

**ELMONT UNION FREE SCHOOL DISTRICT
SCHOOL REGISTRATION FORM**

A HOME VISIT WILL BE CONDUCTED BEFORE THIS STUDENT'S ENTRANCE TO SCHOOL

1 I am requesting permission to have the following child admitted to the Elmont Union Free School District:

Date: _____ Home School: (AT), (CHC), (CA), (DB), (GA), (SM)
 Student's Name (Last, First, Middle) _____ Grade: _____ Gender: Male Female

_____ Last Name _____ First Name _____ Middle _____
 Address _____
 Home Phone () _____ Cell Phone () _____
 Date of Birth _____ Place of Birth _____
 Proof of Birth: _____ Original Birth Certificate _____ Baptismal Certificate _____ Other - _____

2 REQUIRED PARENT/GUARDIAN INFORMATION

Father/Guardian		Mother/Guardian
	Full Name	
	Address	
	Date & Place of Birth	
	Cell Phone Number	
	Place of Work	
	Work Address	
	Work Phone	
	Days/Work Time	

Please check all that apply:
 Natural Parent
 Legal Guardian
 Foster Parent
 Adoptive Parent
 Step Parent
 Other

Please check one:
 Married
 Living Together
 Divorced
 Separated
 Never Married

*If Divorced, Separated, Never Legally married or Legal Guardian, You **MUST** attach Certified Court Order and Affidavits C & D from the registration packet.*

Please check all that apply:
 Natural Parent
 Legal Guardian
 Foster Parent
 Adoptive Parent
 Step Parent
 Other

Please list all siblings (brothers and sisters)

Name _____	Date of Birth _____	School _____
Name _____	Date of Birth _____	School _____
Name _____	Date of Birth _____	School _____
Name _____	Date of Birth _____	School _____
Name _____	Date of Birth _____	School _____

3 General Student Information: Other Language Spoken in home (if any): _____

Last School Attended:	For Foster Children:
Name _____	Agency _____
Address _____	Address _____
City/State _____	City/State _____
Telephone _____	Telephone _____
Start Date _____ End Date _____	Caseworker _____
	Student CIN # _____

Special Education: No Yes *If yes, please provide a copy of the current IEP (Individualized Education Program)*
 Report Card (most recent) or Transfer Card Attached _____ Yes _____ No
 Student's last home address when in attendance at the previous school: Street _____
 Town _____ Telephone _____
 Name of parent/guardian at that previous address _____
 Has the student ever attended Elmont Public Schools? _____ No _____ Yes _____ When? _____

PLEASE REMEMBER TO COMPLETE, SIGN AND NOTARIZE THE BACK OF THIS PAGE

4] If the student is living with someone other than parent or legally appointed guardian give address and telephone number of any living natural parents/guardians in spaces below. If both parents are deceased, provide copies of death certificates.
_____ NOT APPLICABLE (check)

Name _____ Relationship _____
Address _____ Phone _____
Name _____ Relationship _____
Address _____ Phone _____

5] If the student is a foster child, foster parents must have a social worker sign and notarize this document. In addition, complete forms BSW-241 or DSS-2999.

Type of Education: _____ Regular _____ Special Education
School District of Residence _____

6] THE FOLLOWING QUESTIONS MUST BE ANSWERED WHEN APPLICATION FOR ADMISSION IS FILED BY PERSONS OTHER THAN A NATURAL PARENT.

a. Why is the child not living with his/her natural or adoptive parent?

b. Does the student live in your home exclusively? (Check One) Yes _____ No _____

c. Is this a temporary or permanent relationship? _____ Temporary _____ Permanent

d. How often will the natural parents see the child?

e. What percentage of financial support is made by natural parents?
Attach most recent tax form - _____ Form Attached

f. What percentage of financial support is made by you?
Attach most recent tax form - _____ Form Attached

NOTE: The school district retains the right to temporarily delay completion of this registration pending evaluation of the facts presented in this or any other portion of this application and a home visit has been completed by the school district.

I _____, being duly sworn deposes and says that under PENALTIES OF PERJURY, the statements contained in this application are true. I understand that the statements in this application are subject to verification by the school district and that false documentation and/or statements (RESIDENCY, GUARDIANSHIP) could subject my child to discharge in attendance and hold me responsible for transportation and/or tuition charges where applicable. I also understand that it is my responsibility to notify the school of any changes in circumstances affecting this application. **ANY FALSE STATEMENT MADE IN THIS APPLICATION IS ALSO PUNISHABLE AS A CLASS 'A' MISDEMEANOR OR PURSUANT TO SECTION 210.45 OF THE PENAL LAW.**

Print Name

Signature

Date

Sworn to before me
this _____ day of _____, 20 _____

Notary Public

Print Name

Signature

Date

Sworn to before me
this _____ day of _____, 20 _____

Notary Public