



**ALTMAR PARISH WILLIAMSTOWN CENTRAL SCHOOL DISTRICT**

CENTRAL REGISTRATION

639 County Route 22 • Parish, New York 13131

PHONE: (315) 625-5275

FAX: (315) 625-7952

School Name:

Student ID#

Bus#

**STUDENT ONLINE REGISTRATION (ADDITIONAL PAPERWORK)**

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Legal Last Name                      First                      MI

Male     Female

Mailing Address (if different): \_\_\_\_\_

PO Box or Street Name                      Apt. #                      City                      State                      Zipcode

Birth Place: \_\_\_\_\_

City & State (or Country)

Previous School Attended: \_\_\_\_\_

Name & Mailing Address

**PARENT / GUARDIAN INFORMATION**

Father     Step-Father     Legal Guardian     Foster Parent                       Mother     Step-Mother     Legal Guardian     Foster Parent

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Lives in Household:     Yes     No

Lives in Household:     Yes     No

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

ACTIVE MILITARY:     Yes     No

ACTIVE MILITARY:     Yes     No

Rank/Unit: \_\_\_\_\_

Rank/Unit: \_\_\_\_\_

**STUDENT EDUCATIONAL SERVICES**

Does your child currently have an IEP?                      \_\_\_ YES                      \_\_\_ NO

Does your child currently have a 504 Plan?                      \_\_\_ YES                      \_\_\_ NO

Has your child ever repeated a grade in school?    Grade \_\_\_                      \_\_\_ YES                      \_\_\_ NO

Check any services listed below that your child has received in the past school year:

\_\_\_ Remedial Math

\_\_\_ Occupational Therapy

\_\_\_ Remedial Reading

\_\_\_ Physical Therapy

\_\_\_ Speech

\_\_\_ School Counseling

\_\_\_ ESOL

\_\_\_ Counseling from an Outside Agency

If my child has an IEP, I give my permission to disclose information from my child's educational records to local, state, and federal agency representatives for the sole purpose of claiming Medicaid reimbursement for health and related support services which may be included in my child's IEP.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date