

CHITTENANGO CENTRAL SCHOOLS

Phone (315) 687-2854
Fax (315) 687-2851

**STUDENT
REGISTRATION FORM**

1732 Fyler Road
Chittenango, NY 13037

Date	Grade	Bldg
Student Name <small>(Last, First, Middle)</small>	Date of Birth	
Gender M F	Age	
Is this student a foster child? Y N	If yes, DSS2999 form required	

Address Information	
Student's Address	
City, State, Zip	Student's Home Phone
Date Moved In (mm/dd/yyyy)	
Is this address a temporary living arrangement? Y N	
If address is temporary, is this due to loss of housing or economic hardship? Y N	

Please list all siblings living in the home (include pre-school aged children)		
Name (Last, First, Middle)	Date of Birth (mm/dd/yyyy)	Grade Level

Name, address, and phone number of last school attended	
Last School's Name	Grade
Address	Phone
Has student previously attended school in NYS? Y N	
Has student previously attended Chittenango CSD? Y N	
Has child been retained? Y N	If yes, what grade?
Is child receiving special education services or other educational services? Y N	

Dominant Language spoken in the home		
<input type="checkbox"/> English	<input type="checkbox"/> Russian	<input type="checkbox"/> Spanish
<input type="checkbox"/> Portuguese	<input type="checkbox"/> German	<input type="checkbox"/> French
<input type="checkbox"/> Chinese	<input type="checkbox"/> Dutch	<input type="checkbox"/> Japanese
<input type="checkbox"/> Other (please specify):		

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**PARENT/GUARDIAN
INFORMATION FORM**

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Parent/Guardian Information (PARENT 1 WILL BE CONTACTED FIRST)		
Parent 1 Name (Last, First)	Has Custody? <input type="checkbox"/>	Student Lives With? <input type="checkbox"/>
Relationship to Student	Pick up from School? <input type="checkbox"/>	Receives Mailings? <input type="checkbox"/>
Physical Address		
Address	Home Phone	
City, State, Zip	Cell Phone	
E-mail address		
Mailing Address (if different from physical address)		
Mailing Address		
Mailing City, State, Zip		
Employer		
Occupation	Work Phone	
Notes		

Parent/Guardian Information (PARENT 2 WILL BE CONTACTED SECOND)		
Parent 2 Name (Last, First)	Has Custody? <input type="checkbox"/>	Student Lives With? <input type="checkbox"/>
Relationship to Student	Pick up from School? <input type="checkbox"/>	Receives Mailings? <input type="checkbox"/>
Physical Address (if same as parent 1, please check box) <input type="checkbox"/>		
Address	Home Phone	
City, State, Zip	Cell Phone	
E-mail address		
Mailing Address (if different from physical address)		
Mailing Address		
Mailing City, State, Zip		
Employer		
Occupation	Work Phone	
Notes		

**EMERGENCY
CONTACTS FORM**

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WE WILL CONTACT PARENTS 1 & 2 FIRST. IN THE EVENT THAT PARENTS CANNOT BE REACHED, PLEASE LIST EMERGENCY CONTACTS IN THE ORDER YOU WANT THEM CALLED.

Emergency Contacts		
Contact 3 Name (Last, First)	Has Custody? <input type="checkbox"/>	Student Lives With? <input type="checkbox"/>
Relationship to Student	Pick up from School? <input type="checkbox"/>	Receives Mailings? <input type="checkbox"/>
Physical Address		
Address	Home Phone	
City, State, Zip	Cell Phone	
E-mail address	Work Phone	
Notes		

Emergency Contacts		
Contact 4 Name (Last, First)	Has Custody? <input type="checkbox"/>	Student Lives With? <input type="checkbox"/>
Relationship to Student	Pick up from School? <input type="checkbox"/>	Receives Mailings? <input type="checkbox"/>
Physical Address		
Address	Home Phone	
City, State, Zip	Cell Phone	
E-mail address	Work Phone	
Notes		

Sitter Information (Chittenango District Only - Transportation Purposes)	
Sitter Name (Last, First)	Phone
Address	
Pick up Address (TO SCHOOL) (Please designate days)	
Drop off Address (FROM SCHOOL) (Please designate days)	

Parent/Guardian Signature	Date
Print Name	