

AKRON CENTRAL SCHOOL DISTRICT REGISTRATION FORM

For Office Use Only	
Starting Date: _____	
Student # _____	
Family # _____	
Grade ____ Ethnicity _____	
Home Lang English _____	
Birth Certif. DOB _____	
Birthplace _____	
Immunization _____	
Lead Screening _____	
Physical <input type="checkbox"/>	
Records Req _____	
CSE – YES <input type="checkbox"/> NO <input type="checkbox"/>	
AUP Given <input type="checkbox"/>	
Custody Doc <input type="checkbox"/>	
Reservation YES <input type="checkbox"/> NO <input type="checkbox"/>	
Proof of Residency <input type="checkbox"/> <input type="checkbox"/>	

Last Name	First Name	Middle
Birth date	Birthplace	Gender
HS/MS Student Cell Number _____		
Is this student Hispanic or Latino? YES <input type="checkbox"/> NO <input type="checkbox"/>		United States Citizen: YES <input type="checkbox"/> NO <input type="checkbox"/>
Ethnicity- Check all that apply:		Home Language: _____
<input type="checkbox"/> American Indian or Alaska Native * Title VI _____ <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Other Pac Islander <input type="checkbox"/> White		Entering Grade: _____
		Previously attended Akron Central: YES <input type="checkbox"/> NO <input type="checkbox"/>
Previous School Name _____		
Previous School Address, City, State, Zip Code _____		
Student lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____		

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

Does the student receive: special education services? YES NO 504 plan? YES NO
 Parent rights regarding referral and evaluation of your child for the purposes of special education services can be found at www.akronschools.org

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

Residence Address House # _____ Street/Road _____ Apt _____ City _____ Zip Code _____

Telephone Number _____

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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E-mail address _____

Last Name	First Name	Cell Phone	Work Phone
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E-mail address _____

Statement of Residency: I, by signing this statement, am testifying that my child is a legal resident of the Akron Central School District. Should the district find the documentation provided to be false, the district will seek charges of theft of services, reimbursement for court costs and back tuition. Parents/Guardians are responsible for payment of tuition if the parent's residency is not within the Akron Central School District. If children move out of the district, the parents/guardians are responsible for withdrawing them in accordance with district policy or for paying tuition. The Akron Central School District will seek restitution for tuition if it is deemed that a student is not a resident of the district. I also understand that if my residency should change, I will immediately notify the Akron Central School District and provide documentation.

Parent/Guardian Signature

Date

Parent /Guardian (NOT residing with student):

Last Name First Name Cell Phone Work Phone

E-mail address _____

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

If YES, please list complete address

Emergency Contact #1: (If unable to contact Parent/Guardian)

Name: _____ **Relationship:** _____

Phone 1: _____ **Phone 2:** _____

Emergency Contact #2: (If unable to contact Parent/Guardian or Emergency Contact #1)

Name: _____ **Relationship:** _____

Phone 1: _____ **Phone 2:** _____

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 Educational Services as soon as the registration process is completed.

Parent/Guardian Signature

Date