

Horseheads Central School District
2026-27 Pre-Kindergarten Registration Form

Please print clearly in ink.

Student Name _____ Gender Male or Female
Last First Middle (circle)

Student resides with _____ Both Father & Mother _____ Mother Only _____ Father Only
(check one)
_____ Legal Guardian (specify relationship to child) _____

Name(s) of Adults this Student lives with _____

If both parents do not reside in same household, please answer below and provide documentation of custody agreement.

Custody is: _____ Sole _____ Joint _____ Protection Order

Physical Custody with _____ Legal Custody with _____

Please Note: we will do most of our placement notification by e-mail, so please provide an e-mail address that is checked regularly.

E-mail Address: _____

Student's Date of Birth _____ Place of Birth _____
mm/dd/yyyy city, state country

If birthplace was not in the United States, please give the date and location the student was first enrolled in a US School:

_____ Number of Years in U.S. Schools _____
date location

Has the student ever previously attended another New York State School? _____ No _____ Yes (if yes, how many years has this student attended in a NYS School? _____)

Is the student Hispanic, Latino or of Spanish origin (a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race)? _____ No _____ Yes, Hispanic

Please circle one or more races that apply to this student from the following 5 racial groups:

American Indian or Alaskan Native Asian Black White Native Hawaiian or Other Pacific Islander

Is this student under your care as a foster child? _____ No _____ Yes (if yes, please complete a & b below)

a. If yes, in what school district does the student's parent reside? _____

b. Caseworker Name and Telephone Number _____
Name Telephone (w/ area code)

Is this child's mother, father, or legal guardian Active Duty Military or a civilian working on a military post? _____ No _____ Yes (if yes, please state who below)

** Please be aware that the program depends upon the approval of both the State and Local budgets **

Please also complete the reverse side

Does this student have a current IEP (Individualized Education Plan)? _____ No _____ Yes

Does this student receive any support services? _____ No _____ Yes

If you answered Yes to either of the above questions, please complete an "Additional Education Services Information" form.

Does the student have any health/special needs? _____ No _____ Yes (if yes, please explain below)

Parent/Guardian Statement

I understand that proof of New York State required immunizations for polio, mumps, measles, diphtheria, hepatitis, and rubella from a physician or clinic is required for admission to school. If there is a medical or religious exemption, statements of such must be presented. Failure to present either proof of immunization or exemptions will result in the exclusion of the pupil from school until such time as an appropriate immunization statement is submitted.

I certify that the information provided is accurate to the best of my knowledge and that I have legal custody of the above named child.

Signature _____ Date _____

**** Please be aware that the program depends upon the approval of both the State and Local budgets ****

*** Below for District Use Only ***

Date Registered _____

Reg. Number _____

Student ID _____

Home School BF GR RR

Placed in BF GR

Notified parent _____ by phone or email

Parent presented the following documentation:

- _____ Proof of Residency (two) _____
- _____ Original Birth Certificate (reviewed by _____) initials
- _____ Immunizations (must receive within 14 days)
- _____ Physical dated _____
- _____ Custody Papers (if applicable)
- _____ Lead Assessment Questionnaire
- _____ Dental Certificate

*** Below for Central Registrar Use Only ***

Family ID _____

Residence Link _____

SMS Updated _____

Census dbase Updated _____

Central Registrar Initials and Date: _____