



# Watkins Glen Central School

## STUDENT REGISTRATION FORM

To be completed by Parent/Guardian

Today's Date	Date of Birth	Home Telephone Number	Grade
Student Legal Last Name	Student First Name	Middle Name	Gender

### FAMILY HISTORY - PRIMARY PARENT/GUARDIAN HOUSEHOLD

Parent/Guardian #1	Last Name	First Name	Relationship to Student
Parent/Guardian Address		City	State      Zip Code
Cell Phone:	Home Phone:	Email Address:	
Parent/Guardian #2	Last Name	First Name	Relationship to Student
Parent/Guardian Address		City	State      Zip Code
Cell Phone:	Home Phone:	Email Address:	

**Lives With (Check One):**

<input type="checkbox"/> Both Parents	<input type="checkbox"/> Father-Significant Other	<input type="checkbox"/> Foster Mother/Father
<input type="checkbox"/> Father Only	<input type="checkbox"/> Mother-Significant Other	<input type="checkbox"/> Other _____
<input type="checkbox"/> Mother Only	<input type="checkbox"/> Father-Stepmother	
<input type="checkbox"/> Mother part-time/Father part-time	<input type="checkbox"/> Mother -Stepfather	

Parent/Guardian #1 Occupation - Place of Employment	Work Phone
Parent/Guardian #2 Occupation - Place of Employment	Work Phone

### EMERGENCY CONTACT IF PARENT/GUARDIAN NOT AVAILABLE

Name	Home or Work Phone	Address	Relationship to Student
Name	Home or Work Phone	Address	Relationship to Student
Name	Home or Work Phone	Address	Relationship to Student

Any significant changes or problems that have occurred in the past year you would like us to be aware of (surgery, illness, family illness, divorce, remarriage, moving, deaths, unusual situations)? Please list positive as well as negative:	<b>Legal Considerations</b> <input type="checkbox"/> Court Orders, <input type="checkbox"/> Joint Custody <input type="checkbox"/> Special Custody Arrangements:
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### SECOND PARENT/GUARDIAN HOUSEHOLD INFORMATION (if applicable)

Please Check if you would like extra-duplicate mailings

Last Name	First Name	Home Phone or cell	Relationship to Student
Mailing Address	City	State	Zip Code

**Health History**

Has Your Child Had Any Serious Operations Or Injuries? \_\_\_ Yes No \_\_\_

Family Physician: \_\_\_\_\_ Address or Phone \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Address Or Phone \_\_\_\_\_

**Sibling Information (Other Children In The Family Under Age 21):**

1. \_\_\_\_\_ Date Of Birth \_\_\_\_\_ School \_\_\_\_\_

2. \_\_\_\_\_ Date Of Birth \_\_\_\_\_ School \_\_\_\_\_

3. \_\_\_\_\_ Date Of Birth \_\_\_\_\_ School \_\_\_\_\_

4. \_\_\_\_\_ Date Of Birth \_\_\_\_\_ School \_\_\_\_\_

5. \_\_\_\_\_ Date Of Birth \_\_\_\_\_ School \_\_\_\_\_

**Ethnicity**

Please Answer Questions 1 and 2. *Please Read Carefully Before You Respond to Questions.*  
Check (✓) The Box That Best Describes Your Child. Check (✓) Only One Box.

**1. Is the student Hispanic, Latino, or of Spanish origin? 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.**

Yes, Hispanic

No, Not Hispanic

**2. Select one or more races from the following five racial groups.**

**AMERICAN INDIAN OR ALASKA NATIVE:** A person having origins in any of the original peoples of North America and who maintains cultural identification through affiliation or community recognition, e.g. Cherokee, Mohawk, Inuit.

**ASIAN:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippine Islands, Thailand and Vietnam.

**NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**BLACK:** A person having origins in any of the black racial groups of Africa.

**WHITE:** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Please Answer Questions 1 And 2. *Please Read Carefully Before You Respond to Questions.*

Check (✓) The Box That Best Describes Your Child. Check (✓) Only One box.

**Relationship to Student (Please check one below)**

Mother  Father  Guardian  Other (Specify) \_\_\_\_\_

My signature below verifies that all information provided on this form is factual and true.

\_\_\_\_\_

Parent/Guardian Signature Print Name of Parent/Guardian Date