

8199 East Seneca Turnpike Manlius, NY 13104

Phone: (315) 692-1234

Registration Form – Part One

Enrollment Date:	Enrollment Grade:				
Student's Name:			First		Middle
Date of Birth:	Gender: [☐ Female	☐ Male	☐ Non-binary	
Address:				City/Zip:	
Previous School Attended:				Date Left:	
School Phone:	School Fax:				
Address of School:					
Parent/Guardian Name:			R	elationship to stude	nt:
Email address:					
Work Phone:		Cell Pho	one:		
Home address if different than student: _					
Parent/Guardian Name:			Relat	ionship to student: _	
Email address:					
Work Phone:		Cell Pho	one:		
Home address if different than student: _					
Other parent, siblings, extended family m	embers living at	above liste	d home distr	rict address:	
Last Name, First Name, MI	Relation Student	ship to		of Birth if g/child	Current Grade if student

Non-custodial parent/guardian contact (information for school mailings/communications):							
Parent/Guardian Name:	Relationship to student:						
Email address:	Phone numbers:						
Home Address:							
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 Proof of Residency (one required) Valid NYS Driver's License	tion Records						
Statement of Sale or Rental Agreement	Utility Bill, Credit Card bill, Insurance bill, etc.						
School assignment: ER FE MR EH V	WW HS						
Approved by:	Date:						