



# GATES CHILI CENTRAL SCHOOL DISTRICT REGISTRATION FORM

PRIVATE / PAROCHIAL SCHOOL

Please PRINT all information and complete BOTH sides of this form

Student Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_ Zip 146 \_\_\_\_\_

Phone# \_\_\_\_\_ Listed( ) Unlisted( ) Date of Birth \_\_\_\_\_ Age: \_\_\_\_\_

<u>Parent/Guardian</u>	
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> Other	
Name: _____	
<small>Last</small>	<small>First</small>
Address: _____	
<small>Street</small>	
<small>City</small>	<small>State</small>
<small>Zip</small>	
Home Phone#: _____	Pager#: _____
Cell Phone#: _____	Work #: _____
Email Address: _____	
Employer: _____	
Occupation: _____	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Relationship to Student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step Mother <input type="checkbox"/> Step Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Group Home Contact <input type="checkbox"/> Guardian <input type="checkbox"/> Other	

<u>Parent/Guardian</u>	
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr. <input type="checkbox"/> Other	
Name: _____	
<small>Last</small>	<small>First</small>
Address: _____	
<small>Street</small>	
<small>City</small>	<small>State</small>
<small>Zip</small>	
Home Phone#: _____	Pager#: _____
Cell Phone#: _____	Work #: _____
Email Address: _____	
Employer: _____	
Occupation: _____	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Relationship to Student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step Mother <input type="checkbox"/> Step Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Group Home Contact <input type="checkbox"/> Guardian <input type="checkbox"/> Other	

**Brothers and Sisters (Birth to Age 21)**

Name:(Last)	(First)	(MI)	Sex	Birth Date	Grade	Living at Home	
						Yes	No
						Yes	No
						Yes	No
						Yes	No
						Yes	No

Others in Home:	Relationship to Student
Name: _____	

*Below for Office Use Only*

ID# _____	Private/Parochial School _____	Grade _____	Registration Date _____
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**PLEASE COMPLETE BOTH SIDES**

## School History

**Kindergarten Students Only:**

Did your child attend nursery school? (Circle One)    **Yes**    **No**    If yes, for how long? \_\_\_\_\_

Where? \_\_\_\_\_  
(Name and address of School)

Has your child ever been tested and/or received services for Occupational Therapy\_\_\_\_ Physical Therapy\_\_\_\_ Speech \_\_\_\_ Other \_\_\_\_

**ALL OTHERS:**

Name of Last School Attended: \_\_\_\_\_ Last Grade Attended \_\_\_\_\_

School Address and Phone # \_\_\_\_\_

List Other Schools Attended \_\_\_\_\_

Has Student ever repeated a grade? YES \_\_\_\_ NO \_\_\_\_    If yes, which grade? \_\_\_\_\_

What year did your child **first** enter grade nine? \_\_\_\_\_

Has Student ever received special help in:    Reading \_\_\_\_\_    Math \_\_\_\_\_    Speech \_\_\_\_\_    Other \_\_\_\_\_

**Has student ever been placed in Special Education with an IEP?** YES \_\_\_\_ NO \_\_\_\_ If yes, when? \_\_\_\_\_

Does student have a 504 Plan **YES** \_\_\_\_ **NO** \_\_\_\_

For more information regarding your rights to special education services, please visit the New York State Education Department's website relating to a parent's guide to special education in New York for children ages three through 21  
<http://www.p12.nysed.gov/specialed/publications/policy/parentguide.htm>

This is to confirm that all of the above information is accurate and that I am a resident of the Gates Chili School District.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date