



Office Use  
Date: \_\_\_\_\_ Student ID# \_\_\_\_\_  
Bldg \_\_\_\_\_

**Student Name**    **Grade**  **Gender**  Male  Female  
Last First Middle

**Date of Birth**  **Place of Birth**     
MM/DD/YYYY City State Country

**Home Address**        
House # Street Name Apt or Lot # City State Zipcode

**Mailing Address**  same as above **Home phone #**

If different from above      
PO Box/ address City State Zipcode

**Language other than English spoken in the home**

**Student resides with:**  Both Father and Mother  Mother only  Father only  
 Legal Guardian (specify relationship to child)

**Adults residing with student**

Ms  Mrs  Mr  Mother  Other (specify)  Father  
      
Last Name First MI Relationship to student  
     
Email address Cell phone # Work phone # Employer

Ms  Mrs  Mr  Mother  Other (specify)  Father  
      
Last Name First MI Relationship to student  
     
Email address Cell phone # Work phone # Employer

**Please list other children residing in the home**

**Brothers**

**Sisters**

Last Name	First	DOB	Grade	School

Last Name	First	DOB	Grade	School

Ms **If mother and/or father does not live with student, please provide information below.**

Mrs  
 Mr

Mother  Father

Last Name First MI

**Address**

House # Street Name City State Zipcode

Home phone # Cell phone # Work phone # Employer

Email address

Should parent receive mailings such as report cards?  yes  no

Is parent allowed contact with student?  yes  no Should parent be listed as emergency contact?  yes  no

Ms  
 Mrs  
 Mr

Mother  Father

Last Name First MI

**Address**

House # Street Name City State Zipcode

Home phone # Cell phone # Work phone # Employer

Email address

Should parent receive mailings such as report cards?  yes  no

Is parent allowed contact with student?  yes  no Should parent be listed as emergency contact?  yes  no

**If both parents do not reside in the same household, please answer below and provide documentation of Custody Agreement**

Custody is:  Sole  Joint  Order of Protection

Physical Custody with  Legal Custody with

Is this student under your care as a Foster child?  No  Yes - if yes, please complete following questions

In which School District does the student's parents reside?

Please list Caseworker Name  Caseworker phone #

**CONFIDENTIAL INFORMATION**

Complete this only if (1) it reflects your child's current living situation; or (2) you are a youth not living with a parent or guardian. (Your answer will help school staff with school enrollment and may enable the student to receive additional services).

**Check the box if you are living:**

- In a Shelter
- At a train or bus station, park or in a car
- In a motel/hotel, camping ground or other similar situation due to lack of alternative, adequate housing
- With relatives or others due to lack of housing
- In an abandoned apartment/building

**If any box is checked, please complete a STUDENT RESIDENCY QUESTIONNAIRE**

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

- Yes, Hispanic**       **No, not Hispanic**

**Select one or more races from the following five racial groups.** (check all that apply)

- American Indian or Alaska 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. example: Cherokee, Mohawk, Inuit.
- Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent example: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- Native Hawaiian or other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Black:** A person having origins in any of the black racial groups of Africa.
- White:** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

**Previous School Information**

Name of Last School Attended

District Name and Address

Has this student ever attended a Corning-Painted Post School District building before?  No     Yes    If yes, list building, dates and grade levels below

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C-PP Buildings attended

Dates

Grade Levels

Has the student ever attended another New York State school?  No     Yes    if yes - how many years

**Does your child receive and/or attend any of the following (please check yes or no)**

Speech Therapy       Yes     No

Occupational Therapy       Yes     No

Physical Therapy       Yes     No

IEP - Individual Education Plan       Yes     No

504 Accommodation Plan       Yes     No

AIS - Academic Intervention Support Services       Yes     No

Consultant Teacher       Yes     No

Resource Room       Yes     No

Special Class       Yes     No

15:1       12:1:1       12:1+3:1

8:1:1       8:1:2

It is mandated, **in case a parent or legal guardian cannot be reached during the school day**, to give the names of two nearby relatives or reliable neighbors who will come for and take care of your child should he/she become ill or injured during the school day. **All attempts will be made to reach parents/guardians first.** If they are not reachable, the school will attempt to reach the emergency contacts below.

**1st Adult Emergency Contact**

<input type="checkbox"/> Ms	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Mrs	Last Name	First	Relationship to student
<input type="checkbox"/> Mr	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Home phone #	Cell phone #	Work phone #

**2nd Adult Emergency Contact**

<input type="checkbox"/> Ms	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Mrs	Last Name	First	Relationship to student
<input type="checkbox"/> Mr	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Home phone #	Cell phone #	Work phone #

**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 of person completing form

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

Registered by	<input type="text"/>	School Building	<input type="text"/>
Starting Date	<input type="text"/>	Student ID #	<input type="text"/>
Teacher Name	<input type="text"/>		

**Other Requirements**

- Statement of Residence Required
- Custody Papers
- Approved, Transfer Student
- Home School
- Immunization Record
- Cohort Year
- One Picture ID Required

**Hand Outs to New Student**

- Emergency Card
- School Handbook
- Code of Conduct Summary
- AUP - Acceptable Use Policy
- School Calendar/Packet
- Locker Assigned (if applicable)
- Agenda Book (if applicable)
- Reduced Lunch form (if applicable)
- Parent Portal AUP

**Proof of Name/Birth**

- Birth Certificate
- Passport
- Visa
- Other \_\_\_\_\_

**Activities**

- Band
- Chorus
- Sports \_\_\_\_\_
- Other \_\_\_\_\_