

Registration Date \_\_\_\_\_ Enrollment Date \_\_\_\_\_ Grade Registering \_\_\_\_\_ Student ID# \_\_\_\_\_

**SHOREHAM-WADING RIVER CENTRAL SCHOOL DISTRICT**

250 B Route 25A, Shoreham, New York 11786

631-821-8100 / Fax: 631-929-3001

**CENTRAL REGISTRATION FORM**

To all Building Principals / Secretaries: Upon receipt of this form please obtain the following additional information for each student listed and retain copies of each for your records

- 1. Birth Certificate
- 2. Immunization Records.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_  
SS # \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_  
SS # \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_  
SS # \_\_\_\_\_

Parents/Guardian \_\_\_\_\_

Home Address \_\_\_\_\_  
House # and Street \_\_\_\_\_ Town and Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work # \_\_\_\_\_

Previous Address \_\_\_\_\_

Previous Telephone # \_\_\_\_\_

Previous School District \_\_\_\_\_

Number of years child has attended school in the United States \_\_\_\_\_

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

**Office Use Only:**

The following proof of residence was submitted: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

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**REGISTRATION FORM**

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

City, State and Country of Birth \_\_\_\_\_

Nickname or name your child is accustomed to being called \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
House # and Street Town

Marital Status of Parents: ( ) married ( ) separated ( ) divorced ( ) widowed ( ) single

Mother's Name \_\_\_\_\_ Legal Guardian? Yes N

Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_

Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

E-mail Address (home) \_\_\_\_\_

Father's Name \_\_\_\_\_ Legal Guardian? Yes N

Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_

Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

E-mail Address (home) \_\_\_\_\_

Other Children in Family	Grade	Date of Birth	Age	Sex
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Ethnic Identification:** Please answer question (1) and (2). Please read them before you respond.

For question (1) check (✓) the box that best describes your child. Check (✓) only ONE box.

1. **Is the student Hispanic, Latino or 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

2. Select one or more races from the following five racial groups. For question (2) check (✓) all groups that apply to your child: Check (✓) at least ONE box.

**American Indian or Alaska Native:** A person having origins in any of the original peoples of North America and who maintains cultural identifications through tribal affiliation or community recognition. e.g. Cherokee, Mohawk, Inuit.

**Asian:** A person having origins in any of the original peoples of the Far East, Southwest Asia, or the Indian subcontinent including for example, Cambodia, China India, Japan, Korea, Malaysia, Pakistan, The Philippines Islands, Thailand and 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.

Languages Spoken at Home \_\_\_\_\_

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

\_\_\_\_\_  
Date

Relationship to Student (please check one box below)

Mother

Father

Guardian

Other (Specify): \_\_\_\_\_

FAMILY INFORMATION SUPPLEMENT  
(Complete this form if parents live apart)

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
School

\_\_\_\_\_  
Date

**CUSTODIAL PARENT**

**NON-CUSTODIAL PARENT**

\_\_\_\_\_  
Last Name, First

\_\_\_\_\_  
Last Name, First

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Home Phone Cell/Work Phone

\_\_\_\_\_  
Home Phone Cell/Work Phone

**STEPPARENT (if applicable)**

**LEGAL GUARDIAN (if other)**

\_\_\_\_\_  
Last Name, First

\_\_\_\_\_  
Last Name, First

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Home Phone Cell/Work Phone

\_\_\_\_\_  
Home Phone Cell/Work Phone

***NOTICE: Parents have the responsibility of presenting a certified copy of any legally binding instrument effecting custody or other parental rights and, without one, the school will assume that both parents may see the child and that each parent has equal access to school records, reports, and conferences.***

\_\_\_\_\_  
Signature of Custodial Parent

\_\_\_\_\_  
Date

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**SPECIAL EDUCATION SERVICES**

IEP            Yes     No

504            Yes     No

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Previous School District: \_\_\_\_\_

I understand that this statement is being made under the penalties of perjury, in order that the student may be admitted to the Shoreham-Wading River Central School District as a district resident. I swear / affirm that these statements are true under the penalties of perjury, and I understand that the filing of a false instrument and the theft of services from a governmental agency such as a school district are crimes punishable under New York State Law. I further acknowledge that making false statements in this affidavit may subject me to criminal prosecution.

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

\_\_\_\_\_  
Date

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**ENROLLMENT FORM - RESIDENCY QUESTIONNAIRE**

Name of School: \_\_\_\_\_

Name of Student: \_\_\_\_\_  
Last First Middle

Gender:  Male  Female Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade: \_\_\_\_ ID#: \_\_\_\_  
Month Day Year (preschool-12) (optional)

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

**The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.**

**Where is the student currently living?** (Please check one box.)

- In a shelter
- With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
- In a hotel/motel
- In a car, park, bus, train, or campsite
- Other temporary living situation (Please describe): \_\_\_\_\_
  
- In permanent housing

\_\_\_\_\_  
**Print name** of Parent, Guardian, or Student (for unaccompanied homeless youth)

\_\_\_\_\_  
**Signature** of Parent, Guardian, or Student (for unaccompanied homeless youth)

\_\_\_\_\_  
**Date**

If the student is **NOT** living in permanent housing, **proof of residency** and other documents normally needed for enrollment **are not required** and the **student is to be immediately enrolled**. **After** the student has been enrolled, the district/school must contact the previous district/school attended to request the student's educational records, including immunization records, and the enrolling district's LEA liaison must help the student get any other necessary documents or immunizations.

**NOTE TO SCHOOLS/LEAS:** If the student is **NOT** living in permanent housing, please ensure that a Designation Form is completed.

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**FORMULARIO DE INSCRIPCIÓN – CUESTIONARIO DE RESIDENCIA**

Nombre de la Escuela: \_\_\_\_\_

Nombre del Estudiante: \_\_\_\_\_  
Apellido Primer Nombre Segundo Nombre

Género:  Hombre Fecha de Nacimiento: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grado: \_\_\_\_ ID#: \_\_\_\_  
 Mujer *Mes Día Año (jardín de infantes – 12) (opcional)*

Dirección: \_\_\_\_\_ Teléfono: \_\_\_\_\_

Su respuesta abajo permitirá al distrito escolar definir los servicios que puede aprovechar su hijo/hija según el Acto de McKinney-Vento. Los estudiantes elegibles tienen derecho a la inscripción inmediata en la escuela, aun si ellos no tienen los documentos necesarios tales como: prueba de residencia, documentos escolares, documentos de inmunización, o partida de nacimiento. Los estudiantes elegibles según el Acto de McKinney-Vento tienen además derecho al transporte gratuito y otros servicios que ofrece el distrito escolar.

¿Donde está el estudiante viviendo actualmente? (Por favor marque **una** caja.)

- En un refugio
- Con otra familia o otra persona debido a la pérdida del hogar o a dificultades económicas
- En un hotel/motel
- En un carro, parque, autobús, tren, o camping
- Otra vivienda temporal (Por favor describa): \_\_\_\_\_
- En un hogar permanente

\_\_\_\_\_  
Nombre de Padre, Guardián, o  
Estudiante (para jóvenes sin acompañamiento)

\_\_\_\_\_  
Firma de Padre, Guardián, o  
Estudiante (para jóvenes sin acompañamiento)

**Fecha**

Si el estudiante **NO** vive en un hogar permanente, **no se requieren prueba de domicilio** u otros documentos normalmente requeridos para inscripción y **el estudiante debe ser matriculado inmediatamente**. Después de que el estudiante sea matriculado, el distrito o la escuela debe pedir los documentos escolares, incluyendo los documentos de **inmunización**, al distrito o la escuela anterior. El enlace del distrito debe ayudar al estudiante conseguir cualquier otro **documento necesario o inmunización**.

**ATENCIÓN ESCUELAS Y DISTRITOS:** Si el estudiante **NO** vive en un hogar permanente, favor de asegurarse que una Formulario de Designación sea completado.