

AKRON CENTRAL SCHOOL DISTRICT REGISTRATION FORM

Please complete the form below in its entirety and call the Registrar's Office at 716-542-5039 for an appointment. 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)
- o Transcript/Report card

For Office Use Only	
Starting Date: _____	
Student # _____	
Family # _____	
Grade _____	Ethnicity _____
Home Lang English	
Birth Certif. <input type="checkbox"/>	DOB _____
Birthplace _____	
Immunization _____	
Lead Screening _____	
Physical _____	
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
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Birthdate	Birthplace	Gender
Is this student Hispanic or Latino? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Ethnicity- Check all that apply:		Home Language: _____
<ul style="list-style-type: none"> <input type="checkbox"/> American Indian or Alaska Native <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: 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
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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.

If 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