

REQUEST FOR 2ND MAILING

Would you like to have a 2nd mailing of academic, discipline and other records mailed to another parent. Etc. Yes No

Name: _____ Address _____

Phone Number: _____ Relation to Student: _____

CUSTODY INFORMATION

A COPY OF COURT DOCUMENTS DESIGNATING CUSTODIAL AND/OR RESIDENTIAL CUSTODY IS REQUIRED

Parents divorced or separated? ___Yes ___No If yes, Name of custodial parent? _____

Are you the guardian of this child? ___Yes ___No
If no, are you planning to file for guardianship? ___Yes ___No

Have parent(s) transferred PERMANENT custody and control of child to you? ___Yes ___No

Note: School Administrators/Counselors may require additional written information if child being registered is not living with either parent.

SIBLING INFORMATION

Name (under age 21) D.O.B. Gender Enrolled at Wyoming Central /Tuitioned School

EMERGENCY CONTACT INFORMATION

This person should be able to be contacted in case of illness or emergency with your child at school when the parent/guardian cannot be reached

Name: _____ Phone#: _____ Cell#: _____

Address: _____ Relation: _____

Name: _____ Phone#: _____ Cell#: _____

Address: _____ Relation: _____

Confidential Information

COMPLETE THIS SECTION ONLY IF (1) IT REFLECTS YOUR CHILD’S CURRENT LIVING SITUATION OR (2) YOUR LIVING SITUATION IF YOU ARE A YOUTH NOT LIVING WITH A PARENT OR GUARDIAN. CHECK THE APPROPRIATE BOX. YOUR ANSWER WILL HELP SCHOOL STAFF DETERMINE IF THE STUDENT IS ELIGIBLE TO RECEIVE ADDITIONAL SERVICES

- Share the housing of other persons due to loss of housing, economic hardship or similar reason;
- Living in a motel, hotel, temporary residence, trailer park or camping ground;
- Living in an emergency or transitional shelter awaiting DSS placement;
- Living in an abandoned building or similar substandard housing;
- Other, please specify _____

LEGAL ALERT (Please fill out if there are special legal concerns regarding this child that the school should be aware of)

NOTICE

Please be advised that the provision of false information on this registration form could constitute a crime. In addition, the District reserves its rights to recover from parents, legal guardians or other responsible parties the entire actual cost of educating a student, plus related costs, for the entire period that any non-resident student is enrolled in the District’s schools without authorization and/or false pretenses. This includes costs for students receiving special education services, which are considerably higher and vary depending upon the specific program(s).

CERTIFICATION

I hereby certify that the student listed on this registration form actually resides at the address specified on page 1, with the Wyoming Central School District 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 this address listed on this registration form.

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.

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.

Parent(s)/Guardian(s) Signature: _____ Date: _____

If parent(s)/guardian(s) fills out form at school, please sign and school personnel will witness signature.
If parent fills out form at home signature must be notarized.

Parent(s)/Guardian(s) Name: _____ (Please Print)

Parent(s)/Guardian(s) Signature: _____ Date: _____

Witness Signature: _____

SWORN BEFORE ME THIS _____ DAY OF _____
Notary Public, State of New York (please affix stamp or seal)

FOR DISTRICT USE ONLY:

Student ID#: _____ Building : Wyoming _____ Tuitioned: _____

Registration Date: _____ Interviewer: _____

IEP? Yes No Date IEP received: _____ Sent to Special Ed.? _____

Verification of birth date (must be original): Birth Certificate ____ Proof of residency: 1) ____ 2) ____

Custody/Guardianship Papers Required: Yes No If yes, submitted? _____

Transcript Requested: _____ Transcript Received: _____
Health Records Requested: _____ Health Records Received: _____

Date Entered Data System: _____ by _____

Registration Approved: (Administrator): _____ Date: _____
