

Is the student classified with a disability?
IEP (Circle) Yes or No
504 (Circle) Yes or No

SEWANHAKA CENTRAL HIGH SCHOOL DISTRICT
A NATIONAL DISTRICT OF EXCELLENCE
ELMONT, FLORAL PARK, H. FRANK CAREY,
NEW HYDE PARK & SEWANHAKA
REGISTRATION FORM

OFFICIAL USE ONLY
Application received

Registrar's Signature

BIRTH CERTIFICATE, BAPTISMAL CERTIFICATE OR OTHER ACCEPTABLE PROOF OF DATE OF BIRTH
MUST BE SUBMITTED WITH THIS REGISTRATION FORM

1. I am requesting permission based upon my legal residence to have the following child admitted to:

(Circle School for which your address is zoned) ELM FPM HFC NHP SHS

Student's Name: (Last, First, Middle) Date of Birth Grade Sex

2. Are you: _____ Parent(s) (If there has been a divorce, refer to instruction sheet)
(Check One) _____ Legal guardian (Court Appointed)
 _____ Person in parental relationship
 _____ Foster parent(s)
 _____ Never married

3. Mother/Guardian/Person in Parental Relationship (Circle One)

Last Name _____ First Name _____ Middle Initial _____
Address _____
Phone Number: Home () _____ Work () _____ Cell () _____
Date of Birth _____ E-Mail _____
Name of Employer _____
Address of Employer _____
Days Worked _____ Hours Worked: From _____ To _____

Father/Guardian/Person in Parental Relationship (Circle One)

Last Name _____ First Name _____ Middle Initial _____
Address _____
Phone Number: Home () _____ Work () _____ Cell () _____
Date of Birth _____ E-Mail _____
Name of Employer _____
Address of Employer _____
Days Worked _____ Hours Worked: From _____ To _____

4. IF THE STUDENT IS LIVING WITH SOMEONE OTHER THAN A PARENT OR LEGALLY APPOINTED GUARDIAN, GIVE THE ADDRESS AND TELEPHONE NUMBER OF ANY LIVING NATURAL PARENTS/GUARDIANS IN SPACES BELOW.

NOT APPLICABLE _____ (Check)

Name _____ Relationship _____
Address _____ Zip _____ Phone # () _____
Name _____ Relationship _____
Address _____ Zip _____ Phone # () _____

5. General Student Information:

Last school attended _____ Last Date of Attendance _____
Address _____
Phone Number _____

Student's last home address when in attendance at the previous school:

Street _____ Town _____ Telephone # _____

Name of Parent/Guardian at that previous address _____

HAS THE STUDENT EVER ATTENDED A SEWANHAKA CHSD SCHOOL? YES _____ NO _____

IF YES, WHICH SCHOOL _____

List the name, birth date, school and grade of all school age children who live with you:

	<u>Name</u>	<u>Date of Birth</u>	<u>School</u>	<u>Grade</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

6. THIS SECTION MUST BE COMPLETED BY ALL NEW ENTRANTS Not applicable _____ (Check)

Has student participated in Interscholastic Athletics: Yes _____ No _____ (Check One)

If YES, Level: JHS _____ JV _____ V _____ Intramural _____

7. Is the student a FOSTER CHILD. YES or NO. (Circle One)

If YES School District of Origin _____

Foster parents must have a social worker sign this document. In addition, complete forms BSW-241 or DSS-2999

8. THE FOLLOWING QUESTIONS MUST BE ANSWERED WHEN AN APPLICATION FOR ADMISSION IS FILED BY PERSONS OTHER THAN A NATURAL PARENT. Not applicable _____ (Check)

a) Why is the child not living with his/her natural or adoptive parent?

b) Does the student live in your home exclusively? Yes _____ No _____ (Circle One)

c) Is this a temporary or permanent relationship? _____

d) How often will the natural parents see the child? _____

e) What percentage of financial support will be made by the natural parents? _____

f) What percentage of financial support will be made by you? _____

Under **PENALTIES OF PERJURY**, the statements contained in this application are true and are made to induce the Sewanhaka Central High School District to admit the above named student as a resident of the District. I understand that the student's admission to the District are subject to verification by the School District and that false statements could subject me to transportation and/or tuition charges during the period of the student's attendance (approximately \$14,407 annually). I also understand that it is my responsibility to notify the school of any change in the student's living arrangements and/or any other circumstances affecting this application. **ANY FALSE STATEMENTS MADE IN THIS APPLICATION IS ALSO PUNISHABLE AS A CLASS "A" MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW.**

Date

Date

PRINT:Name of Mother/Guardian/Person in /Parental Relationship

PRINT Name of Father/Guardian/Person in Parental Relationship

Signature of Mother/Guardian/Person in Parental Relationship
Sworn to before me this _____ day of _____

Signature of Father/Guardian/Person in Parental Relationship
Sworn to before me this _____ day of _____

Notary Public

Notary Public