

Teacher 's Name: _____
Homeroom Teacher: _____

Argyle Central School District
5023 State Route 40, Argyle, NY 12809
REGISTRATION FORM



Students

Legal Name: _____ Date of Birth: _____ Birthplace: _____
First Middle Last

Address City State Zip Code Home Phone Cell Phone Sex Grade Start Date

Mailing Address (if different): _____ e-mail address: _____

Proof of Residency: _____ Language Spoken at Home: _____

Is the student Hispanic, Latino, or of Spanish origin? ☐ Yes ☐ No Other Language spoken at Home: _____

Does the student have a parent/guardian on active duty in the Armed Forces? ☐ Yes ☐ No

Racial Group (Check all groups that apply to your child): ☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander
☐ Asian ☐ Black or African American ☐ White

Proof of Birth: _____ Birth Certificate Has your child ever attended Argyle? _____ Last date your child was in attendance at previous school: _____

*Order of Protection _____ (*If an order of protection exists, it must be submitted to building principal at time of student enrollment.)

<i>Please list below all previous schools attended, including preschool</i>						
<i>School Name</i>	<i>Year</i>	<i>Grade</i>	<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

Are both parents living at home? _____ Who has legal custody? _____ (*Please supply custody/guardianship papers)

<i>Name</i>	<i>Home Address/Phone (If different)</i>	<i>Employer</i>	<i>Work Phone</i>	<i>Work Hours</i>
Mother				
Father				
Stepparent				
Legal Guardian				

***A "Bus Change" must be submitted before transportation to the Babysitter/Day Care can be provided.

Are there any problems/health matters we should be aware of to transport your child safely? _____

[Continued on the Reverse]

If it should be necessary to close school before 2:31 p.m., please have my child left at the following location (PLEASE BE SPECIFIC). PLEASE KEEP IN MIND THAT WE/YOUR CHILD IS NOT ABLE TO CALL YOU IN THE EVENT OF AN EMERGENCY DISMISSAL.

Emergency Contacts: Name a responsible party other than a parent or guardian who will transport your child home should the need arise (i.e., sent home for illness, discipline reasons, etc.).

<i>Name</i>	<i>Address</i>	<i>Relationship</i>	<i>Home Phone</i>	<i>Work Phone</i>

Is this a foster placement: ____ Yes ____ No If yes, name of county _____

If Yes, copy of DSS 2999 Form required

Brothers and Sisters (including preschool age students)

<i>Name (First, Middle, Last)</i>	<i>Sex</i>	<i>Birth Date</i>	<i>Living at Home</i>	<i>School Attending</i>	<i>Grade</i>

Has your child participated in any of the following programs?

Remedial (AIS) _____ Reading/Language Arts _____ Math _____

_____ My child has been identified for Special Education Services. Special Education Programs: (Please check appropriate programs)

_____ Consultant Services _____ Resource Room _____ Occupational Therapy _____ Special Class _____ Speech Therapy _____ Physical Therapy
_____ Bilingual Education _____ Counseling _____ Other _____ Does your child have an IEP (Individual Educational Plan)? ____ Yes ____ No

☐ Check here (and provide details) if student lives in a shelter, abandoned apartment/building, motel/hotel, camping ground, car, or train/bus station; if the student lives with relatives or others due to lack of housing or other similar situation; or if the student is temporarily housed in a shelter awaiting permanent foster care placement _____
(living arrangements).

If box is checked, please complete STAC-202 form. The answer you give will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act.

Signature of Parent or Guardian: _____ **Date:** _____