FOR OFFICE USE ONLY: *Student ID Number: _____ First Date of Attendance: _____*
____ Proof of Age ____ Proof of Residency _____ Immunizations ____ Physical ____ Transportation ____ School Records
Other: _____

ASSIGNMENTS: Homeroom: _____ Counselor:_____ Other: _____

WESTHILL CENTRAL SCHOOL DISTRICT REGISTRATION FORM- B

All students between 5 and 21 years of age have the right to a free public education. Children may not be refused admission because of race, color, creed or national origin, gender, citizenship, disability or immigration status.

_____ _____
Complete Legal Name of Student *(Last, First, Middle)* Nickname *(if applicable)*
For example, "Joey" instead of Joseph

Date of Birth: _____ Age:_____ Grade Entering: _____ Gender: ☐ Male ☐ Female

Home Address: _____ Home Phone: (____)_____

This housing section is required by the U.S. Congress McKinney-Vento Homeless Assistance Act

Student lives:

In permanent housing: House

In permanent housing: Apartment

In a shelter

With another family or other person because of loss of housing or as result of economic hardship (doubled-up)

In a hotel/motel

In a car, park, bus, train, or campsite

Other temporary living situation (Please describe):

Does this household have internet access? Yes No Student Cell Phone *(if applicable):* (____)_____

This two-part ethnicity/race section is required by the U.S. Department of Education

Part 1: Is your child's ethnicity 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

Part 2: Select one or more races from the following five racial groups. Check all groups that apply to your child - check AT LEAST ONE box.

American Indian or Alaskan Native: A person having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition, for example Mohawk, Cherokee, Inuit.

Asian or Pacific Islander: 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, 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: 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.

What language does the student primarily speak? English Other *(please specify)* _____

What language(s) is(are) spoken in the home? English Other *(please specify)* _____

Has Your Child Ever Repeated a Grade? Yes No

If yes, in which grade(s)? _____

English as a New Language Information ENL (formerly ELL)

Is your child receiving ENL services? Yes No

If yes, how many minutes per day? 1 hour per day 45 minutes per day 2 periods per day 1 period per day

Has your child received ENL services in the past? Yes No

If yes, in what grade? _____

Academic Intervention Services Information (AIS)

Is your child receiving AIS for any academic area? Yes No

If yes, in what subject area? Please check all that apply: Reading Math Science Social Studies

Has your child received AIS services in the past? Yes No If yes, when? _____

If yes, in what subject area? Please check all that apply: Reading Math Science Social Studies

Special Educational Information

Is your child receiving special education services now? Yes No If yes, please check all that apply:

Speech
OT (Occupational Therapy)
PT (Physical Therapy)
Special Education Teacher Support
Counseling
Other _____

Has your child received special education services in the past? Yes No

If yes, please check all services your child has received in the past and indicate the date or grade:

Speech - Date/Grade:_____
OT (Occupational Therapy) - Date/Grade:_____
PT (Physical Therapy) - Date/Grade:_____
Special Education Teacher Support - Date/Grade:_____
Counseling - Date/Grade:_____
Other _____

Do you have any concerns about special needs for your child? Yes No

If yes, please explain: _____

Briefly describe your child in the space provided (interests, learning style, etc.):

SCHOOL TRANSFERRING FROM (if entering kindergarten, please list preschool or day care):

Name of School: _____ School Address: _____
School Phone Number: _____ School Fax Number:_____
School District:_____ Grade(s) & Date Last Attended:_____

PLEASE LIST ALL OTHER SCHOOLS WHICH YOUR CHILD HAS ATTENDED (use the back of this form, if needed):

Name of School: _____ School Address: _____
School Phone Number: _____ School Fax Number:_____
School District:_____ Grade(s) & Date Last Attended:_____

EMERGENCY CONTACTS (other than parents)

The following adults can be called in an emergency and are authorized to pick my child up from school in the event that the school is unable to reach one of the primary guardians.

1. Emergency Contact Name: _____ Relationship to student: _____

   Home Phone: (_____) _____ Work Phone: (_____) _____ Cell Phone: (_____) _____

2. Emergency Contact Name: _____ Relationship to student: _____

   Home Phone: (_____) _____ Work Phone: (_____) _____ Cell Phone: (_____) _____

3. Emergency Contact Name: _____ Relationship to student: _____

   Home Phone: (_____) _____ Work Phone: (_____) _____ Cell Phone: (_____) _____

4. Emergency Contact Name: _____ Relationship to student: _____

   Home Phone: (_____) _____ Work Phone: (_____) _____ Cell Phone: (_____) _____

SIBLINGS:

Age:	Name:	School Attending and Grade (if applicable):
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

HEALTH HISTORY:

Family Physician: _____ Phone # (____)_____ Date of last physical: _____

Dentist:_____ Phone # (____)_____ Date of last appointment: _____

Preferred Hospital: _____

Have you ever suspected that your child might have a hearing problem? Yes No
Has it been tested? Yes No What was recommended? _____

Have you ever suspected that your child might have a vision problem? Yes No
If yes, has he/she been to an eye specialist? Yes No What was recommended? _____

Has your child had any other screening or evaluation (speech, orthopedic, neurologic, etc.)? Yes No
If yes, when? _____ What were the results? _____

Does your child have any known allergies? Yes No If yes, please list _____
_____

Were there any problems at birth? Yes No If yes, what? _____

Has your child been hospitalized at all since birth? Yes No Date: _____
Reason: _____

Has your child had any other serious injury? _____

Please check any of the following your child has had:

- ☐ Allergies
- ☐ Anemia
- ☐ Asthma
- ☐ Chicken Pox
- ☐ Convulsions/Seizures
- ☐ Dental Problems
- ☐ Depression
- ☐ Other: _____
- ☐ Diabetes
- ☐ Difficulty Sleeping
- ☐ Eczema
- ☐ Encopresis (soiling)
- ☐ Enuresis (wetting)
- ☐ Extreme Activity/Restlessness
- ☐ Fractures
- ☐ Frequent Colds/Sore Throats
- ☐ Frequent Ear Infections
- ☐ Glasses/Contact Lenses
- ☐ Head Injury
- ☐ Hearing Problems
- ☐ Heart Murmur/Defect
- ☐ Kidney Disease
- ☐ Lead Poisoning
- ☐ Operations
- ☐ Pneumonia
- ☐ Rheumatic Fever
- ☐ Serious Injury
- ☐ Temper Tantrums
- ☐ Tuberculosis (or contact)
- ☐ Urinary Tract Infection
- ☐ Vision Problem

Is your child on medication? Yes No Name of medication(s):_____

Are there any health restrictions? Yes No If yes, please explain: _____

Is there anything else that you would like the school/teacher to know about your child?

I UNDERSTAND THAT PROOF OF NYS REQUIRED IMMUNIZATIONS FOR POLIO, MUMPS, MEASLES, DIPHTHERIA, HEPATITIS, AND RUBELLA IS REQUIRED FOR ADMISSION TO SCHOOL. IF THERE IS A MEDICAL OR RELIGIOUS EXEMPTION, STATEMENTS OF SUCH MUST BE PRESENTED. FAILURE TO FILE EITHER PROOF OF IMMUNIZATION OR EXEMPTIONS WILL RESULT IN THE EXCLUSION OF THE PUPIL UNTIL SUCH TIME AS AN APPROPRIATE IMMUNIZATION STATEMENT IS SUBMITTED.

PERMISSION IS HEREBY GRANTED TO THE WESTHILL SCHOOL DISTRICT TO OBTAIN ALL HEALTH AND SCHOLASTIC RECORDS FROM THE ABOVE LISTED SCHOOL AS WELL AS TRANSFER RECORDS TO A NEW SCHOOL IN THE EVENT OF A MOVE TO ANOTHER DISTRICT OR STATE. I CERTIFY THAT THE INFORMATION PROVIDED IS ACCURATE TO THE BEST OF MY KNOWLEDGE AND THAT I HAVE LEGAL CUSTODY OF THE ABOVE NAMED CHILD.

Signature: _____ Date: _____