



Registration Form – Part One

Enrollment Date: _____ Enrollment Grade: _____

Student's Name: _____
Last 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: _____ Relationship to student: _____

Email address: _____

Work Phone: _____ Cell Phone: _____

Home address if different than student: _____

Parent/Guardian Name: _____ Relationship to student: _____

Email address: _____

Work Phone: _____ Cell Phone: _____

Home address 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: _____

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:

- | | | |
|--|---|--|
| <input type="checkbox"/> Birth Certificate/Passport | <input type="checkbox"/> Immunization Records | <input type="checkbox"/> Medical Records |
| <input type="checkbox"/> Proof of Residency (one required) | | |
| <input type="checkbox"/> Valid NYS Driver's License | <input type="checkbox"/> Voter Registration/ Income Tax Return | |
| <input type="checkbox"/> Statement of Sale or Rental Agreement | <input type="checkbox"/> Utility Bill, Credit Card bill, Insurance bill, etc. | |

School assignment: ER FE MR EH WW HS

Approved by: _____ Date: _____