

**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

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) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Entering: \_\_\_\_\_ Gender:  Male  Female

Street Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ School Last Attended: \_\_\_\_\_

### **PARENT/GUARDIAN INFORMATION:**

Student lives with: Both Father & Mother Together Both Father & Mother Separately Mother Only Father Only  
Legal (court-ordered) Guardian(s): \_\_\_\_\_ Other Guardian(s): \_\_\_\_\_

Who has legal (court-ordered) custody: Both Father & Mother Jointly Mother Only Father Only Legal Guardian(s)

Or, who has custody (not court-ordered): Both Father & Mother Jointly Mother Only Father Only Guardian(s)

### **PARENT/GUARDIAN #1 - This person lives with the student at the student address given on the first page.**

Title: \_\_\_\_\_ Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone Number: (\_\_\_\_) \_\_\_\_\_

### **PARENT/GUARDIAN #2 - This person lives with the student at the student address given on the first page.**

Title: \_\_\_\_\_ Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone Number: (\_\_\_\_) \_\_\_\_\_

### **OTHER PARENT/GUARDIAN - (For divorced/separated parents). This person DOES NOT live at the student address given on the first page)**

Title: \_\_\_\_\_ Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone:(\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone Number: (\_\_\_\_) \_\_\_\_\_

Should this person receive report cards and other district mailings?  Yes  No (If no, then legal documentation must be submitted)

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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_