



RAVENA-COEYMANS-SELKIRK CENTRAL SCHOOL DISTRICT

Office of the Registrar

2025 Route 9W \* Ravenna \* NY \* 12143 \* 518-756-5200 ext. 3034 \* 518-756-5280 (fax)

ENROLLMENT FORM - RESIDENCY QUESTIONNAIRE

Name of School: \_\_\_\_\_

Name of Student: \_\_\_\_\_  
Last First Middle

Gender:  Male  Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_ ID#: \_\_\_\_  
Month Day Year (preschool-12) (optional)

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Where is the student currently living? (Please check one box.)

- In a shelter
- With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
- In a hotel/motel
- In a car, park, bus, train, or campsite
- Other temporary living situation (Please describe): \_\_\_\_\_
- In permanent housing

\_\_\_\_\_  
Print name of Parent, Guardian, or Student (for unaccompanied homeless youth)

\_\_\_\_\_  
Signature of Parent, Guardian, or Student (for unaccompanied homeless youth)

\_\_\_\_\_  
Date

If the student is **NOT** living in permanent housing, **proof of residency** and other documents normally needed for enrollment **are not required** and the student is to be immediately enrolled.

# Ravena-Coeymans-Selkirk Central School District

## Office of the Registrar

2025 U.S. Route 9W \* Ravena \* New York \* 12143 \* (518) 756-5200 ext. 3034 \* Fax: (518) 756-5280

### STUDENT REGISTRATION FORM

Please Print Clearly!

Check here if student has previously attended RCS

Office Use Only:  
Student Number: \_\_\_\_\_  
Family Number: \_\_\_\_\_  
School: \_\_\_\_\_  
Date: \_\_\_\_\_

#### STUDENT INFORMATION

Student's Full Name: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Residence Address (if different from above): \_\_\_\_\_

Office Use Only:

Proof of Birth: Birth Certificate \_\_\_\_\_ Other: \_\_\_\_\_

Proof of Residence (one from each column required):  
 Homeless  
\_\_\_\_\_ Driver's License  
-or-  
\_\_\_\_\_ Voter Registration Card

AND

\_\_\_\_\_ Utility Bill  
\_\_\_\_\_ Rent Receipt  
\_\_\_\_\_ Property Tax Receipt  
\_\_\_\_\_ Lease/Mortgage  
\_\_\_\_\_ Notarized Note

Other: \_\_\_\_\_

Student registering for grade: \_\_\_\_\_

Ethnic Category: \_\_\_\_\_ Asian/Pacific Islander \_\_\_\_\_ Black (Not Hispanic Origin) \_\_\_\_\_ Hispanic  
\_\_\_\_\_ American Indian/Alaskan Native \_\_\_\_\_ White (Not Hispanic Origin)

Home Language: \_\_\_\_\_ English \_\_\_\_\_ Other\* (specify): \_\_\_\_\_ Interpreter Required? Yes \_\_\_\_\_ No \_\_\_\_\_  
\*Please request and fill out a Home Language Questionnaire (HLQ)

#### PARENT/GUARDIAN INFORMATION

Child Lives with: \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Foster Parents \_\_\_\_\_ Other: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Workplace: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Workplace: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Student Number: \_\_\_\_\_

Family Number: \_\_\_\_\_

**COMPLETE THIS SECTION ONLY IF STUDENT IS NOT LIVING WITH PARENT(S)**

Guardian's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Affidavit Given: A \_\_\_\_ B \_\_\_\_ Affidavit Received: A \_\_\_\_ B \_\_\_\_

Is child a foster child? Yes \_\_\_\_ No \_\_\_\_

**Form DSS2999 must be on file before registering a foster child.**

Custodial Parent: Both Parents \_\_\_\_ Mother \_\_\_\_ Father \_\_\_\_

Custody papers must be presented: Yes \_\_\_\_ No \_\_\_\_ (Must be updated yearly)

**ARE THERE ANY LEGAL RESTRICTIONS WITH REGARDS TO RELEASING YOUR CHILD TO HIS/HER PARENTS?** Yes \_\_\_\_ No \_\_\_\_

If yes explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Legal Documents Provided and on file: Yes \_\_\_\_ No \_\_\_\_

**SIBLING INFORMATION**

Brothers and Sisters (school age and non-school age):

Name                      Birthdate                      Current Grade                      Residence (if other than home)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HEALTH INFORMATION**

Please complete all attached Health History Forms, or meet with the school nurse.

Student Number: \_\_\_\_\_

Family Number: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

**Emergency contact if your child becomes ill and you cannot be reached:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Emergency contact if school closes and students are dismissed early:**

**Send Home:** \_\_\_\_\_ **Send to alternate location:** \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Who may pick your child up from school ? (A written permission note must be submitted)

<u>Name</u>	<u>Relationship</u>
_____	_____
_____	_____
_____	_____

**TRANSPORTATION INFORMATION**

Exact Location of Residence (if not easily located): \_\_\_\_\_

\_\_\_\_\_

**CHILD CARE PROVIDER (IF APPLICABLE)**

**Pick Up** (days of week): \_\_\_\_\_

Provider's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

Exact Street Address: \_\_\_\_\_

\_\_\_\_\_

**Drop Off** (days of week): \_\_\_\_\_

Provider's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

Exact Street Address: \_\_\_\_\_

\_\_\_\_\_

Student Number: \_\_\_\_\_

Family Number: \_\_\_\_\_

**PREVIOUS SCHOOL INFORMATION**

School Last Attended: District: \_\_\_\_\_ Building: \_\_\_\_\_

Address: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Preschool Attended (if registering for Kindergarten or Grade 1): \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Preschool Teacher: \_\_\_\_\_

**SERVICES RECEIVED**

**Please check all services your child currently receives or has received in the past.**

**Special Education Services:**

**Current -or- Year of Service**

- IEP** Do you have the IEP? Yes \_\_\_\_\_ No \_\_\_\_\_  \_\_\_\_\_
- Handicapping Condition: \_\_\_\_\_  \_\_\_\_\_
- Consultant Teacher  \_\_\_\_\_
- Self-Contained Classes  \_\_\_\_\_
- Out of District Class - BOCES  \_\_\_\_\_
- Out of District Class - Private  \_\_\_\_\_
- Other (specify): \_\_\_\_\_  \_\_\_\_\_

**Related Services:**

- Speech and Language Therapy  \_\_\_\_\_
- Occupational Therapy  \_\_\_\_\_
- Physical Therapy  \_\_\_\_\_
- Counseling: \_\_\_\_\_ Social Worker \_\_\_\_\_ Psychologist  \_\_\_\_\_
- Other (specify): \_\_\_\_\_  \_\_\_\_\_

**Academic Intervention Services (AIS/Remedial):**

- Math  \_\_\_\_\_
- Language Arts  \_\_\_\_\_
- Social Studies  \_\_\_\_\_
- Science  \_\_\_\_\_
- Grades repeated: \_\_\_\_\_ \_\_\_\_\_

**Additional Services:**

- Gifted and Talented Program  \_\_\_\_\_
- English as a Second Language  \_\_\_\_\_
- 504 Plan  \_\_\_\_\_
- Health Issues (specify): \_\_\_\_\_  \_\_\_\_\_