



Registration Form – Part Two

Student Name: _____

Number of years enrolled in the United States school system _____

Is there a custody agreement in place? Yes No (If yes, please provide a copy of the agreement.)

If yes, which parent/guardian has physical custody? _____

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

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
- Math Support Reading Support Psychological/ Counseling

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.

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



(continued on next page)

Please provide any additional information which will help us to understand your child:

Submitted by _____ Date: _____

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)

FOR OFFICE USE ONLY:

Home Language Questionnaire Proof of Custody/Guardianship (if applicable)

Approved by: _____ Date: _____