

**OFFICE USE ONLY**

**CUMULATIVE FOLDER INFORMATION**

Student Number: \_\_\_\_\_ Registration Date: \_\_\_\_\_ Time: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address Cell: \_\_\_\_\_ Address School Assignment: Elementary: \_\_\_\_\_ Middle School: \_\_\_\_\_

**PRIMARY HOUSEHOLD PARENT / GUARDIAN INFORMATION**  
**(Only list those adults currently living in the household with the child(ren) listed on page 2)**

**1. Father / Male Guardian / Other Adult Male:** \_\_\_\_\_

Living in the household with the child listed above

*Last Name*

*First Name*

*Middle Name*

Relationship to child(ren) listed on page 2 \_\_\_\_\_

Work Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_ Pager Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

**2. Mother / Female Guardian / Other Adult Female:** \_\_\_\_\_

Living in the household with the child listed above

*Last Name*

*First Name*

*Middle Name*

Relationship to child(ren) listed on page 2 \_\_\_\_\_

Work Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_ Pager Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Residential Address:** \_\_\_\_\_

House #

Street

Apt #

City

State

Zip

**Mailing Address:** (if different from above) \_\_\_\_\_

Home Phone Number \_\_\_\_\_

**ALL CHILDREN LIVING IN PRIMARY HOUSEHOLD UNDER THE AGE OF 21**

Last Name	First Name	Middle Name	SEX M/F	Date of Birth	Name of School	Grade	Student ID # (office use only)

Is English the only language spoken at home? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, what other language does your family speak? \_\_\_\_\_ Is your child bilingual? Yes \_\_\_\_\_ No \_\_\_\_\_

**NON-HOUSEHOLD PARENT: If dad or mom is not residing in the primary household, please list their information below.**

Relationship to child(ren) listed above \_\_\_\_\_  
*Last Name* *First Name* *Middle Name*

Home Phone: \_\_\_\_\_ Home Address: \_\_\_\_\_

Work Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_ Pager Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Any **legal** custodial restrictions? No \_\_\_\_\_ Yes \_\_\_\_\_ **If yes, please attach court documents.**

***Important Note Regarding Release of Students from School:***

*The school district shall presume that either parent of a student has authority to obtain the child's release from school. However, a student shall not be released to a non-custodial parent if the district has been provided with a certified copy of a legally binding instrument, such as a court order or decree of divorce, separation or custody, that indicates the non-custodial parent does not have the right to obtain such release.*

Student's Name: \_\_\_\_\_ Student's ID # \_\_\_\_\_  
Last First Middle

**Student Racial and Ethnic Identification as specified by the NYS Dept. of Education**

1. **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

2. **Select one or more races from the following five racial groups**

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. e.g. Cherokee, Mohawk, Inuit.

ASIAN: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for 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.

Child's Place of Birth: \_\_\_\_\_

City of Birth

State of Birth

Was your child born **outside** the United States? No \_\_\_\_\_ Yes \_\_\_\_\_ If Yes, please answer questions below

What country was your child born in? \_\_\_\_\_ Date of initial entry into the United States: \_\_\_\_\_

Date child first entered U.S. schools: \_\_\_\_\_ Number of years in school **outside** the US: \_\_\_\_\_

Did your child previously attend the Shenendehowa Central School? No \_\_\_\_\_ Yes \_\_\_\_\_

If Yes: Name of Shenendehowa School last attended \_\_\_\_\_ Date Left \_\_\_\_\_

Name of Last School Child Attended \_\_\_\_\_

Address and Phone Number \_\_\_\_\_

Has your child ever repeated a grade? No \_\_\_\_\_ Yes \_\_\_\_\_ If Yes, which grade(s): \_\_\_\_\_

Date Entered 9<sup>th</sup> Grade: July 1, \_\_\_\_\_ (High School Students Only)



Student's Name: \_\_\_\_\_ Student's ID # \_\_\_\_\_  
Last First Middle

**Parent Statement:**

I certify that the above information is true and correct. Any misinformation regarding residency may result in being billed to cover the cost of instruction and/or exclusion from attending the Shenendehowa Central School District.

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

The student information we enter and maintain in Shenendehowa's electronic Student Information System is used for many purposes. Please be aware that when an adult who is not a parent or legal guardian resides with a student's family, and is included in the student's permanent record, it is assumed we have the parent's permission to discuss academic, disciplinary and other student matters with that adult. In addition, "other adult in household" may be contacted in emergencies. Therefore non-parent/legal guardian adults should not be included on the registration form unless you agree with the above and sign the statement below.

Our schools maintain separate Emergency Contact information and you may indicate any adult of your choosing to be contacted should an emergency occur and you cannot be reached.

When/if any of the information you are providing changes, please inform your child's school in order to ensure we have the most up-to-date information on file.

By signing below, you are agreeing that the non-parent/legal guardian may be contacted regarding your child.

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

Print Name Here: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_