NIAGARA FALLS CITY SCHOOL DISTRICT STUDENT REGISTRATION FORM

Rev. 9/29/10

Rev. 9/29/10	FOR OFFICE USE ON	LY Roll Call	Homeroom #		
Date of Entry	Student ID Number	Number Teacher			
Child's					
Legal Name	First No.	First Name Middle Name			
Home Address		Apt. #	Zip		
	Sirth	-	_		
Special Education (If Yes, refer to PSA)	Yes No 504 Plan No (If no, citizen of w	Yes			
ESL: No (If yes, what is Native Language:)					
Parent E-Mail address for school contact					
Ethnicity (Check One) Hispanic/Latino Non-Hispanic/Latino	American India	Race (Check one or more, regardless of Ethnicity) American Indian or Alaska Native Black or African American Native Hawaiian or Other Pacific Islander			
Previously registered in the	Niagara Falls School System?	☐Yes ☐No			
Last School Attended	D	ate Left Gra	ide(s) Repeated		
Address of Last School (If NOT in Niagara Falls)	Street	City/State	Zip		
Phone Number of Last School	ol	Fax Numbe	r		
Student resides with: Both Parents Mother Father Other Legal/Custody Papers? Yes_ No					
If Other: Name and Relationship					
Mother's Name (if applicabl	e)	Home Pl	none		
Address (if different from st	udent)	Cell Pho	one		
Place of employment		Work Phone			
Father's Name (if applicable	.)	Home P	hone		
Address (if different from student)		Cell Phone			
Place of employment		Work Pl	none		
Student's Guardian's Name		Home P	hone		
Guardian's Address Cell I		Cell Pho	ne		
Place of Employment Work Phone (OVER)					

PERSON (S) TO BE CONTACTED IN CASE PARENT CANNOT BE REACHED (Please list 2)

(1)Name		Relationship	
Address			
Phone Number	Cell Phone		
(2)Name		Relationship	
Address			
Phone Number	Cell Phone		
Student's Brothers / Sisters (PreK – Name	Age		
Registration Checklist (Check, NA, or init	FOR OFFICE USE ONLY		
Proof of Residency	Birth Certificate	Special Needs - PSA	
Health History Form	Immunizations	☐ Home Language Questionnaire	
Mc-Kinney-Vento Questionnaire	Student Media Form	Computer Usage Form	
Charter School Sign Off	Release of Information Form Schedule		
Alternate Transportation	Lunch Application		
Registrar	Date		
Computer Input	Date		
Administrator Approval		Date	