

Horseheads Central School District
New Student Registration Form

Please print clearly in ink.

Student Name _____ Grade _____ 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 _____

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

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

Does this student receive Academic Intervention Services (AIS)? _____ No _____ Yes

Does this student have a current 504 Plan? _____ No _____ Yes

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

If you answered Yes to any of the above 4 questions, please complete an "Additional Education Services Information" form.

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

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 note: Proof of residency in the Horseheads district is required at the time of registration.

Please also complete the reverse side

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)

Previous School Information

Name of last school attended _____

District Name and Address _____

Years/Grades in Attendance _____

Has this student ever attended a Horseheads Central School District building before? _____ No _____ Yes (if yes, list dates and grade level below)

Horseheads building attended _____
bldg name dates grade levels

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 note: Proof of residency in the Horseheads district is required at the time of registration.

*** Below for District Use Only ***

Student ID _____ Building Assignment BF MS CS HS GR RR IS Other _____

Date Registration Form Rec'd _____ Grade _____ HR _____ Cohort Year _____
(High School only)

Date Student is Beginning School _____ Elementary Teacher _____

Date Records Requested _____ Secondary Counselor _____

Date Records Received _____ A.M. Bus _____ P.M. Bus _____

Parent presented the following documentation:

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

Building Staff Initials and Date

Please send copy of NSRF & HIF to Central Registrar (if student has an IEP, please also send copies to Student Services)
File originals in student permanent folder
Copy of BC, Immunizations, Lead Assessment, and Dental Certificate to Health Office