

Mohonasen Central School District

New Student Registration Form- (Please Print) School Year 2014-15

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: _____

Student lives with (Check all that apply):

- Mother Father
 Step-Mother Step-Father
 Foster Parent (**Attach DSS 2999 form**)
 Other _____

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:

Family Data:

Parent/Guardian: _____

Relationship to Child: _____

Address: _____

Home Phone #: _____

Cell Phone #: _____

Occupation: _____

Employer: _____

Business Phone #: _____

Alternate Contact: _____

Relationship to Child: _____

Address: _____

Phone #: _____

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:

Office Use Only

Proof of Residency:

One of the following:

School Taxes /Deed / Mortgage Statement _____; 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: ___/___/___