

**Mohonasen Central School District**  
**New Student Registration Form- (Please Print)**

**Foreign Exchange Student: Yes/No** Country: \_\_\_\_\_ Homeroom \_\_\_\_\_ Bus # \_\_\_\_\_

**Student Data:**

Student ID Number \_\_\_\_\_  
Student Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Schenectady, NY Zip: \_\_\_\_\_  
Date at address: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mailing Address, if different:  
\_\_\_\_\_  
\_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_\_  
Grade at Entry: \_\_\_\_\_ School: \_\_\_\_\_  
Phone # \_\_\_\_\_  
Emergency Phone # \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Country of Birth: \_\_\_\_\_  
Student lives with (Check all that apply):  
 Mother  Father  
 Step-Mother  Step-Father  
 Foster Parent (**Attach DSS Form**)  
 Other

**Family Data:**

Parent/Guardian: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Home Phone #: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Business Phone #: \_\_\_\_\_  
  
Alternate Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone #: \_\_\_\_\_

**Special Needs of Child:**

Is your child identified by the Committee on  
Special Education?  
 Yes  No  
  
Does your child have a 504 Plan?  
 Yes  No

Other relevant student information:

Spouse/Other: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Home Phone #: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Business Phone #: \_\_\_\_\_  
  
Any legal custodial restrictions?  
 Yes  No

**\*If yes, please attach court document\***

**Previous Information – MUST BE FILLED OUT**

Previous Address: \_\_\_\_\_

Previous Phone #: \_\_\_\_\_

Prior Guardianship (if applicable): \_\_\_\_\_

Previous School Attended with name of district: \_\_\_\_\_

Other schools attended (if at prior school less than 3 years): \_\_\_\_\_

Has the child ever repeated a grade? \_\_\_ Yes \_\_\_ No - If yes, which grade: \_\_\_\_\_

Has the student ever attended Mohonasen CSD before? \_\_\_ Yes \_\_\_ No - If yes, when \_\_\_\_\_

**Other Children in the Home:**

Name	Sex	Date of Birth	Grade	School

**Other Members of Household with Relationship:**

**Proof of Residency:**

**One of the following:**

School Taxes \_\_\_\_\_; Lease Agreement \_\_\_\_\_; Notarized Statement from District Resident w/ Residency Verification \_\_\_\_\_ (This must also include 2 Notarized Affidavits)

**And At least two of the following:**

Current Paycheck \_\_\_\_\_; Insurance Bills (Homeowner/Renter) \_\_\_\_\_; Utility Bills (specify) \_\_\_\_\_; Vehicle Registration \_\_\_\_\_; Bank Statement \_\_\_\_\_; Post Office – Change of Address \_\_\_\_\_

Other \_\_\_\_\_; Other \_\_\_\_\_

**Parent Statement:** I certify that the above information is true and correct. Any misinformation regarding residency may result in being billed as tuition paying students or exclusion from attending Mohonasen Central Schools.

\_\_\_\_\_  
Parent Signature

Date \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_  
Registered By

Date \_\_\_/\_\_\_/\_\_\_

Date Student is expected to begin: \_\_\_/\_\_\_/\_\_\_

Copy Distribution: Folder, Attendance Office, PPS (as needed), and Transportation Office