

Wyoming Central School District

1225 State Route 19 • PO Box 244 • Wyoming, NY 14591

Student Information Sheet

Student's Name:				
Student's Preferred Name:				
Gender Assigned at Birth:	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
Gender Identity:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Non-Binary	
Date of Birth:				
City and State of Birth:				
Country of Birth:		Date entered U.S.:		Expiration Date:

Student Housing/Residence

The answer you give below will help the District determine what services you or your child(ren) 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 be also entitled to free transportation and other services.

Where is student currently living (legal address)?		
Street:		
City:	State:	Zip Code:
Student resides with:	<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardians <input type="checkbox"/> Foster <input type="checkbox"/> Parent <input type="checkbox"/> Other _____	
What type of housing is this?	<input type="checkbox"/> Permanent housing <input type="checkbox"/> Shelter <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Car, Park, Bus, Train or Campsite <input type="checkbox"/> Another family or other person's residence Due to loss of housing or as a result of economic hardship (sometimes referred to as "doubled up"). <input type="checkbox"/> Other temporary living situation	
If other temporary living situation, please describe:		
If permanent housing, do you:	<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Lease	
When did student move to this address:		

...continued on next page.

What was their previous address?		
Street:		
City:	State:	Zip Code:
Number of years at this address:		
<p><i>Other temporary living situations may be applied to those students who do have a "fixed, adequate and regular nighttime residence. This may include unaccompanied youth who have fled their homes or were forced to leave their homes and who do not otherwise meet the definition of "doubled up".</i></p> <p><i>The information you provide is confidential. It will be reported to State and Federal Education Departments and is protected by confidentiality regulations.</i></p>		

Census Information			
Please list all siblings (under the age of 21) and provide the following information:			
Full Name	Date of Birth	Gender Identity	School of Attendance

Custody Information	
Are parents married, divorced or separated?	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated
If separated/divorced, who is the custodial parent?	
Are you the guardian of this child?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, are you planning to file for guardianship?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>A copy of court documents designating custodial and/or residential custody is required.</i>	
Please provide the following information for any other person with custodial rights.	
Name:	Relationship to child:
Full Mailing Address:	
Street:	
City:	State: Zip Code:
Phone Number:	Email address:
<p><i>Note: School Administrators/Counselors may require additional written information if child being registered is not living with either parent.</i></p>	

Student Racial and Ethnic Identification

Please read each question carefully before responding. Mark the answer that best describes your child.

Is the student Hispanic, Latino, or of Spanish origin? Hispanic, Latino, or Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin regardless of race.

Select one or more races from the following racial groups. Mark all that apply to the student:

- | | |
|--------------------------|--|
| <input type="checkbox"/> | American Indian or Alaskan Native: A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition (e.g. Cherokee, Mohawk, Inuit). |
| <input type="checkbox"/> | Native Hawaiian or Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. |
| <input type="checkbox"/> | Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. |
| <input type="checkbox"/> | Black: A person having origins in any of the black racial groups of Africa |
| <input type="checkbox"/> | White: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East. |

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.

Home Language Section

What language(s) is spoken in the student's home or residence?	
What language(s) is spoken most of the time to the student?	
What language(s) does the student understand?	
What language(s) does the student speak?	
What language(s) does the student read?	
What language(s) does the student write?	
In your opinion how well does the student understand English?	<input type="checkbox"/> Very well <input type="checkbox"/> Only a little <input type="checkbox"/> Not at all
In your opinion how well does the student speak English?	<input type="checkbox"/> Very well <input type="checkbox"/> Only a little <input type="checkbox"/> Not at all
In your opinion how well does the student read English?	<input type="checkbox"/> Very well <input type="checkbox"/> Only a little <input type="checkbox"/> Not at all
In your opinion how well does the student write English?	<input type="checkbox"/> Very well <input type="checkbox"/> Only a little <input type="checkbox"/> Not at all

Student Information – Academics

Student's Current Grade Level:		
Name of all the schools the student attended (please include dates and grades attended):		
Does the student receive Special Education Services?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is their classification?		
If yes, what services?		
Did student repeat a grade?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which one?		
Has the student previously been enrolled in Wyoming CSD?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify dates and grades.		
Has your child been reviewed by a Committee on Special Education?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If in high school, when did they enter 9 th Grade?		
Diagnostic Screening of New Entrants (BOE Policy 7121 and C.R. Part 117) – I understand and give permission to the Wyoming CSD to conduct diagnostic screening of my child as a new entrant into the district. Screening results shall be available to parent(s)/guardian(s) who may request a conference to the information.		<input type="checkbox"/>

Emergency Contact Information

Please list individuals to be contacted in case of illness or emergency with your child at school when the parent/guardian cannot be reached.

Emergency Contact #1

Name:	Relationship to Child:	
Full Mailing Address:		
Street:		
City:	State:	Zip Code:
Cell Number:	Home Phone:	

Emergency Contact #2

Name:	Relationship to Child:	
Full Mailing Address:		
Street:		
City:	State:	Zip Code:
Cell Number:	Home Phone:	

Signature and Authorization Page

Please read each attestation, check the box to the right and sign at the bottom.

Change of Address

Please be advised that if there is any residential change that exceeds 48 hours, the school district must be informed immediately of any and all changes. Non-compliance may jeopardize continued enrollment.

Please check

Legal Alert

Please complete this section if there are any special legal concerns regarding this child that the school should be aware of.

Please check

Certification

I hereby certify that the student listed on this registration form actually resides at the address specified in this form, within the Wyoming CSD boundaries. I further certify that all information I provided on this registration form is true and correct. I understand that I must immediately notify the District if the residency of the student changes from the address listed on this registration form.

Please check

Authorization

I authorize the request of student records from previous schools and give permission to the Wyoming Central School to verify telephone numbers, addresses and employment. I understand that if the District believes that the information on this form is no longer correct or that the child being registered no longer lives at the address provided by you, the Wyoming Central School District has the right under New York State Law to investigate and to withdraw that child from the Wyoming Central School District.

Please check

Parent/Guardian

I declare that the information I have provided is true:

Please check

Today's Date:

Signature (if submitting electronically – insert your name):

For District Use Only

District Attending:	
Registration Date:	
Interviewer:	
IEP?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date IEP received:	
Proof of residency (list two documents):	<input type="checkbox"/>
	<input type="checkbox"/>
Are Custody/Guardianship papers required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, submitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Check all that apply:	<input type="checkbox"/> Transcript requested <input type="checkbox"/> Transcript received <input type="checkbox"/> Health records requested <input type="checkbox"/> Health records received
Date entered into the system:	
Entered by:	
Registration approved by:	
Registration approved on:	