

Clintondale Community Schools Enrollment Form

Student Information

Legal Last Name: _____ Legal First Name: _____
Middle Name: _____ Suffix: _____ Birth Date: mm/dd/yyyy _____
Gender: Male Female Grade: K 1 2 3 4 5 6 7 8 9 10 11 12
Birth Place: City _____ Us Citizen: Yes No Primary Phone: _____

Resident Address:

Street: _____ Apt.: # _____ City: _____ State: _____ Zip Code: _____

Mailing Address:

Street: _____ Apt.: # _____ City: _____ State: _____ Zip Code: _____

Last School Attended: _____

Address: _____

City: _____ State: _____ Zip: _____

Has your student ever been enrolled in Clintondale Community Schools?

Yes No If yes, which school(s)? _____

Special Education Services

Does your student currently receive Special Education Services? Yes No Copy of plan provided

Does your student have a current 504 plan? Yes No Copy of plan provided

Has your student ever participated in:

Speech IEP Social Work Other School Based Intervention _____

Primary Household Parent/Guardian #1

Last Name: _____ First Name: _____

Relationship: _____ Home phone: _____

Is home phone unlisted? Yes No Lives with Student? Yes No

Cell phone: _____ Work phone: _____

Place of employment: _____ E-mail Address: _____

Primary Household Parent/Guardian #2

Last Name: _____ First Name: _____

Relationship: _____ Home phone: _____

Is home phone unlisted? Yes No Lives with Student? Yes No

Cell phone: _____ Work phone: _____

Place of employment: _____ E-mail Address: _____

What is your home/resident school district: _____

Student's Ethnicity (check ALL that apply):

- | | |
|--|--|
| <input type="checkbox"/> American Indian or Alaskan native | <input type="checkbox"/> White |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Asian American | <input type="checkbox"/> Hispanic or Latino |

Health

If your student has a special health need, appropriate school personnel will be notified. A special need could include one or more of the following (check any that apply):

Diabetes/Hypoglycemia Hearing Problems Allergies: _____

Vision Problem/Glasses Heart Condition Other: _____

Child's Physician's Name: _____ Phone: _____

For serious conditions a plan of action is required to be submitted by the parent. If medication is required, parent/guardian must fill out the appropriate form in the school building.

Other

Is your current living arrangement a result of loss of housing of economic hardship ? Yes No Unsure

Is there a joint custody of parenting plan in effect?

Yes No If yes, please list alternate parent on joint custody or parenting plan _____

Is the joint custody legal?

Yes No If Yes, custody papers **must** be provided. Provided

Is the joint custody physical? Yes No

If yes, does the student also reside with the parent during the school week ? Yes No

Is there a restraining order in effect? Yes No

(if yes, legal papers with official court stamp or signature must be on file with the school for enforcement)

Emergency Contacts (other than primary contacts) My student may be released to the person(s) listed below

1. Last Name: _____ First Name: _____ Relationship to Child: _____

Home Phone #1: _____ Work Phone #1: _____ Cell Phone #1: _____

2. Last Name: _____ First Name: _____ Relationship to Child: _____

Home Phone #1: _____ Work Phone #1: _____ Cell Phone #1: _____

3. Last Name: _____ First Name: _____ Relationship to Child: _____

Home Phone #1: _____ Work Phone #1: _____ Cell Phone #1: _____

Siblings - Please list other siblings attending Clintondale Community Schools

Last Name:	First Name:	School	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I CERTIFY THAT THE ABOVE INFORMATION ON THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

Signature: _____

Date: _____

PRESS/VIDEO RELEASE

Clintondale Community Schools has my permission to use photographs and/or videos of my child to show school activities to the public. I understand that the personally identifiable information may be used at the discretion of the media, involving no financial compensation to Clintondale Community Schools, the student, or family of the student. I understand that I have the right to deny consent to the release of the photographs and/or information specified above, by refusing to sign this. If you consent, please sign here:

SIGNATURE OF PARENT OR GUARDIAN

DATE

If permission is denied, please write "DENIED" on the signature line

I have received, read and understand the rules and regulations of the Elementary Student Handbook/CMS and CHS Code of conduct Book as Stated.

STUDENT'S SIGNATURE

DATE

SIGNATURE OF PARENT OR GUARDIAN

DATE