

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

UNIVERSAL PRE-KINDERGARTEN REGISTRATION FORM

Enrollment year: _____

Student's Name: _____
Last First Middle

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

Address: _____

City/State/Zip: _____

Will your child require transportation to and from universal pre-kindergarten daily? Yes No

*If yes, please indicate the morning pick up address: _____

and the afternoon drop off address: _____

* The district can only transport children to and from their home or a licensed daycare center within the district boundaries.

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: _____

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

Parent/Guardian Name: _____ Relationship to student: _____

Email address: _____ Phone numbers: _____

Home Address: _____

Younger siblings living at above listed home district address:

<i>Last Name, First Name, MI</i>	<i>Relationship to Student</i>	<i>Date of Birth</i>

Does your child currently have an IEP? Yes No

If you suspect that your child has an educational disability, please contact the Executive Director of Special Education and Early Childhood Initiatives at (315) 692-1208.

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

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? _____

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 include a copy of the documents listed below with the completed pre-K registration form. Your registration cannot be completed without them. Registration materials will be shared with the UPK site when a child is placed at a program.

- 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.

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

FOR OFFICE USE ONLY:

Approved by: _____

Date: _____