

# REGISTRATION FORM

Manchester-Shortsville Central Schools  
Shortsville, New York 14548-9502

Building Codes: 001 = Elementary 002 = Middle/High

Attendance Code: 01 Other \_\_\_\_\_

## STUDENT INFORMATION: (Note: This form needs to be completed for each child attending school.)

<b>Student's Full Name:</b>		<b>Grade Entering:</b>
<b>Birth Date:</b>	<b>Nickname:</b>	<b>SEX: M or F</b>
	<b>Proof of Age: YES / NO</b>	<b>Birthplace:</b>

## FAMILY INFORMATION:

<b>Student's Address:</b>		<b>Phone:</b>
<b>Birth Father's Name:</b>	<b>Occupation:</b>	<b>Father's Home Phone:</b>
<b>Address:</b>		<b>Father's Employer:</b>
<b>Email Address:</b>	<b>Cell Phone #</b>	<b>Father's Work Phone:</b>
<b>Birth Mother's Name:</b>	<b>Occupation:</b>	<b>Mother's Home Phone:</b>
		<b>Mother's Maiden Name:</b>
<b>Address:</b>		<b>Mother's Employer:</b>
<b>Email Address:</b>	<b>Cell Phone #</b>	<b>Mother's Work Phone:</b>
<b>Step Father's or Guardian's Name:</b>	<b>Step Mother's or Guardian's Name:</b>	<b>Other children in household:</b>
_____	_____	<b>Name</b> _____
<b>Address:</b> _____	<b>Address:</b> _____	<b>Birth Date</b> _____
_____	_____	<b>Name</b> _____
<b>Home Phone:</b> _____	<b>Home Phone:</b> _____	<b>Birth Date</b> _____
<b>Cell Phone:</b> _____	<b>Cell Phone:</b> _____	<b>Name</b> _____
<b>Occupation:</b> _____	<b>Occupation:</b> _____	<b>Birth Date</b> _____
<b>Employer:</b> _____	<b>Employer:</b> _____	<b>Name</b> _____
<b>Work Phone:</b> _____	<b>Work Phone:</b> _____	<b>Birth Date</b> _____
<b>Email Address:</b> _____	<b>Email Address:</b> _____	<i>Other people in household:</i>
<b>School Transferring From:</b>	<b>Emergency Information: Who should be called if no one is home?</b>	
<b>Name:</b> _____	<b>Name:</b> _____	
<b>Address:</b> _____	<b>Address:</b> _____	
_____	_____	
<b>Phone #:</b> _____	<b>Phone #:</b> _____	
<b>Guidance Counselor Name:</b>	<b>Relationship to Student?</b>	<b>Did student attend any special programs at the last school attended? (BOCES, Extra Reading, Math?)</b>
<b>Sitter's Name:</b>	<b>Address:</b>	<b>Phone #:</b>

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(please complete reverse)

**ENROLLMENT FORM - STUDENT RACIAL & ETHNIC IDENTIFICATION**  
**Manchester Shortsville Central School District**  
1506 Route 21, Shortsville, NY 14548

SCHOOL YEAR \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

STUDENT NAME \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

**DIRECTIONS TO PARENT/GUARDIAN: PLEASE ANSWER BOTH QUESTIONS 1 & 2\***

Please check only one (1) box in Section 1.

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

Select one or more races from the following five (5) racial groups in Section 2.

2. Please check all boxes that apply to your child; check at least one (1) box.

- AMERICAN INDIAN OR ALASKA NATIVE:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- 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 OR AFRICAN AMERICAN:** 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.

\_\_\_\_\_  
Print name of Parent, Guardian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*Such information shall not be used for enrollment purposes or to deny resident students a  
Free Appropriate Education