

Harpursville Central School REGISTRATION FORM

PLEASE PRINT

* PLEASE PRINT*

OFFICE USE ONLY	STUDENT ID# _____	ENTRY DATE _____	SCHOOL YEAR _____
GRADE ASSIGNED _____	HR _____	COUNSELOR _____	BUS NUMBER: _____

STUDENT NAME _____ (First) _____ (Middle) _____ (Last) _____ (Jr / Sr / III / IV) _____ SEX: _____ (M / F)

BIRTH DATE _____ (MM/DD/YYYY) BIRTH PLACE _____ (City, State, Country)

US CITIZEN _____ If no, indicate citizenship _____
(Yes / No)

Years in US schools if immigrant: _____ Date of entry into US if immigrant: _____ Ever attended HCS? _____

OFFICE USE ONLY

PROOF OF ID

IMMIGRATION DOCUMENTS

SCHOOL RECORD RELEASE

NON RESIDENT FORM

PROOF OF RESIDENCY

DUPLICATE MAILINGS

CUSTODY FORM

ETHNICITY: Is the student Hispanic, Latino, or of Spanish origin? Yes No

RACE: American Indian/ Alaska native
 Asian
 Native Hawaiian or other Pacific Islander
 Black or African American
 White

If not English, Primary language spoken in home

LAST SCHOOL ATTENDED NAME _____

ADDRESS _____

DATE LEFT _____ LAST GRADE COMPLETED _____

STUDENT RESIDENTIAL ADDRESS

STREET _____

CITY _____ COUNTY _____

STATE _____ ZIPCODE _____

HOME PHONE _____

STUDENT MAILING ADDRESS (only if different than Residential)

STREET/PO Box _____

CITY _____

STATE _____ ZIPCODE _____

NAME _____ (Mr./Mrs./Ms.) (First) _____ (Middle) _____ (Last)

STREET _____

CITY _____ STATE _____ ZIP _____

HOME PH _____ WORK PH _____ WORK PH 2 _____

MOBILE PH _____ EMAIL ADDRESS (OPTIONAL) _____

PLACE & ADDRESS OF EMPLOYMENT _____

Receive Mailings
YES / NO

Relationship to student

Living with Student
YES / NO

NAME _____ (Mr./Mrs./Ms.) (First) _____ (Middle) _____ (Last)

STREET _____

CITY _____ STATE _____ ZIP _____

HOME PH _____ WORK PH _____ WORK PH 2 _____

MOBILE PH _____ EMAIL ADDRESS (OPTIONAL) _____

PLACE & ADDRESS OF EMPLOYMENT _____

Receive Mailings
YES / NO

Relationship to student

Living with Student
YES / NO

If Student is not living with both parents, who has legal custody?

Foster child? _____

Social Worker/case worker name, phone, county:
Name: _____ Phone: _____ County: _____

Probation officer if applicable name, phone, county:
Name: _____ Phone: _____ County: _____

EMERGE NCY CONTACT

Those designated below are authorized to pick up my child from school in an emergency.

NAME (Mr./Mrs./Ms.) (First) (Middle) (Last) (Relationship)
STREET
CITY STATE ZIP
HOME PH WORK PH WORK PH 2
MOBILE PH PAGER OTHER PH

Same as Front

NAME (Mr./Mrs./Ms.) (First) (Middle) (Last) (Relationship)
STREET
CITY STATE ZIP
HOME PH WORK PH WORK PH 2
MOBILE PH PAGER OTHER PH

OTHER CHILDREN IN FAMILY

NAME (First) (Middle) (Last) SEX: (M/F) DOB (MM/DD/YYYY) AT RESIDENCE (Yes/No)
NAME (First) (Middle) (Last) SEX: (M/F) DOB (MM/DD/YYYY) AT RESIDENCE (Yes/No)
NAME (First) (Middle) (Last) SEX: (M/F) DOB (MM/DD/YYYY) AT RESIDENCE (Yes/No)
NAME (First) (Middle) (Last) SEX: (M/F) DOB (MM/DD/YYYY) AT RESIDENCE (Yes/No)
NAME (First) (Middle) (Last) SEX: (M/F) DOB (MM/DD/YYYY) AT RESIDENCE (Yes/No)

OTHER PERSONS LIVING IN THIS RESIDENCE

NAME RELATIONSHIP
NAME RELATIONSHIP

OTHER INFORMATION

LIVING ARRANGEMENTS: Are you - (Circle yes or no)
Living in a shelter or similar accommodation designed to provide temporary living space: YES / NO
Living with relatives or others due to lack of housing? YES / NO
Living in a motel, hotel, camping or trailer ground? YES / NO
Living in a car, abandoned building, or other public or private place not ordinarily used as regular sleeping accommodations? YES / NO
A family who has moved across school district or state boundaries searching for employment in agriculture, dairy farming, food processing, fishing or logging? YES / NO
ANY DISABILITIES? YES / NO If yes, specify: 504/IEP? CSE?
OTHER SERVICES OR NEEDS: Academic intervention or remediation Special needs or health issues English as second language
Free/Reduced Meals Application: Received / Completed / Not Needed Other (please specify):

Signature of Parent/Guardian Date
Signature of School Official who registered child Date

OFFICE USE ONLY
SERVICES
EMERGENCY CONTACT
SIBLING INFO
RESIDENCY INFORMATION
SPECIAL NEEDS
SIGNATURE