



THE MARYVALE SCHOOL DISTRICT REGISTRATION FORM

(Please print in ink and complete all areas)

NOTICE

Please be advised that the provision of false information on this registration form could constitute a crime. In addition, the District reserves its right to recover from parents, legal guardians or other responsible parties the entire actual cost of educating a student, plus related costs, for the entire period that any non-resident student is enrolled in the District's schools with authorization and/or under false pretenses. The cost of educating a student for the school year ranges from approximately \$5,593 to \$27,724. The District may require additional documentation to determine whether the child being registered to attend school in the District meets certain residency and eligibility requirements.

I HAVE READ AND UNDERSTAND THIS NOTICE

Signature

PARENT/GUARDIAN INFORMATION

PERSON REGISTERING STUDENT: _____ RELATIONSHIP TO STUDENT: _____

PARENT/GUARDIAN # 1 (Note: Parent Guardian #1 must reside at the same address as that indicated for the student.)

NAME: _____
Salutation Last Name First Name MI

ADDRESS: _____ HOME PHONE # _____
No. & Street Apt. # City/Town Zip Code

CELL PHONE: _____ WORK PHONE _____

EMPLOYER: _____ OCCUPATION: _____

HOME Email Address: _____

PARENT/GUARDIAN # 2 (Note: Give address and home phone only if different from students)

NAME: _____
Salutation Last Name First Name MI

ADDRESS: _____ HOME PHONE # _____
No. & Street Apt. # City/Town Zip Code

CELL PHONE: _____ WORK PHONE _____

EMPLOYER: _____ OCCUPATION: _____

RELATIONSHIP TO PARENT/GUARDIAN #1: _____

ADDITIONAL EMAIL: _____

Student is living with (Check only one):

- Both Parents Mother Only Father Only An Agency Alone Guardian(s) A Spouse/Partner Foster Parent (DSS-2999)

Are the parents divorced or separated? Yes No If yes, name of custodial parent: _____
Joint Custody: Yes NO **Note: A copy of court documents designating custodial parent is required.**

To be answered only if child is not living with natural parent.

Are you the guardian of the child? Yes No **If yes, please provide court documents**
If no, are you planning to file for guardianship? Yes No

Have both parents transferred **PERMANENT** custody and control of the child to you? YES NO

➤ **Note: School administrators/counselors may require additional written information if the child to be registered is not living with either parent.**

STUDENT INFORMATION

NAME: _____ Male Female Preferred Name: _____

BIRTH DATE: _____ CITY _____ STATE _____

STUDENT'S RESIDENCE: _____
No. & Street Apt. No. City/Town Zip Code

PREVIOUS ADDRESS: _____ Number of Years _____
No. & Street Apt. No. City/Town State Zip Code

HEALTH INFORMATION: Physician's Name: _____ Phone _____

PLEASE LIST ANY HEALTH LIMITATIONS OR NEEDS (glasses, allergies, physical impairments, medications, etc.) _____

SCHOOL HISTORY

GRADE LAST ATTENDED: _____ GRADES REPEATED _____ PRESENT GRADE _____

DATE OF FIRST ENTRY TO GRADE 9: _____

SPECIAL PROGRAMMING

DOES YOUR CHILD HAVE A 504 PLAN? YES NO

DOES YOUR CHILD CURRENTLY RECEIVE SPECIAL EDUCATION SERVICES? YES NO

IF YES, WHAT IS YOUR CHILD'S CLASSIFICATION: _____
SERVICE(S)/PROGRAM: _____

DOES YOUR CHILD CURRENTLY RECEIVE ANY OF THE FOLLOWING SERVICES?

Title I Services English as a Second Language Speech
 Occupational Therapy Physical Therapy Other _____

NAME AND ADDRESS(S) OF ALL SCHOOLS PREVIOUSLY ATTENDED: (INCLUDE ANY MARYVALE SCHOOLS)

School Name Address Dates Attended Grade

School Name Address Dates Attended Grade

WAS THE STUDENT SUSPENDED OR EXPELLED FROM ANY SCHOOL? YES NO

EMERGENCY CONTACT INFORMATION

(Other than Parent/Guardian) Please use same contacts for all children attending Maryvale School System

1. NAME: _____ PHONE #'s HOME _____ CELL _____ WORK _____

ADDRESS: _____
 No. & Street Apt. # City/Town Zip Code

Relationship to Student (i.e. Grandfather, etc.) _____

2. NAME: _____ PHONE #'s HOME _____ CELL _____ WORK _____

ADDRESS: _____
 No. & Street Apt. # City/Town Zip Code

Relationship to Student (i.e. Grandfather, etc.) _____

ALL CHILDREN IN THE FAMILY

Names of the children (under the age of 21)	Birth Date	Gender	Grade	School Currently Attends	School for Coming Year	Lives at home (circle Y or N
						Y or N
						Y or N
						Y or N
						Y or N

CERTIFICATION

I hereby certify that the student listed on this registration form actually resides at the address specified on Page 1 within the Maryvale School District boundaries. I further certify that all the information I provided on this registration form is correct. I understand that I must immediately notify the District if the residency of the student changes from the one listed on this registration form.

AUTHORIZATION

I authorize the request of student records from previous schools and give permission to the Maryvale School District to verify telephone numbers, addresses and employment. I understand that if the District believes that the information on this form is no longer correct or that the child being registered no longer lives at the address provided, the Maryvale School District reserves the right under New York State Law to investigate and to withdraw the child from the Maryvale School District.

If a parent fills out the form at school, please sign and school personnel will witness the signature. If a parent fills out the form at home, the signature must be notarized.

Parent/Guardian Name: _____
Please Print

Parent/Guardian Signature: _____ Date _____

Witness Signature: _____

SWORN BEFORE ME THIS _____ DAY OF _____ 20_____.

Notary Public, State of New York (Please affix stamp or seal)



CONFIDENTIALITY PROCEDURES AND REGULATIONS

To School Staff: This form will be filed in the student’s permanent records as confidential information.

To the Parent/Guardian: The information which you have provided on this form is confidential. It is protected by the Family Education Rights and Privacy Act (1974) which prohibits unauthorized access to student records and unauthorized release of any student record information identifiable by either student name or student identification number.