



# Wheatland-Chili Central School District Registration Form

Please **PRINT** all information and complete **BOTH** sides of this form.

- For Office Use Only:**

  - Elementary School
  - Secondary School Counseling
  - Secondary School Main Office
  - PPS
  - Food Service
  - Health Office
  - Transportation
  - Technology
  - Registrar

Student # (for office use only): \_\_\_\_\_

Non-Public School Enrollment

## Student Information

Student's Last Name:	First Name:	Middle Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Student's Home Address:		Home Phone: _____	
Street _____		City/State _____	Zip _____
Age: _____	Date of Birth: _____	Current Grade: _____	Pre-K Only: <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> No Preference

### Parent Information

Mr.  Mrs.  Ms.  Miss  Dr.  Other

<i>Last Name</i>	<i>First Name</i>	<i>MI</i>	
Does student live with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does this contact receive mailings?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Can this contact pick up the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Can this contact have Parent Portal Access?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Address if ***different*** than student:

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Marital Status:  Single  Married  Separated  
 Divorced  Widowed

Relationship to Student:  Mother  Father

### Parent Information

Mr.  Mrs.  Ms.  Miss  Dr.  Other

<i>Last Name</i>	<i>First Name</i>	<i>MI</i>	
Does student live with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does this contact receive mailings?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Can this contact pick up the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Can this contact have Parent Portal Access?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Address if ***different*** than student:

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Marital Status:  Single  Married  Separated  
 Divorced  Widowed

Relationship to Student:  Mother  Father

### Step Parent/Guardian Information

Mr.  Mrs.  Ms.  Miss  Dr.  Other

<i>Last Name</i>	<i>First Name</i>	<i>MI</i>	
Does student live with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does this contact receive mailings?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Can this contact pick up the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Can this contact have Parent Portal Access?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Address if ***different*** than student:

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Relationship to Student:  Legal Guardian  Step Parent  
 Foster Parent  Other \_\_\_\_\_

### Step Parent/Guardian Information

Mr.  Mrs.  Ms.  Miss  Dr.  Other

<i>Last Name</i>	<i>First Name</i>	<i>MI</i>	
Does student live with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does this contact receive mailings?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Can this contact pick up the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Can this contact have Parent Portal Access?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Address if ***different*** than student:

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Relationship to Student:  Legal Guardian  Step Parent  
 Foster Parent  Other \_\_\_\_\_

Student's Name \_\_\_\_\_

Student # (for office use only): \_\_\_\_\_

### Names of Brothers and/or Sisters (living with you) - Birth to 21

Name	Date of Birth	Sex	Grade	School he/she attends

### Other Adults Living in the Home

Name	Relationship to Student

### Emergency Contact — Other than Parent

Name	Relationship to Student	Day Phone Number	Can this Contact Pick up Student?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Name of Last School Attended: \_\_\_\_\_

School Address and Phone Number: \_\_\_\_\_

Has Student been classified by the Committee on Special Education and receiving any special education services?

Yes     No    If Yes, nature of condition: \_\_\_\_\_

Name of student's physician: \_\_\_\_\_ Phone \_\_\_\_\_

Is there any specific medical problem present?

Yes     No    If Yes, nature of condition: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**For office use only:**

Date Registered _____	Proof of Residency _____	Current Report Card _____
Birth Certificate _____	Non-Resident _____	Lunch Application _____
Signed Release Form _____	Urban/Suburban _____	

**Distribution (for office use only):**

___Elementary School	___Secondary School	___PPS	___Technology
___Food Service	___Health Office	___Transportation	