

Waterford-Halfmoon Union Free School District 125 Middletown Road, Waterford, NY 12188

Telephone: (518)237-0800

District Office Extension: 3309

Jr./Sr. High School Office Extension: 3701

Jr./Sr. High School Guidance Extension: 3314

Elementary Office Extension: 3501

Central Registration Office Extension: 3710

REGISTRATION INFORMATION

School Information

Student's Last Name _____ First Name _____ Middle Initial _____

Mailing Address _____ City _____ NY, Zip Code _____

Home Phone _____ Current Grade _____ D.O.B. _____ Male/Female _____

Check one: () Homeowner () Renter/Lessee () Neither, I reside with (give name and phone number of the person you are residing with) Name _____ Phone _____

Ethnicity: Hispanic/Latino _____ Non-Hispanic _____

Race: American Indian/Alaskan Native _____ Asian _____ Black/African American _____ Native Hawaiian/Other Pacific Islander _____ White _____

Family History/Information

Parent #1 _____ Employed by _____ Occupation _____

Address _____ City _____, NY Zip Code _____

Home Phone _____ Cell _____ Work _____ Relationship to student _____

E-Mail address _____

Parent #2 _____ Employed by _____ Occupation _____

Address _____ City _____, NY Zip Code _____

Home Phone _____ Cell _____ Work _____ Relationship to student _____

E-Mail address _____

Parent or Guardian on Active Duty in the Armed Forces: Yes _____ No _____

If yes, which parent _____ Date first entered Active Duty _____

Custody Information

Parents: Married _____ Divorced _____ Separated _____ Widowed _____ Single _____

If child is **NOT** living with a natural parent, please indicate Guardian's name _____

Guardian's Address _____ Phone # _____

Guardian's relationship to child _____

Mail from school should be addressed to (check one):

Both parents _____ Parent #1 _____ Parent #2 _____ Guardian _____

If parents are separated or divorced, what legal arrangements are in place:

(Custody documents and any Orders of Protection must be provided to the school)

Joint custody _____ Sole custody _____ Visitation rights _____ Foster students _____

Student History

School child attended last year (if not in this school system) _____

Has your child ever repeated a grade? () Yes () No; If so, which grade: _____

Has your child ever received any special services? () Yes () No; If so, please check the appropriate list:

AIS/Remedial Reading _____ AIS/Remedial Math _____ OT/PT _____
Speech _____ Gifted and Talented _____ ESL _____ Counseling _____
Special Education _____ 504 Accommodation Plan _____

Does your child have any physical limitations? () Yes () No; If yes, please list:

Brothers or sisters in school: List additional on the back of this sheet.

1 _____ Grade _____

2 _____ Grade _____

3 _____ Grade _____

Brothers or sisters - preschool age: List additional on the back of this sheet.

1 _____ Age _____ DOB _____

2 _____ Age _____ DOB _____

In case of an emergency, illness, accident or removal from school due to discipline issues we will contact the **parent/guardian first**. If we are unsuccessful the following adults listed will be contacted. Please inform these people that they are listed as emergency contacts for your child. If your child needs to leave school, **only the following adults, including the parents, will be allowed to sign him/her out:**

Other Contacts – Listed in order you wish them to be called.

1) Contact Person _____ Home Phone _____
Work Phone _____ Cell Phone _____ Relationship _____
City/Town _____

2) Contact Person _____ Home Phone _____
Work Phone _____ Cell Phone _____ Relationship _____
City/Town _____

3) Contact Person _____ Home Phone _____
Work Phone _____ Cell Phone _____ Relationship _____
City/Town _____

ADDITIONAL INFORMATION

My child has permission to walk home from school: Yes _____ No _____

Signature of parent/guardian _____ Date _____

**Please Note: All students who arrive late or leave early must have a written note signed by the parent/guardian.*