

AKRON CENTRAL SCHOOL DISTRICT REGISTRATION FORM

If your child was born between December 2, 2006 & December 1, 2007, it is time to register him/her for kindergarten for the 2012-2013 school year.

Please complete the form below in its entirety and **call the Office of Registration at 716-542-5039 for an appointment. KINDERGARTEN REGISTRATION WILL BE HELD ON January 30, 31 & February 1, 2012 AND February 8, 9, 10, 2012**

The following documents are to be presented at the time of your appointment:

- o Child's Original Birth Certificate
- o Record of Physical Exam (If entering Kindergarten, submit proof before the start of school that one is scheduled)
- o Official Immunization Records
- o Two (2) Proofs of Residency (The following only accepted: utility bills, lease/rental agreement, mortgage agreement/contract of sale w/closing date)

For Office Use Only

Starting Date: _____

Student # _____

Family # _____

Grade ____ Ethnicity _____

Home Lang English

Birth Certif. _____ DOB _____

Birthplace _____

Immunization _____

Lead Screening _____

Physical _____

Records Req _____

CSE – YES NO

AUP Given

Custody Doc

Reservation YES NO

Proof of Residency

Last Name	First Name	Middle
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Birthdate	Birthplace	Gender
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Is this student Hispanic or Latino? YES NO

Ethnicity- Check all that apply:

- o American Indian or Alaska Native
- o Asian
- o Black or African American
- o Native Hawaiian/Other Pac Islander
- o White

Home Language: _____

Entering Grade: _____

Previously attended Akron Central
YES NO

Previous School Name

Previous School Address, City, State, Zip Code

Student lives with: Both Parents Mother Father Other _____

Does the student receive special education services YES NO

If relation to is "foster" original DSS2999 is needed before continuing registration: DS2999
(original to District Treasurer, copy in file)

Type of Residence: Home Apt Homeless Other _____ COUNTY: _____

Residence Address House #	Street/Road	Apt	City	Zip Code
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Telephone Number	Mailing Address (if different from above)	PO Box #	City	Zip Code
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Address Mail To: Mr./Mrs Mr. Mrs. Ms. Other _____

Parent/Guardian (residing with student):

Last Name	First Name	Cell Phone	Work Phone
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Last Name	First Name	Cell Phone	Work Phone
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The District Board of Education will not admit non-resident students to attend the District's schools. I understand that should the above information prove false, as parent/guardian, I am liable to tuition payment to the District and that my child(ren) will be immediately dismissed from Akron Central School District. I also understand that if my residency should change, I will immediately notify the Akron Central School District and provide documentation.

DATE

Parent/Guardian Signature

Parent /Guardian (NOT residing with student)

Last Name

First Name

Cell Phone

Work Phone

Should copies of school reports (report cards, newsletters, etc) be sent to the person listed above? YES NO

If YES, please list complete address

If an accident or illness occurs, a parent will be informed immediately to come for your child. If unable to contact a parent and emergency room care is necessary, I would prefer that my child be taken to:

Name of Hospital

STATEMENT TO BE READ BY THE REGISTRAR ENROLLING THE STUDENT:

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.

Is your current address a temporary living arrangement ____; If yes, is this temporary living arrangement due to loss of housing or economic hardship ____?

If you answered "yes" to the above questions, please complete the remaining questions.

Is the above named student living in a shelter; ____; with relatives or others, due to lack of housing ____; in an abandoned apartment/building, in a motel/hotel, camping ground, car, train/bus station or other similar situation due to the lack of alternative, adequate housing ____; or temporarily housed in a shelter awaiting a OCFS permanent foster care placement ____?

NOTE TO REGISTRAR:

If a student/guardian answered "yes" to any of the above, please notify the Office of Curriculum & Student Services as soon as the registration process is completed.

Date

Parent/Guardian Signature