

# Williamson Central School

## Student Registration Sheet

Student ID#: \_\_\_\_\_ Date: \_\_\_\_\_

Ethnicity: 1.) Hispanic:  Yes  No  
(Answer both) 2.)  American Indian or Alaska Native  Asian  Native Hawaiian or Other Pacific Islander  Black or African American  White

Name: \_\_\_\_\_ Sex:  M  F  
Last First Middle

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Town State Country

Home Address \_\_\_\_\_  
House Number Street Town Zip Code

Mailing Address \_\_\_\_\_  
House Number Street Town Zip Code

Home Phone No \_\_\_\_\_

Building: \_\_\_\_\_ Grade & Teacher \_\_\_\_\_

Father  Male Guardian Living In Home  Mother  Female Guardian Living In Home  
(Check one) (Check one)  
Name \_\_\_\_\_ Name \_\_\_\_\_  
First Last First Last

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_  
Name of Employer \_\_\_\_\_ Name of Employer \_\_\_\_\_  
Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Add'l Phone \_\_\_\_\_ Add'l Phone \_\_\_\_\_

Student Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Current Health Problems/Medications and/or Special Ed Services or other Remediation Services:

### Emergency Contact: (Child sick/injured and parent not available)

Name _____	Address _____	Phone _____
Name _____	Address _____	Phone _____
Name _____	Address _____	Phone _____

### Family: (List all brothers and sisters, give date of birth and grade if in school)

<u>Brothers</u>	<u>D.O.B.</u>	<u>Grade</u>	<u>Sisters</u>	<u>D.O.B.</u>	<u>Grade</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

### For New Entrants Only

**Evidence of Proof of Age**  **Evidence of Proof of Residency**  **Previous Academic Records**  **Date Entered** \_\_\_\_\_

Entering Williamson Central School From: \_\_\_\_\_  
(Name of School) (School Address)

Pre-School Programs: \_\_\_\_\_  
(Name of School) (Number of Years)

**Immunization Records Received:**  **Release of Directory Information:**  Yes  No **KI Pill:**  Yes  No

**I give my permission for my child to receive emergency treatment in school if necessary and/or to receive medication as prescribed by his physician and brought to school by the parent.**

\_\_\_\_\_  
Parent Signature Email Address