

Building: _____

SOUTH LEWIS SCHOOL DISTRICT
ENROLLMENT FORM

Date Registering: _____

Student Name: _____ Birthdate: _____
First Middle, Last

Nickname: _____ Gender: Male Female

Physical Address: _____

Mailing Address: _____

DOB Verified By:
 Birth Certificate
 Baptismal Record
 Other _____

Residency Verified By:
 Deed, Mortgage, Lease
 Driver's License
 Utility or Other Bill
 Statement from Landlord
 Other _____

Child Resides With (Circle One): Mother / Father / Both Parents / Other Guardian / Foster Parent

Guardianship Verified By:
 Court Order
 Other _____

Guardian's Name: _____ Home Phone: _____

Relation to Student: _____

Address: _____ Cell Phone: _____

If Different Than Student

Work Phone: _____

Receives Mailings
 Yes No

Email Address: _____

Currently Military: Yes No If no, do you work for the military Yes

Guardian's Name: _____ Home Phone: _____

Relation to Student: _____

Address: _____ Cell Phone: _____

If Different Than Student

Work Phone: _____

Receives Mailings
 Yes No

Email Address: _____

Currently Military: Yes No If no, do you work for the military Yes

Are there any custody issues we should be aware of? Yes No

You are responsible for providing us with court documents to verify this information in order for us to enforce this.

Notes: _____

If the student is placed in Foster Care, what is the DSS Contact?

Name: _____ County: _____ Phone Number: _____

Emergency Contact(s): We will contact these people if there is an emergency or illness, and we are unable to contact the guardians.

1. Name: _____ Address: _____

H: _____ C: _____ W: _____ Permission to Sign Out Yes No

2. Name: _____ Address: _____

H: _____ C: _____ W: _____ Permission to Sign Out Yes No

3. Name: _____ Address: _____

H: _____ C: _____ W: _____ Permission to Sign Out Yes No

4. Name: _____ Address: _____

H: _____ C: _____ W: _____ Permission to Sign Out Yes No

Student Name: _____

All Children Residing in the Same Home:

Name:	Date of Birth:	Gender:	Grade:
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____

MEDICAL

_____ Immunization Record (Nurse's File) First Polio Inoculation: _____

ENROLLMENT

Last School Attended: _____
Name, Address, Phone Number

Date of Entry into 9th Grade: _____

For School Personnel to Complete:

_____ Regular Enrollment _____ Out of District _____ Other _____

_____ 5905 CSE Responsibility Only _____ Child Resides In Another District, But is Attending South Lewis _____

_____ IEP (Individualized Education Plan) _____ 504 Plan

Grade: _____ Homeroom: _____ Start Date: _____

By completing this form you are now eligible to be enrolled in South Lewis Central School District. **Welcome!** You will have up to 5 business days to provide the documentation for the verifications required on page 1 to prove: age, residency, and guardianship. You will now need to complete the packet of items with further information we are required to collect per NYS regulations and to ensure we meet the needs of each student:

- *Enrollment Form – Residency Questionnaire
- *Eligibility Screen for Migrant Education Services
- *Authorization to Release Student Information
- *Home Language Questionnaire and Immigrant Information
- *Ethnic/Racial Identification

I attest that the information provided on this form is true and complete to the best of my ability. I understand that if information changes on this form throughout the year, I shall provide up-dated information to the main office.

Guardian's Name (print): _____

Signature: _____ Date: _____