

**GLOVERSVILLE ENLARGED SCHOOL DISTRICT
REGISTRATION FORM**

Date: _____

Student Name: _____

Birth date: _____ M____ F____

Address: _____

Telephone: (Home) _____

(Cell) _____

Grade student was registered in at previous school: _____ Date Left: _____

School Previously Attended: _____

Has student attended any Gloversville schools before? _____ Which School/Grade: _____

Parents:

Father's Full Name: _____

Work Place: _____

Father's Address: _____

Work #: _____

Mother's Full Name: _____

Work Place: _____

Mother's Address _____

Work #: _____

Are the natural parents living together? Yes___ No___

If remarried, name of step-parent: _____ Work #: _____

Mother's name if remarried: _____

Foster Home: Yes ___ No ___ If yes, copy of DSS 2999 Form is required

If separated or divorced, who has legal custody of the child? _____

Are there any restrictions on custody or guardianship? _____

Is there a court order in effect? Yes___ No ___ (if yes, district needs a copy of the most recent Court Order)

Is Child known by any other name? If so, what is the name? _____

Please list all brothers and sisters starting with the oldest:

| Name | Birth Date | Sex | Present Grade | Living at Home | School Attending |
|-------|------------|-------|---------------|----------------|------------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

****ORDER OF PROTECTION: (*If an order of protection exists, it must be submitted at time of enrollment)**

School History

Does your child receive special education services or have an **IEP**? ___ Yes ___ No

Does your child have a **Section 504** Plan (Accommodation Plan)? ___ Yes ___ No

Does your child receive Academic Intervention Services (Remedial)? ___ Yes ___ No

If yes, which subject? _____

Other Special Needs? _____

Has your child ever repeated a grade? _____ If so, which: _____

Other

___ Check here (and provide details) if student lives in a shelter, abandoned apartment/building, motel/hotel, camping ground, car, or train/bus station; if the student lives with relatives or others due to lack of housing or other similar situations; or if the student is temporarily housed in a shelter awaiting permanent foster care placement _____ (living arrangements). If box is checked, please complete STAC-202 form. The answer you give 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 do not 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.

Please sign the following statement: (or it has been read to me):

- I certify that the above information is true and correct to the best of my knowledge. I further understand that it is my responsibility as the Parent/Guardian to immediately inform the school district of any changes in the information provided.

Parent/Guardian Signature

Date: _____

Relationship to Child: _____