

Fayetteville-Manlius School District
8199 E. Seneca Turnpike
Manlius, New York 13104

REGISTRATION FORM

Enrollment Date: _____

Enrollment Grade: _____

Please check if applicable

Home school

Private school: _____

Student's Name: _____
Last *First* *Middle*

Date of Birth: _____ Place of Birth: _____ Gender: Male Female

Address: _____

City/State/Zip: _____ Home Phone: _____

Previous Address: _____

Previous School Attended: _____ Date Left: _____

School Phone: _____ School Fax: _____

Address of School: _____

Marital Status of Student's Parents: Married Divorced Separated Other Is there a custody agreement in place? Y N
 If yes, which parent/guardian has physical custody? _____ (If yes, please provide the district with a copy of the agreement.)

Parent/Guardian Name: _____ Relationship to student: _____

Email address: _____

Work Phone: _____ Cell Phone: _____

Home address and Phone if different than student: _____

Parent/Guardian Name: _____ Relationship to student: _____

Email address: _____

Work Phone: _____ Cell Phone: _____

Home address and Phone if different than student: _____

Other parent, siblings, extended family members living at above listed home district address:

<i>Last Name, First Name, MI</i>	<i>Relationship to Student</i>	<i>Date of Birth if sibling/child</i>	<i>Current Grade if student</i>

Non-custodial parent/guardian contact (information for school mailings/communications):

Parent/Guardian Name: _____ Relationship to student: _____

Email address: _____

Phone numbers: _____

Home Address: _____

The two questions below are intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services that you or your child may be eligible to receive.

- 1. Is your current address a temporary living arrangement? Yes No
- 2. Is this temporary living arrangement due to loss of housing or economic hardship? Yes No

***If you answered YES to the above questions, please complete a McKinney-Vento Act Residency Questionnaire.**

Please indicate services previously/currently provided to your child, including the number of years that the services were provided:

_____ Speech/Language _____ Special Education _____ OT/PT _____ English as a Second Language

_____ Psychological/Counseling _____ Gifted/Talented _____ Math Support _____ Reading Support

Does your child currently have an IEP? Yes No Does your child currently have a 504 Plan? Yes No

**If you suspect that your child has an educational disability, please contact the Asst. Supt. for Special Services at (315) 692-1203.*

Student Information (optional):

Was your child born in the United States? _____ If no, what is the immigration date to the United States? _____

Current Citizenship Status? U.S. Citizen Dual National Non Resident Alien Resident Alien Other

Are you/your spouse/your child a migratory worker? Yes No

How many years has your child attended a United States school? _____

Is ENGLISH the primary language spoken in the home? Yes No

If no, what is the primary language spoken in the home? _____

Ethnicity/Race:

Is your child Hispanic, Latino, or of Spanish origin? Yes No

(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.)

Please select one or more races from the following racial groups that apply to your child (please select at least one):

_____ American Indian/Alaskan Native _____ Asian _____ Black or African-American

_____ Native Hawaiian/ Other Pacific Islander _____ White

Any additional information which will help us to understand your child: _____

I understand that statements made in this form will be relied upon by the Fayetteville-Manlius School District. I swear/affirm that these statements are true under the penalty 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 may be punishable under New York State Law. I further acknowledge that making false statements in this affidavit may subject me to criminal prosecution. **(Initial here please)**

Please call (315) 692-1234 with any questions regarding documentation, proof of residency, or guardianship/custody.

FOR OFFICE USE ONLY:

Birth Certificate/Passport Immunization Records

Proof of Residency - TWO FORMS REQUIRED

Valid NYS Driver's License

Voter Registration/ Income Tax Return

Statement of Sale or Rental Agreement

Utility Bill, Credit Card bill, Insurance bill, etc.

School assignment: ER FE MR EH WW HS

Approved by: _____

Date: _____