

SACKETS HARBOR CENTRAL SCHOOL
ENROLLMENT FORM

Start Date _____ Date Records Requested _____ Date Records Received _____ Immunization Record : Yes/No

Student Name _____
(Last) (First) (M)

Address _____

Previous Address _____

Grade _____ Sex M F Bus# _____ Date of Birth _____

Language Spoken in Home: 1st Language _____ 2nd Language _____

Ethnic Code: (Circle One) American Indian/Alaskan Asian African/American Hispanic White (Non-Hispanic)

Father's Name _____ Mother's Name _____
(Last) (First) (MI) (Last) (First) (MI)

Father's Telephone # _____ Mother's Telephone # _____

Father's Cell# _____ Mother's Cell # _____

Father's Address _____ Mother's Address _____

Father's Occupation _____ Mother's Occupation _____

Father's Employer _____ Mother's Employer _____

Employer's Telephone # _____ Employer's Telephone # _____

Parent Signature _____ Date _____

FAMILY INFORMATION

List household members:

<u>Last Name</u>	<u>First Name</u>	<u>Relationship to Parent/Guardian</u>	<u>Date of Birth</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FIELD TRIP PERMISSION

My child _____ has permission to participate in school sponsored field trips.

Date _____ Signature of Parent/Guardian _____

NO CHILD LEFT BEHIND REQUIREMENT

Presently, where is the student living? Check one box:

- _____ Single Family Home/Apartment
- _____ In a shelter
- _____ with more than one family in a house or apartment
- _____ in a motel, car or campsite
- _____ with friends or family members (other than parent/guardian)

SCHOOL LAST ATTENDED

School Name _____ District Name _____
School Address _____ Telephone# _____
_____ Fax# _____
Did student have an IEP? Yes _____ No _____ Date _____
Special Services Received: _____

CUSTODIAL INFORMATION

*NOTE: The parent with whom the child resided will be considered the custodial parent. However, the non-custodial parent has access to the child's records in the absence of a court order forbidding it. It is the responsibility of the custodial parent to provide the school with any limiting court order. **A COPY OF ANY COURT ORDER MUST BE SUPPLIED TO THE SCHOOL.***

Does student reside with both birth or adoptive parents? Yes _____ No _____
If **NO**, please fill out the following Child Custody information:

Child Custody Information

Name and address of Custodial Parent with whom the child resides: _____

Name and address of Non-Custodial Parent: _____

If Foster Child or Ward of State, Name of Placement Agency: _____
Address of Agency: _____

Telephone# _____ Placement Date: _____

Do you as a custodial parent, have legal custody through a court order? Yes _____ No _____
If there is a court order, does it limit the non-custodial parent's access to school records? Yes _____ No _____
May the child be release from school to the non-custodial parent? Yes _____ No _____

EMERGENCY AUTHORIZATION

In case of emergency, officials of the Sackets Harbor Central School District are hereby authorized to arrange for medical or dental treatment for the above named student. This authorization includes transportation to an emergency room, first aid, treatment and other action deemed necessary by the official medical staff, or dentist. I understand that the school district cannot assume responsibility for the payment of medical fees or expenses incurred.

Date _____ Signature of Parent or Legal Guardian _____

If my child becomes ill or is injured and I cannot be reached, I authorize the person listed below to act on my place.

Name _____ Address _____

Telephone # _____ Relationship to Student _____

Name _____ Address _____

Telephone # _____ Relationship to Student _____

Name _____ Address _____

Telephone # _____ Relationship to Student _____