Fayetteville-Manlius
SCHOOL DISTRICT

8199 East Seneca Turnpike
Manlius, NY 13104
Phone: (315) 692-1234

Registration Form –
For homeschool, private school and CPSE students

Please select one or more of the following:

☐ CPSE ☐ Home school ☐ Private school: _____

If your student is age 5 or older and is CSE eligible please check here: ☐

Enrollment Date: _____ Enrollment Grade: _____

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

Date of Birth: _____ Gender: ☐ Female ☐ Male ☐ Non-binary

Address: _____ City/Zip: _____

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: _____

Non-custodial parent/guardian contact

Parent/Guardian Name:_____ Relationship to student: _____

Email address: _____ Phone numbers: _____

Home Address: _____

CPSE and Homeschool students with an IEP or 504 please complete the following section:
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

All Families complete this section:
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
- ☐ Statement of Sale or Rental Agreement
- ☐ Voter Registration/ Income Tax Return
- ☐ Utility Bill, Credit Card bill, Insurance bill, etc.

Approved by: ____ Date: ______________