





District's Registrar's Office
770 Embought Road, Catskill, New York 12414
Hours of Registration are by appointment
Monday through Friday
Please call for appointment.
518-943-0574 EXT 3335
Fax: 518-719-8345

**We understand that you have recently changed your address within
The Catskill School District. The Catskill School District requires
proof of residency and a new registration form anytime there is an
address change.**

-  **Proof of Residency:** Three (3) proofs of residency within the school district that include the name and address of a parent or guardian and are dated within the previous 30 days.
Documents accepted: executed lease agreement, executed purchase offer agreement, tax bill, rental agreement, mortgage statements, utility bill-{gas, oil, electric, telephone, cable, etc}, income tax return,)
-  **Registration Form:** A completed new form is required for each child.
-  **Picture I.D. of the Parent/Guardian:** Driver's License or Non Driver I.D.
-  **Custody Papers:** if applicable are required

These documents should be received within 10 days.

Date Sent: _____
Sent By: _____
Received By: _____

Catskill Central School District

STUDENT REGISTRATION FORM

The information on this form is very important. **PLEASE PRINT CLEARLY**

STUDENT'S NAME: _____ / _____ / _____
LAST FIRST MIDDLE DATE OF BIRTH SEX: M / F

Student Cell # (____) _____ - _____ Student Email: _____ Grade _____

PHYSICAL ADDRESS: _____
(911 Address) # STREET CITY STATE ZIP

MAILING ADDRESS: (IF DIFFERENT) _____
STREET/PO BOX CITY STATE ZIP

Former Address: _____
STREET CITY STATE ZIP

Household Telephone# (____) _____ - _____ E-MAIL _____

Date child first entered 9th grade: ____/____/____ Has the student ever attended Catskill? Yes No Last Grade _____

Has the child ever repeated a grade? () Yes () No Grade _____ Child's place of birth: _____
City State

LAST SCHOOL ATTENDED: _____ **LAST DATE OF ATTENDANCE** ____/____/____

SCHOOL ADDRESS: _____

Your answers to the following questions are not used for determining eligibility to attend. Your answers to these questions are necessary for certain programming and data collection purposes.

RACE (choose all that apply): White Black Asian Pacific Islander American Indian/Alaskan Native

ETHNICITY: Is the child of Hispanic origin? Yes No Home Language: ___ English ___ Other*(specify): _____

Is student an Immigrant? Yes No, if Yes, date of entry to U.S. ____/____/____ Country of Origin _____

- ❖ Has student been identified to receive **Section 504** services? Yes No
- ❖ Does the Student have a Special Education/Individualized Education Plan (**IEP**) Yes No
- ❖ Please explain any handicapping condition or disability of which we should be aware: _____
- ❖ Has the Student had Academic Intervention Services (**AIS**)/RTI Yes No,
If yes what subject/s _____

- ❖ Has the Student attended: Universal Pre-K _____ Private Pre-K _____ None _____ Name- _____

FOSTER CHILD? YES NO If yes, additional documentation will be required. **DSS 2999 Form Submitted** Yes No

FAMILY STATUS: ___ Married, ___ Separated, ___ Divorced, ___ Single parent

***If living apart, who has legal custody of child? _____ (Copy of Court Custody required)

PARENT/GUARDIAN INFORMATION

Parent /Guardian 1 Name: Dr./Mr./Ms. _____
(Last First Middle initial)

Lives with Student Has Custody of Student Should Receive Student Mailings Can Pick-Up Student Parent Portal
Relationship to student: _____

Address (if different from student) _____

Telephones:
Home: _____ Work: _____ Cell: _____ E-mail: _____

Employer's Name/Address: _____

Parent/Guardian 2 Name: Dr./Mr./Ms. _____
(Last First Middle initial)

Lives with Student Has Custody of Student Should Receive Student Mailings Can Pick-Up Student Parent Portal
Relationship to student: _____ (Please indicate step-parent/guardian relationship)

Address (if different from student): _____

Telephones:
Home: _____ Work: _____ Cell: _____ E-mail: _____

Employer's Name/Address: _____

OTHER CHILDREN IN HOME:

Name Date of Birth Grade Handicapping Condition? Relationship to Parent/Guardian
RACE (choose all that apply): [] White [] Black [] Asian [] Pacific Islander [] American Indian/Alaskan Native ETHNICITY: Is the child of Hispanic origin? [] Yes [] No

Name Date of Birth Grade Handicapping Condition? Relationship to Parent/Guardian
RACE (choose all that apply): [] White [] Black [] Asian [] Pacific Islander [] American Indian/Alaskan Native ETHNICITY: Is the child of Hispanic origin? [] Yes [] No

Name Date of Birth Grade Handicapping Condition? Relationship to Parent/Guardian
RACE (choose all that apply): [] White [] Black [] Asian [] Pacific Islander [] American Indian/Alaskan Native ETHNICITY: Is the child of Hispanic origin? [] Yes [] No

Name Date of Birth Grade Handicapping Condition? Relationship to Parent/Guardian
RACE (choose all that apply): [] White [] Black [] Asian [] Pacific Islander [] American Indian/Alaskan Native ETHNICITY: Is the child of Hispanic origin? [] Yes [] No

EMERGENCY CONTACT INFORMATION If you are unavailable, we will contact the individuals below in the order listed in the event of an illness or emergency involving your child. The people listed should be available during school hours. Your child may also be released to these individuals under other circumstances at your request or the school's request. Suitable identification (driver's license) will be necessary before the child is released. These are the only people authorized to pick up your child from school. Please complete this section as accurately as possible.

Emergency Contact 1 Name: Dr./Mr./Ms. (Last name, First name, Middle initial)

Address:

Relationship to student: Employer:

Telephones: Home: Work: Cell: Email

Emergency Contact 2 Name: Dr./Mr./Ms. (Last name, First name, Middle initial)

Address:

Relationship to student: Employer:

Telephones: Home: Work: Cell: Email

CHILD CARE INFORMATION (IF APPLICABLE, FOR TRANSPORTATION PURPOSES)

NAME: ADDRESS: PHONE: CELL: Relationship:

MCKINNEY-VENTO Questionnaire: CHECK WHICH OF THE FOLLOWING DESCRIBES YOUR CURRENT LIVING SITUATION

In Permanent Housing - Rent, Lease, Own physical residence
Shelter; Motel/Hotel; Car; Campground; Abandoned Apartment or building;
With relatives/others due to lack of housing; Temp. housed in shelter awaiting OFCS permanent foster care placement.
(Additional Paperwork to be completed when one of the above are checked)
With Relatives by Choice

I declare under penalty of perjury under the laws of the State of New York that I have read and understand the information contained in this registration application and that my responses and any accompanying attachments are true and correct.

Sign Parent/Guardian Signature Date:

Please return all forms to the Registrar's Office 770 Embought RD Catskill, NY 12414 Fax 518-943-5396 Phone: 518-943-0574

TO BE COMPLETED BY SCHOOL

[] Elementary [] Middle School [] High School Student ID #
GRADE ROOM TEACHER DATE ENTERING
BUS ROUTE (am) (pm) 9th/L Period WALKER SS#
RESIDENCY CUSTODY CSE BIRTH IMMUN PHYSICAL CODE CONDUCT H/L LUNCH FORM
NON-RESIDENT/TUITION STUDENT
Consent for release of special education records signed? Y N Application Received Date: Registrar's Initials: