

Teacher 's Name: _____	<p align="center"><i>Argyle Central School District</i> <i>5023 State Route 40, Argyle, NY 12809</i> <i>REGISTRATION FORM</i></p>	
Homeroom Teacher: _____		

Legal Name: _____ Date of Birth: _____ Birthplace: _____

First Middle Last

<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>	<u>Home Phone</u>	<u>Cell Phone</u>	<u>Sex</u>	<u>Grade</u>	<u>Start Date</u>
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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

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.)

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

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? _____

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:** _____