Schenectady City School District
Student Registration Form

ID # _____

Family #_____

School_____ Entering Grade_____

Student Name_____ Male or Female_____
Last First Middle
Date of Birth_____ City, State or Country of Birth_____
If born out of the Country, what was the date when the child first entered the US? _____

Home Address_____Zip_____
Where is student currently living? _____Shelter _____ Hotel/Motel _____ Temporary Situation

_____ With parents in another families residence _____ In rental\permanent housing with parents

Ethnicity: Black_____ White _____ Asian ____ American Indian/Alaskan____ Native Hawaiian _____
Hispanic_____ (If Hispanic AND more than one race please check following Black,____ White_____
Asian_____ American Indian or Alaska Native____ Native Hawaiian _____)

Has Student received services in: Remedial Reading_____ Remedial Math_____
Student has an Individual Educational Plan_____ Student **has a 504 Plan_____**
Has Student received services as: Gifted and Talented Student is English as a second language

Father's Name_____

Address (if different from above) _____

Place of Employment_____Work Phone_____

Home Phone_____ Cell Phone _____

Mother's Name_____

Address (if different from above) _____

Place of Employment_____Work Phone_____

Home Phone_____ Cell Phone_____

Guardian's Name_____Cell _____

Address_____ Home Phone_____

Sibling Information:

Name	Date of Birth	Male/Female	School

Has student attended Schenectady Schools before? _____If yes where_____

Child lives with: Both Parents _____ One Parent_____(specify)_____ Guardian_____
Are there any Custody Issues? _____ If yes, please specify_____
Emergency Information Name_____Phone_____
Last School Attended_____Address_____
Date registered_____ by_____