

MONTICELLO CENTRAL SCHOOL DISTRICT STUDENT REGISTRATION

Office Use Only

Entrance Date: _____ Student #: _____ Application Date: _____
 School: _____ Teacher: _____ Grade: _____ Room: _____

STUDENT INFORMATION – Print ALL the information asked for.

Student's Last Name _____ Student's First Name _____ Student's Middle Name _____
 DOB: _____ Age: _____ Birth Place: _____ Gender (circle) M F

Ethnicity: Non-Hispanic Hispanic Race: American Indian/Alaska Native Asian Black
 Hawaiian/Pacific Islander White

If Foreign Born, Date of Entry in USA _____ Student's Primary Language _____ Continuous Yrs. Of Study in USA _____
 Student's Medicaid # (if applicable) _____ Student's Social Security # (optional) _____ Student's Email Address: (optional) _____

IS STUDENT IN FOSTER PLACEMENT? Yes No Student's Phone # _____

If yes, Agency: _____ Caseworker's Name: _____
 _____ (_____) _____ ext. _____
 Agency Address Agency City, State, Zip Caseworker Phone Number

DSS 2999 Form Submitted: Yes No

PREVIOUSLY ATTENDED SCHOOL

School Name: _____ Last Grade Attended: _____ Last Day Attended: _____
 School Address: _____ School Phone: (_____) _____
 School Fax: (_____) _____

Has student attended Monticello Central Schools before? Yes No If YES, check appropriate school below.

- Chase Cooke Duggan Rutherford RJK MHS BOCES TBD

PARENT / GUARDIAN INFORMATION

Father/Step-Father/Male Guardian Last Name		Father/S-F/MG First Name		Yes	No
Place of Employment		(_____) _____	(_____) _____	(_____) _____	
Email Address: _____		Work Phone Home Phone Cell Phone			
May be Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Mother/Step-Mother/Female Guardian Last Name		Mother/S-M/FG First Name		Yes	No
Place of Employment		(_____) _____	(_____) _____	(_____) _____	
Email Address: _____		Work Phone Home Phone Cell Phone			
May be Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No					

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STEP PARENT / GUARDIAN INFORMATION

Other Step-Parent/Guardian/Foster Parent Last Name _____		Other SP/Guardian/Foster Parent First Name _____		Yes	No
		() _____ () _____ () _____		Lives in home	
Place of Employment _____	Work Phone _____	Home Phone _____	Cell Phone _____		
Email Address: _____	May be contacted? <u>Yes</u> <u>No</u>				

Confidential Information: Complete this box ONLY if (1) it reflects your child's current living situation; or (2) your living situation if you are a youth NOT living with a parent or guardian. (Your answer will help school staff with school enrollment and may enable the student to receive additional services.) Check one if you are living: in a shelter; with relatives or others due to lack of housing; at a train or bus station, park, or in a car; in a motel/hotel, camping ground, or other similar situation due to the lack of alternative, adequate housing in an abandoned apartment/building; temporarily housed in a shelter awaiting a DCFS permanent foster care placement. Please check here if any or all of the above does **not** apply. **McKinney-Vento/Homeless Act**

Street Address (# Required) _____ **City, State, Zip** _____

Specific DIRECTIONS to above address : _____

Mailing Address if Different (# Required) _____ **City, State, Zip** _____

Physician's Name _____ **Physician's Phone** _____

Physician's Address _____ **Physician's City, State, Zip** _____ **Date of First Polio** _____

HOUSEHOLD INFORMATION

Total # of Persons Living @ Home: _____ **Primary Language Spoken @ Home:** _____

You MUST Enter FULL Legal Name of ALL Children Living in the Household

Last Name, First Name	Relationship	DOB	School
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

My signature below confirms that the information regarding registration is accurate.

Parent/Guardian Name:(Please Print) _____

Parent/Guardian Signature: _____ **Date:** _____

Registrar: _____ **Date:** _____