



LEVITTOWN PUBLIC SCHOOLS
Levittown Memorial Education Center
150 Abbey Lane
Levittown, New York 11756



Success For Every Student

Central Registration
516-434-7058

The following is a list of items that you will need to successfully register your child in the Levittown Public School District.

Please be aware that the Levittown Public School District maintains the right to verify all of the information presented upon application for registration. This may include but is not limited to home visits to verify residency.

If you have any questions regarding the registration process please contact
Arlene Mege, Central Registration, at (516) 434-7058.

****When complete please call to make an appointment to register your child!!**

I. – PROOF OF IMMUNIZATION

Required:

- Certificate of Immunization
- Current Physical Examination – signed by a physician
- Medical History form

II. - BIRTH CERTIFICATE

Required:

- Original document
 - Or Passport, or Baptismal Records
- Copies will be made at our office for the school district files*

III. - REPORT CARDS

Required:

- Report card from last school year of previous school and/or transcript from Middle/High School

IV. – PROOF OF RESIDENCY

Proof of residency must be established at the time of registration. The District will rely on your representations with respect to residency. Please be advised you will be legally responsible for any inaccuracy or misrepresentation of the facts under 210.45 of the Penal Law of the State of New York as well as the payment of tuition and attorneys fees.

.(OVER)

Please provide original documents. Copies will be made at our office for our files.

IF YOU OWN YOUR HOME THE FOLLOWING IS REQUIRED:

Both Affidavits must be provided at time of registration:

- A. Affidavit of Residency (signed by you before a public notary)

In addition:

Two (2) Bills – Any of the following is acceptable

- Electric Bill (Keyspan, LIPA)
- Telephone Bill
- Water Bill
- Cable Bill
- Bank Statement or copy of blank check with address printed on it
-

Please note you have 30 days to produce the bills from registration date if just moved in

- B. Owner's Affidavit (signed by you before a public notary)

In addition:

One (1) of the following

- Owner's Deed
- Closing Statement
- Mortgage Statement
- Tax Statement

IF YOU RENT YOUR HOME THE FOLLOWING IS REQUIRED:

******(Or living with family members)**

Both Affidavits must be provided at time of registration:

- A. Affidavit of Residency (signed by you before a public notary)

In addition:

Two (2) Bills – Any of the following is acceptable

- Electric Bill (Keyspan, LIPA)
- Telephone Bill
- Water Bill
- Cable Bill
- Bank Statement or copy of blank check with address printed on it
- Cell Phone Bill

Please note you have 30 days to produce the bills from registration date if just moved in

- B. (if applicable):

- Rental Agreement
- Lease

- C. Owner's Affidavit (signed by landlord/owner of home before a public notary)

In addition:

One (1) of the following

- Owner's Deed
- Closing Statement
- Mortgage Statement
- Tax Statement

All supplementary proofs must bear your name and must indicate your Levittown Public School District address.

LEVITTOWN PUBLIC SCHOOLS
LEVITTOWN, NEW YORK 11756
Central Registration 516-434-7058 Fax: 516-861-4424

REQUEST FOR RELEASE OF INFORMATION/RECORDS

Student Name _____ Date _____

Birthdate _____ Grade Attended _____

Last School Attended _____

Street _____

Town/State/Zip Code _____

Please send all academic, health, attendance, medical, psychiatric and psychological reports (if applicable) and all other evaluations concerning the above-named student. Please forward to the school checked below:

____ Abbey Lane Elementary School
239 Gardiners Avenue
Levittown, NY 11756
Fax: 516-520-8494

____ Northside School
35 Pelican Road
Levittown, NY 11756
Fax: 516-520-8394

____ Gardiners Avenue School
610 Gardiners Avenue
Levittown, NY 11756
Fax: 516-520-8490

____ East Broadway School
751 Seamans Neck Road
Seaford, NY 11783
Fax: 516-783-5186

____ Lee Road Elementary School
991 Lee Road
Wantagh, NY 11793
Fax: 516-783-5194

____ Summit Lane School
4 Summit Lane
Levittown, NY 11756
Fax: 516-520-8390

____ Guidance Department
Jonas E. Salk Middle School
3359 Old Jerusalem Road
Levittown, NY 11756
Fax: 516-520-8479

____ Guidance Dept.
Wisdom Lane Middle School
120 Center Lane
Levittown, NY 11756
Fax: 516-520-6288

____ Guidance Department
MacArthur High School
3369 Old Jerusalem Road
Levittown, NY 11756
Fax: 516-520-8459

____ Guidance Department
Division Avenue High School
120 Division Avenue
Levittown, NY 11756
Fax: 516-735-4203

Your prompt response is greatly appreciated.

AUTHORIZATION FOR TRANSFER OF STUDENT RECORDS

I hereby give my permission to Levittown Public Schools to obtain all the information concerning:

Please print student's full name _____

Signature of Parent/Guardian _____ Date _____



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Ms. Debbie Rifkin, Assistant Superintendent
 Human Resources
 516-434-7030

AFFIDAVIT OF RESIDENCY
(to be signed and notarized by student's parent)

State of New York)

)ss:

County of)

_____ Student Name

_____ being duly sworn, disposes and says:

1. I reside at _____ within the Levittown Public School District which is my actual and only place of residence.
2. I agree to advise the Levittown Public Schools immediately in the event that I change my residence.
3. I understand that in order for my child/children to attend the Levittown Public Schools I must be a resident of the Levittown Public School District. Therefore, I certify that I have actually taken up residency and domiciled at the above address. I further understand that if this certification is found to be false, my child/children will be disenrolled from the Levittown School District and I will be liable for payment of tuition from their date of enrollment through their date of termination, and that I will be subject to the penalties for perjury, a Class A misdemeanor. I attest that all information provided by me on this document is true.

_____ (Signature)

PLEASE BE AWARE THAT THE DISTRICT MAINTAINS THE RIGHT TO VERIFY RESIDENCY THROUGH THE UTILIZATION OF A HOME VISIT. NEW REGISTRANTS AND/OR RESIDENTS MAY EXPECT TO BE CONTACTED BY OUR REPRESENTATIVES TO ARRANGE FOR SUCH A VISIT.

Sworn to before me this _____
 Day of _____, 20 __

 Notary Public

DATED _____



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Ms. Debbie Rifkin Assistant Superintendent
 Human Resources
 516-434-7030

OWNER'S AFFIDAVIT
(To be signed and notarized by owner of home)

State of New York)
)ss:
 County of)

 Student's Name (Print last name first)

_____ being duly sworn, deposes and says:
 (Name of Owner)

1. I understand that this statement is being made **UNDER THE PENALTIES OF PERJURY**, in order that _____ may be admitted to the schools of the Levittown Public School District.
 (Name of Child)
2. I am the legal owner of _____
 (Address of owner's property in district)
3. I reside at _____
 (Address of Owner's Residence)
4. I have provided the district with a copy of a (Check One) ____current deed; ____closing statement; ____tax bill; ____mortgage statement
5. The above named property is the current residence of _____ and the above-named child.
 (Name of Parent/Guardian/Custodian)
6. The lease agreement for the above-listed residence is set to expire on _____
 (Lease expiration date)
7. The following names include ALL other persons living at this address:

1. _____	5. _____
2. _____	6. _____
3. _____	7. _____
4. _____	8. _____

- 8. I further understand that if the above-named student is found **NOT** to be a legitimate resident of the Levittown Public School District, then **I WILL BE LEGALLY RESPONSIBLE FOR AND WILL BE BILLED THE DISTRICT'S ANNUAL TUITION RATE PER CHILD, RETROACTIVE** to the first day of admission.

- 9. I also realize that theft of governmental service is a crime punishable under the State Penal Law, and that a false statement made in connection with this application will make me liable to criminal prosecution. I understand that the school district will make unannounced home visits to verify residence within the district.

(Signature of Owner/Lessor)

DATED _____

Sworn to before me this _____
Day of _____, 20 __

NOTARY PUBLIC _____

**LEVITTOWN PUBLIC SCHOOLS
HEALTH SERVICES**

**MEDICAL HISTORY
(MUST BE COMPLETED BY PARENT/GUARDIAN)**

Student's Name	Birthdate	Grade
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If your child has a history of, or is being treated for the following conditions, please indicate below:

Frequent colds: _____ Frequent sore throats: _____

Ear Conditions: _____ Hearing Loss: _____

Heart Disease: _____

Asthma: _____

Vision Problem: _____ Wears Glasses ___ Yes ___ No

Operations/Date: _____

Serious Injury/Date: _____

Hospitalization/Reason/Date: _____

Orthopedic Problem: _____

Seizure Disorder/Date of last seizure: _____

Allergies: Latex _____ Bee Sting _____ Environmental _____

Food Allergies (List) _____

Medication Allergies: _____

What happens when exposed to allergen? _____

Medications received on regular basis: _____

Speech evaluation/therapy: _____

Please specify any other health information you feel will be helpful in meeting your child's needs: _____

Date: _____

Signature of Parent/Guardian: _____

MEMO TO PARENT OR GUARDIAN RE: ANNUAL PHYSICAL EXAMINATION

The New York State Education law requires every child attending Public School in Grades K*, 2, 4, 7 and 10 and all new entrants to have a physical examination. In most cases the best time for the physical examination is during the summer, so that time will be available for any necessary treatment. Please have the Private Physician Report form below completed and returned to the school nurse on or before **October 1**. All children attending nursery school must have a physical upon registration for nursery school.

LEVITTOWN PUBLIC SCHOOLS – HEATH SERVICES
STUDENT ANNUAL HEALTH EXAMINATION – PRIVATE PHYSICIAN REPORT
(To be completed and returned to school nurse before October 1)

Name _____ Grade _____ Teacher _____ School _____

Body Mass Index _____		
Weight Status Category (BMI Percentile)		
<input type="checkbox"/> Less than 5 th	<input type="checkbox"/> 5 th through 49 th	<input type="checkbox"/> 50 th through 85 th
<input type="checkbox"/> 85 th through 94 th	<input type="checkbox"/> 95 th through 98 th	<input type="checkbox"/> 99 th and higher

Height: _____

Weight: _____

Ears (Otoscopic): _____

Nose: _____

Eyes R ___ L ___ Both ___ Teeth and gums _____ Tonsils _____

Glands _____ Thyroid _____ B/P (children over 12) _____

Heart _____ Lungs _____ G.U. _____

Hernia _____ Skin _____ Nutrition _____

Allergy _____ Epilepsy _____ Posture _____

Structural Defect _____ Feet _____ Nervous System _____

Does student need medication on a regular basis? No _____ Yes _____
Be Specific

May student participate in Physical Education Activities? Yes _____ No _____
Be Specific

Preventive Measures and Tests (Past Year) _____

Remarks: _____

Physicians Signature

Stamp

Date _____

(Revised 3/08)



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Dr. Donald Sturz
 Assistant Superintendent for Pupil Services
 516-434-7040

LEVITTOWN UNION FREE SCHOOL DISTRICT
 HEALTH SERVICES

CERTIFICATE OF IMMUNIZATION
 (To be filled out and signed/stamped by a physician)

Student's Name	Birthday			Grade	
	DATE	DATE	DATE	DATE	DATE
DPT/DT * 3-5 doses required					
Tdap 1 dose at 11 years					
POLIO ** 3-4 doses required					
MEASLES 2 doses required			MUMPS (2)		
MMR 2 doses required			RUBELLA (1)		
HIB 1-4 doses Pre-K					
Hepatitis B 3 doses required					
Varicella**** 1-2 doses required				Date of Disease	
Meningitis*****					
Prevnar 1-4 doses Pre-K					
Other (please specify)					

* 3-5 doses: If 4th dose after age 4 only 4 doses required – 3 doses required for grades 7 through 12. All others, 5 doses
 **3-4 doses: If 3rd dose after age 4 only 3 doses required.
 ***2 doses: Required of all children entering Kindergarten, 1,2,3,6,7,8. All others one dose
 ****One dose required by the 7th grade. 2 doses required by 12th grade. 1 dose required if received at age 16 or older.



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CENTRAL REGISTRATION
 516-434-7058

DENTAL

Dear Parents

We strongly urge you to make an appointment with your dentist. If your child has received treatment, please have this form completed by the dentist and return it to your child's school nurse.

LEVITTOWN PUBLIC SCHOOLS – DIVISION OF HEALTH SERVICES
 STUDENT ANNUAL DENTAL EXAMINATION REPORT
 (to be completed by Dentist)

Student Name: _____ Grade: _____ School: _____

The above child has had his/her teeth examined and the necessary work is:

Completed _____ Under treatment _____ Does not need treatment _____

1. The occlusion was found to be: Faulty _____ Good _____
2. Is child receiving orthodontia: Yes _____ No _____
3. Is orthodontia recommended: Yes _____ No _____
4. Remarks: _____

 Dentist's Signature

 Dentist's Stamp

 Date



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LANGUAGE OF PREFERENCE

Student Name _____

Grade _____

Primary Language spoken at home _____

Language preferred by parents when communicating with Levittown School District

Do you require an interpreter for parent/teacher conferences? _____ Yes _____ No

(Parent Signature)

Date: _____



Lisette Colon-Collins, Assistant Commissioner
Office of Bilingual Education and World Languages

55 Hanson Place, Room 594
Brooklyn, New York 11217
Tel: (718) 722-2445 / Fax: (718) 722-2459

89 Washington Avenue, Room 528EB
Albany, New York 12234
(518) 474-8775 / Fax: (518) 474-7948

Home Language Questionnaire (HLQ)

*Dear Parent or Guardian:
In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes in English, as well as prior school and personal history. Please complete the sections below entitled Language Background and Educational History. Your assistance in answering these questions is greatly appreciated. Thank you.*

Please write clearly when completing this section.		
STUDENT NAME:		
First	Middle	Last
DATE OF BIRTH:		GENDER:
		<input type="checkbox"/> Male
Month	Day	Year
		<input type="checkbox"/> Female
PARENT/PERSON IN PARENTAL RELATION INFO:		
Last Name	First Name	Relation to Student

HOME LANGUAGE CODE

Language Background (Please check all that apply.)

1. What language(s) is(are) spoken in the student's home or residence?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____	<i>specify</i>
2. What was the first language your child learned?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____	<i>specify</i>
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Mother	_____	<input type="checkbox"/> Father	_____
	<input type="checkbox"/> Guardian(s)	_____		<i>specify</i>
4. What language(s) does your child understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____	<i>specify</i>
5. What language(s) does your child speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____	<input type="checkbox"/> Does not speak
			<i>specify</i>	
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____	<input type="checkbox"/> Does not read
			<i>specify</i>	
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____	<input type="checkbox"/> Does not write
			<i>specify</i>	

THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED:

SCHOOL DISTRICT INFORMATION:

STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:

District Name (Number) & School

Address

Home Language Questionnaire (HLQ)—Page Two

Educational History
8. Indicate the total number of years that your child has been enrolled in school _____
9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them. Yes* No Not sure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> *If yes, please explain: _____
How severe do you think these difficulties are? <input type="checkbox"/> Minor <input type="checkbox"/> Somewhat severe <input type="checkbox"/> Very severe
10a. Has your child ever been <u>referred</u> for a special education evaluation in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes* *Please complete 10b below
10b. *If referred for an evaluation, has your child ever <u>received</u> any special education services in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes – Type of services received: _____
Age at which services received (Please check all that apply): <input type="checkbox"/> Birth to 3 years (Early Intervention) <input type="checkbox"/> 3 to 5 years (Special Education) <input type="checkbox"/> 6 years or older (Special Education)
10c. Does your child have an Individualized Education Program (IEP)? <input type="checkbox"/> No <input type="checkbox"/> Yes
11. Is there anything else you think is important for the school to know about your child? (e.g., special talents, health concerns, etc.) _____ _____ _____
12. In what language(s) would you like to receive information from the school? _____

Month: _____ Day: _____ Year: _____

Signature of Parent or of Person in Parental Relation *Date*

Relationship to student: Mother Father Other: _____

OFFICIAL ENTRY ONLY - NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING HLQ	
NAME: _____	POSITION: _____
IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:	
NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW	
NAME: _____	POSITION: _____
ORAL INTERVIEW NECESSARY: <input type="checkbox"/> No <input type="checkbox"/> Yes	
**DATE OF INDIVIDUAL INTERVIEW: _____ <small>MO. DAY YR.</small>	OUTCOME OF INDIVIDUAL INTERVIEW: <input type="checkbox"/> ADMINISTER NYSITELL <input type="checkbox"/> ENGLISH PROFICIENT <input type="checkbox"/> REFER TO LANGUAGE PROFICIENCY TEAM
NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL	
NAME: _____	POSITION: _____
DATE OF NYSITELL ADMINISTRATION: _____ <small>MO. DAY YR.</small>	PROFICIENCY LEVEL ACHIEVED ON NYSITELL: <input type="checkbox"/> ENTERING <input type="checkbox"/> EMERGING <input type="checkbox"/> TRANSITIONING <input type="checkbox"/> EXPANDING <input type="checkbox"/> COMMANDING
FOR STUDENTS WITH DISABILITIES, LIST ACCOMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION: _____ _____	



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Dear Parents,

The Board of Education has included Publications as one of its goals. We have a public relations process in place that calls for the ongoing submissions of articles to the local papers. Sometimes photographs are submitted with articles. Television coverage of special events is also a possibility.

The Levittown Public School District is striving to maintain a high level of security for your child regarding web site development. We wish to use individual photos or group photos on our website. The photograph would be in the context of a school-related activity such as a class project, award or honor, sport, club or student government activity. No personal information such as home address or phone number will be published.

.....
 Student Name _____

School _____

My child _____ **Can be** Photographed and/or picture placed on Levittown School's website

My child _____ **Can Not be** Photographed and/or picture placed on Levittown School's website

*Please note your child's name generally does not appear.

 Parent Signature

 Date

As the parent or legal guardian of the student signing above, I have read the District's Networks and Internet Acceptable Use Policy and grant permission for my son/daughter to access the Internet. I understand that the district's computing resources are designed for educational purposes. I also understand that it is impossible for Levittown School District to restrict access to all controversial materials and I will not hold them responsible for materials acquired on the network. I understand that individuals and families may be held liable for violations. Furthermore, I accept full responsibility for supervision of and when my child's use is not in a school setting.

 Parent Signature

 Date

If at any time, in the future, you wish to withdraw this consent, you may do so via written notification to your child's building principal.



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Dear Parents,

The Levittown School District would like to remind you of the district's networks and Internet services for its students. As you may already know, the Internet consists of millions of computer users in nearly every country on the globe, connecting to thousands of computers located at organizations throughout the world, creating a large and diverse electronic network.

Part of our responsibility in preparing students for the 21st Century is to provide them access to the tools they will be using as adults. We believe that use of this global information network is one of these tools. The Internet represents a unique opportunity for our students to begin to explore the incredible wealth of information that will enhance their learning. Among other advantages, your child will be able to communicate with other schools, colleges, organizations, databases, and individuals around the world.

With this educational opportunity also comes responsibility. When your child is given an account and password to use on the computer, it is extremely important that the rules are followed. Inappropriate use will result in the loss of computer privileges and other disciplinary action if necessary.

Please stress to your child the importance of using only his or her account password, and of keeping it a secret from other students. Your child should never let anyone else use his/her password to access the network. Your child is responsible for any activity that happens in his/her account.

Staff will supervise your student's use of the Internet and we will be using filtering software managed by the Internet Service Provider to limit access to inappropriate material. Please be aware, however, that there is unacceptable and controversial material and communications on the Internet that your child could access despite all our precautions. It is not possible for us to always provide direct supervision of all students, nor can we filter material posted on network-connected computers all over the world. We encourage you to consider the potential of your child being exposed to inappropriate material in your decision of whether or not to sign the enclosed form.

There may also be additional kinds of material on the Internet that are not in accord with your family values. We would like to encourage you to use this as an opportunity to have a discussion with your child about your family values and your expectation about how these values should guide your child's activities while they are on the Internet.

Please contact us if you have any questions or concerns.

**DISTRICT'S NETWORKS AND INTERNET ACCEPTABLE USE
STUDENT AGREEMENT AND PARENT PERMISSION FORM**

1. STUDENT SECTION

Student's Name (please print) _____ Grade _____

School _____ Homeroom/Class _____

I have read the District's Networks and Internet Acceptable Use Policy. I understand and agree to follow the rules contained in this Policy. I understand that if I violate the rules my account can be suspended or cancelled and I may face other disciplinary actions, which may include expulsion, and/or appropriate legal action.

Student's Signature _____ Date _____

2. PARENT OR GUARDIAN SECTION

As the parent or legal guardian of the student signing above, I have read the District's Networks and Internet Acceptable Use Policy and grant permission for my son/daughter to access the Internet. I understand that the district's computing resources are designed for educational purposes. I also understand that it is impossible for Levittown School District to restrict access to all controversial materials and I will not hold them responsible for materials acquired on the network. I understand that individuals and families may be held liable for violations. Furthermore, I accept full responsibility for supervision of and when my child's use is not in a school setting.

Parent's Name (please print) _____

Home Address _____

Phone _____

Parent's Signature _____ Date _____

Levittown Public Schools

REGISTRATION FORM

Today's Date _____

Child's Name: (Last) _____ (First) _____ (Middle) _____

Address _____ Town _____ Zip Code _____

Home Phone No. _____ Cell Phone Mother _____ mother's email address: _____

Cell Phone Father _____ father's email address: _____

Child's Birth date _____ Child's Age _____ Child's Sex _____

Place of Birth (City, State) _____ Country of Birth (if outside USA) _____

Date entered USA _____

Years in USA Schools _____

Ethnicity: _____ **Race:** (can choose more than one) () White () Black or African American

() Hispanic/Latino () Not Hispanic () American Indian () Native Hawaiian or Pacific Island () Asian

Language(s) spoken at home _____ Language(s) spoken by Child _____

Last Attended School (Name) _____ (Address) _____

Mom/Dad on Active Duty in the Armed Forces? Mom ___ Yes ___ No Dad ___ Yes ___ No.

Father's Name _____ Business Phone _____

Father's Business Address _____

Father's Work Schedule _____

Mother's Name _____ Business Phone _____

Mother's Business Address _____

Mother's Work Schedule _____

Physician's Name _____ Physician's Phone Number _____

Physician's Address _____

Who has LEGAL CUSTODY: Mother Father Joint Guardian Other _____

Child is LIVING WITH: Mother Father Both Guardian Other _____

OTHER CHILDREN IN THE FAMILY:

Name	Birth Date	Address (if different)	School/Grade

Parental Relationship:

Name of Person Registering Student _____ Telephone Number _____

Person(s) Registering Student is: (Please check one)

- Natural Parent(s). If there has been divorce or legal separation, Proof of Parental Custody or Divorce Decree must be provided.
- Custodian. Completed Parental and Custodian affidavits must be provided
- Legal Guardian. Court appointed, provide original court document
- Foster Parent(s). Completed form BSW-241 or DSS-2999 must be provided

List of Previous Schools Attended

Name	Address	Grade

Emergency Contact(s) other than the parents

1. Name	Relation to student	Home Phone	Cell Phone
2. Name	Relation to student	Home Phone	Cell Phone