)

Signature of Parent, Guardian, or Student
(for unaccompanied homeless youth)

Date

If the student is NOT living in permanent housing, proof of residency and other documents normally needed for enrollment are not required and the student is to be immediately enrolled. The district's LEA liaison is required to assist the student in obtaining any necessary documents, including immunization or school records after the student has been enrolled.

NOTE TO SCHOOL / LEAS: If the student is **NOT** living in permanent housing, please ensure that a Designation Form (STAC 202) is completed.

WHITNEY POINT HIGH SCHOOL

P.O. Box 249

Whitney Point, NY 13862

(607) 692-8209

Fax: (607) 692-8286

To Whom It May Concern:

The following student has registered in our school district today:

Name: _____ Grade: _____ Date of Birth: _____

Social Security # _____

Please send any and all academic and health records you may have for this student to:

Whitney Point High School
Guidance Office
P.O. Box 249
Whitney Point, NY 13862

Please send all Committee on Special Education and/or psychological records to:

Chairperson, Committee on Special Education
Whitney Point Central School
P.O. Box 249
Whitney Point, NY 13862

Thank you for your expedience in forwarding this student's records.

Sincerely,

Guidance Counselor

.....

I hereby authorize the release of all scholastic, health, psychological, and attendance records and any other pertinent information concerning the above named student to the Whitney Point Central School.

Signature Relationship Date

High School
Records request from _____
(name, address,
phone fax, etc.)