

STUDENT INFORMATION FORM


 Birth Certificate

 Immunization

 Residency

New District Entrant:	Transfer from:	Change of:	Withdrawal:
Has student previously attended Massena Central Schools? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Jefferson <input type="checkbox"/> Madison <input type="checkbox"/> Nightengale <input type="checkbox"/> Trinity Catholic	<input type="checkbox"/> Name <input type="checkbox"/> Guardianship <input type="checkbox"/> Address/Phone <input type="checkbox"/> Other: _____	<input type="checkbox"/> Moved Out Of District <input type="checkbox"/> Home Schooling <input type="checkbox"/> Drop Out <input type="checkbox"/> Other: _____
Start Date: _____	Start Date: _____	Start Date: _____	End Date: _____

Student Information	Student ID # (District Use Only): _____
Legal Name: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> <i>Last</i> <i>First</i> <i>Middle</i> </div>	
Date of Birth: _____ Place of Birth: _____ <i>* Birth Certificate must be provided for verification</i>	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Anticipated Year of Graduation: _____	
Ethnicity: (Choose ONE)	
<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White/Caucasian	
Legal Custody is held by: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both Other: _____	
Are custody papers on file with the school? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Student Residence	Other Parent/Guardian Residence
Student lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Care <input type="checkbox"/> Other: _____	<input type="checkbox"/> Should this person(s) receive mailings? <input type="checkbox"/> Does this person(s) have permission to pick up the student?
Parent/Guardian(s) at this Residence: _____	Parent/Guardian(s) at this Residence: _____
Street Address: _____	Street Address: _____
Mailing Address: <i>(if different)</i> _____	Mailing Address: <i>(if different)</i> _____
Home Phone Number(s): (Example: 999-999-9999)	Home Phone Number(s): (Example: 999-999-9999)
Cell Phone Number: _____	Cell Phone Number: _____
Work Phone Number (with extension): _____	Work Phone Number (with extension): _____
E-mail address: _____	E-mail address: _____

Do any of the children living in the home attend special classes or receive other education services: (speech, reading, resource room, etc.)? Yes No

Please describe special health problems, handicaps, or special needs for any family members.

Please describe any unusual pre-natal conditions you experienced with your child.

Was your child's birth premature? Yes No

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Is your current address a temporary living arrangement?

Yes No

Is it with another family or person because of loss of housing or economic hardship? Yes No

If you answered YES to the above living arrangement questions: Where is the student presently living: *(Check one box)*

Hotel/Motel With more than one family in a house/apartment In a shelter Moving from place to place
 In a place not designed for ordinary sleeping accommodations such as a car, park, campsite, train, or hotel/motel Other

What is the Home Language of each parent/guardian? Mother _____ Father _____
specify specify
 Guardian(s) _____
specify

Last School Attended *(for new entrants only)*

School Name: _____

Address (if known): _____

City/State: _____

Phone (if known): _____

Date Last Attended _____

Last Grade Completed: _____

Child's sister(s), brother(s), and other person(s) living in the home:

<u>Name</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>School/Grade</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Unless I provide the Massena Central School District with a written request indicating otherwise I give permission for the school district to use my child's picture in the school where my child is enrolled (i.e. bulletin boards, newsletters, class pictures, videotapes) and within my community (i.e. television, newspaper, District website, etc.)

I attest that the information completed by me on this form is current, true, and accurate.

Signature of Parent/Guardian

Date