



District Office
 4 Sabre Drive, Schenectady, NY 12306
 Phone: (518) 355-9200
 Fax: (518) 355-9203
 www.schalmont.org

For office use only

Registration Date: _____
 Student ID: _____
 Assigned Advisor/HR/Counselor: _____

NEW STUDENT REGISTRATION FORM

Student Information

Student's Name _____ Gender M / F Date of Birth _____ School _____ Grade/HR _____
 Household Address (House #, Street, City, State, Zip, Apartment or Lot#)
 (No P.O. Boxes) _____
 Mailing Address (If Different) _____

Priority Household Phone Number: _____

Is this student a foster child? Yes No If yes, attach LDSS2999 Form.
 Year Student First Entered 9th Grade (HS only) _____

Previous Enrollment Information

Former Address (House #, Street, City, State, Zip, Apartment or Lot#)

 Former School _____
 Has this student previously attended Schalmont Schools? Yes No If yes, when? _____ School _____

Parent/Guardian Information

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Parent/Guardian Name _____ Relationship to Student _____ Legal Guardian: <input type="checkbox"/> Yes <input type="checkbox"/> No Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Address (if different from household) _____ Occupation _____ Active Duty Military <input type="checkbox"/> Yes <input type="checkbox"/> No Employer _____ Employer Address _____ Phone/Email: Work _____ Cell: _____ Home _____ Email: _____ | Parent/Guardian Name _____ Relationship to Student _____ Legal Guardian: <input type="checkbox"/> Yes <input type="checkbox"/> No Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Address (if different from household) _____ Occupation _____ Active Duty Military <input type="checkbox"/> Yes <input type="checkbox"/> No Employer _____ Employer Address _____ Phone/Email: Work _____ Cell: _____ Home _____ Email: _____ |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Siblings (use additional paper if necessary)

| Brother/Sister's Name | Date of Birth | School | Grade |
|-----------------------|---------------|--------|-------|
| | | | |
| | | | |
| | | | |

Emergency Contacts

| Name/Relationship to Student | Address | Phone Number | Relationship to Student |
|------------------------------|---------|--------------|-------------------------|
| | | | |
| | | | |

Other Information

Home Language _____ Received English as a Second Language Services? _____ Yes _____ No If yes, how many years of ESL _____

Ethnic Group: Please Circle **ONE**:
(Required by "No Child Left Behind" Federal Legislation)

Is the student Hispanic, Latino or of Spanish origin?

Yes No

Circle one or more races from the following racial groups:

Select at least one racial box.

- American Indian or Alaskan Native
- Asian
- African American (Black)
- Caucasian (White)
- Native Hawaiian or other Pacific Islander

Health Information

Please list any medications taken daily or as needed at home or school:

Are immunizations up-to-date? Yes No

If not, were immunization requirements waived due to:

- Medical exemption (attach documentation)

Special Education and Academic Intervention (Remediation) Services

Is your child identified by the Committee on Special Education? Classification _____

Has your child received:

- Speech and Language
- Occupational/Physical Therapy
- Consultant/Resource room Teacher
- Self-Contained Classroom
- BOCES Placement - Where? _____
- Academic Intervention Services (Remediation) in Math Reading Other _____

(For Office Use Only)

Proof of Residency Displaying Household Address

Required **ONE** from the following:

- For family living with family: Notarized statement from district resident and proof of residency below
- Purchase/lease agreement/rent receipt
- Tax bill (school /property)

And **ONE** from the following:

- Driver's license, learner's permit
- Income tax form
- Pay stub
- Voter registration card
- Bank statement
- Car Insurance
- Phone bill with household parent's name/address
- Utility bill with household parent's name/address
- Birth certificate or passport
- Custody papers
- Health Records
- Last Report Card
- Special Education (IEP & Psychological Testing)

Parent/Guardian Statement:

I certify that the above information is true and accurate. Any misinformation regarding residency may result in being billed as a tuition-paying student or exclusion from attending the Schalmont Central School District.

Parent/Guardian Signature _____ Date _____