

INSTRUCTIONS FOR COMPLETING **REGISTRATION FORM**

STUDENT INFORMATION:

- The address where student resides is the physical/legal street address where the student lives. In the case of joint custody, a primary address must be provided

PARENT/GUARDIAN INFORMATION:

- Please check who you wish to have identified as the primary and secondary call contact.
- Please be sure to indicate if mailing is needed for a parent not living with the student. If so, an address must be entered

CONFIDENTIAL CUSTODIAL INFORMATION:

- Court paperwork required for Custody Transfer, Foster Placement and Orders of Protection

EMERGENCY CONTACT INFORMATION:

- Emergency Contacts should be people, other than the parents, who may be called if an emergency occurs.

SIBLINGS (living in the home):

- List all individuals under 21 at this address (you should include only family members and step-siblings)

CONFIDENTIAL RESIDENCE INFORMATION:

- Please fill out the Confidential Residence Information, *only if applicable*.

REGISTRATION FORM

FOR: ENTRY OF NEW STUDENT

STUDENT INFORMATION

Name _____ Preferred Name (if applicable) _____

Home Address _____ / _____ / _____ / _____

County of Residence _____ School District of Residence _____

Street _____ Apt# or Lot# _____ City _____ State _____ Zip _____

Mailing Address _____ / _____ / _____ / _____
(if different from home address) _____ City _____ State _____ Zip _____

Birth Date ____/____/____ Gender M F

Student's Previous Address _____ / _____ / _____ / _____

Street _____ Apt# or Lot# _____ City _____ State _____ Zip _____

Who does the child live with? Mother Father Step-Mother Step-Father Legal Guardian
 Mother Father Step-Mother Step-Father Legal Guardian

SCHOOL RECORDS

Name of School Last Attended _____ District _____

School Address _____ / _____ / _____ / _____

Street _____ City _____ State _____ Zip _____

Phone (____) _____ Guidance Office Fax No. (____) _____

STUDENT SERVICES

Has your child ever been identified as having an educational disability? Yes No

If yes, please describe _____

Check which applies: Student has a current Individualized Education Plan (IEP)
 Student has a 504 Accommodation Plan

Please describe any Special Education Services that your child has received (i.e. speech, occupational therapy, physical Therapy, resource, special class, remedial instruction) _____

Has your child received any other services (i.e. English as a Second Language)?

Yes No If yes, please describe _____

Student Name _____

PARENT/GUARDIAN INFORMATION

Mother Father Step-Mother Step-Father Legal Guardian
 Primary Contact Secondary Contact

Name _____

Address _____
(include Apt # or Lot#)

Please indicate if phone is your Home (landline), cell or work
Please indicate the order in which you want to be contacted
Call Order Ranking for Emergency Closings (ex: Snow Day)
(Rank #1 will be called first, then #2 and lastly #3)

Phone Numbers: Call Order Rank
() _____ Home Cell Work 1 2 3
() _____ Home Cell Work 1 2 3
() _____ Home Cell Work 1 2 3
 Yes, I would like to receive Text Messages to:
() _____
 Yes, I would like to receive District Electronic Mailings

Email Address _____

Employer _____
 Check if Parent on Active Duty in the Armed Forces

Mother Father Step-Mother Step-Father Legal Guardian
 Primary Contact Secondary Contact

Name _____

Address _____
(include Apt # or Lot#)

Please indicate if phone is your Home (landline), cell or work
Please indicate the order in which you want to be contacted
Call Order Ranking for Emergency Closings (ex: Snow Day)
(Rank #1 will be called first, then #2 and lastly #3)

Phone Numbers: Call Order Rank
() _____ Home Cell Work 1 2 3
() _____ Home Cell Work 1 2 3
() _____ Home Cell Work 1 2 3
 Yes, I would like to receive Text Messages to:
() _____
 Yes, I would like to receive District Electronic Mailings

Email Address _____

Employer _____
 Check if Parent on Active Duty in the Armed Forces

PARENT/GUARDIAN INFORMATION

Mother Father Step-Mother Step-Father Legal Guardian

Name _____

Address _____
(include Apt # or Lot#)

Please indicate if phone is your Home (landline), cell or work
Please indicate the order in which you want to be contacted
Call Order Ranking for Emergency Closings (ex: Snow Day)
(Rank #1 will be called first, then #2 and lastly #3)

Phone Numbers: Call Order Rank
() _____ Home Cell Work 1 2 3
() _____ Home Cell Work 1 2 3
() _____ Home Cell Work 1 2 3
 Yes, I would like to receive Text Messages to:
() _____
 Yes, I would like to receive District Electronic Mailings

Email Address _____

Employer _____
 Check if Parent on Active Duty in the Armed Forces

Mother Father Step-Mother Step-Father Legal Guardian

Name _____

Address _____
(include Apt # or Lot#)

Please indicate if phone is your Home (landline), cell or work
Please indicate the order in which you want to be contacted
Call Order Ranking for Emergency Closings (ex: Snow Day)
(Rank #1 will be called first, then #2 and lastly #3)

Phone Numbers: Call Order Rank
() _____ Home Cell Work 1 2 3
() _____ Home Cell Work 1 2 3
() _____ Home Cell Work 1 2 3
 Yes, I would like to receive Text Messages to:
() _____
 Yes, I would like to receive District Electronic Mailings

Email Address _____

Employer _____
 Check if Parent on Active Duty in the Armed Forces

Student Name _____

CONFIDENTIAL CUSTODIAL INFORMATION (reference the Procedure for Verification of Custodial Rights)

**Please check all that apply and provide paperwork where asterisk indicates

- Two Parents in Home
- Single Parent
- Joint Custody
- Sole Custody
- **Custody Transfer
- **Foster Placement
- Emancipated

**Order of Protection – If there is a current “Order of Protection” or “No Contact Order” which concerns this student, documentation must be provided

EMERGENCY CONTACTS (beyond parent/legal guardian)

Name _____

Name _____

Relationship to child:

- Grandparent
- Neighbor
- Sitter
- Other

Relationship to child:

- Grandparent
- Neighbor
- Sitter
- Other

Please indicate if phone is your Home (landline), cell or work
Please indicate the order in which you want to be contacted
(Rank #1 will be called first, then #2 and lastly #3)

Please indicate if phone is your Home (landline), cell or work
Please indicate the order in which you want to be contacted
(Rank #1 will be called first, then #2 and lastly #3)

Phone Numbers: Call Order Rank

() _____ Home Cell Work 1 2 3

() _____ Home Cell Work 1 2 3

() _____ Home Cell Work 1 2 3

Phone Numbers: Call Order Rank

() _____ Home Cell Work 1 2 3

() _____ Home Cell Work 1 2 3

() _____ Home Cell Work 1 2 3

SIBLINGS (living in the home)

Name _____ / _____
First Last

Name _____ / _____
First Last

Birth Date ____/____/____ Gender M F

Birth Date ____/____/____ Gender M F

Name _____ / _____
First Last

Name _____ / _____
First Last

Birth Date ____/____/____ Gender M F

Birth Date ____/____/____ Gender M F

Name _____ / _____
First Last

Name _____ / _____
First Last

Birth Date ____/____/____ Gender M F

Birth Date ____/____/____ Gender M F

LIVONIA CENTRAL SCHOOL STUDENT RACIAL AND ETHNIC IDENTIFICATION FORM

To the Parent/Guardian: The U.S. Department of Education and the New York State Education Department require the collection and recording of the racial and ethnic identity of students. The information will be used to:

- Report required data to the State and Federal Education Departments.
- Plan educational programs and make sure that they are readily available to all students.
- Analyze differences in academic performance, attendance and completion of school.

This information will be kept secure and confidential in accordance with all State and Federal student privacy laws and regulations. If the information requested is not provided on this form on behalf of your child, a student records officer from the school or district will be required to identify the group to which the student appears to belong, identifies with, or is regarded in the community as belonging. Thank you for your cooperation.

STUDENT NAME: _____

DIRECTIONS TO PARENT/GUARDIAN

PLEASE ANSWER QUESTIONS (1) and (2). PLEASE READ THEM BEFORE YOU RESPOND. [For question (1) Check () the box that best describes your child.]

1. Is the student Hispanic, Latino or of Spanish origin? Hispanic, Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South America, or other Spanish culture or origin, regardless of race.

- Yes, Hispanic
 No, not Hispanic

2. Select one or more races from the following five racial groups. Check all groups that apply to your child; check at least ONE box:

- AMERICAN INDIAN OR ALASKA NATIVE:** A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community recognition.
- ASIAN:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- BLACK:** A person having origins in any of the black racial groups of Africa.
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- WHITE:** A person having origins in any of the original peoples of Europe, North Africa or the Middle East

Signature of Parent/Guardian

Date

Relationship to Student (please check one box below):

- Mother Father Guardian Other (specify): _____

All students between 5 and 21 years of age have the right to a free public education. Children may not be refused admission because of race, color, creed or national origin, sex, citizenship, handicapping condition, or immigration status.

Student Name: _____

Confidential Residence Information:

Please indicate below only if it (1) reflects your child's current living situation or (2) your living situation if you are a youth not living with a parent or guardian. Your answer will help school staff with school enrollment and may enable the student to receive additional services.

We are currently living:

<input type="checkbox"/>	with a relative or others due to lack of housing, similar situation due to the lack of alternative adequate housing or permanent foster care placement
<input type="checkbox"/>	in a motel/hotel, camping ground or other setting
<input type="checkbox"/>	in a shelter
<input type="checkbox"/>	temporarily housed in a shelter awaiting a DCFS
<input type="checkbox"/>	in an abandoned apartment/building / car or park

RIGHTS OF HOMELESS STUDENTS

The Livonia Schools shall provide an educational environment that treats all students with dignity and respect. Every LCS homeless student shall have equal access to the same free and appropriate educational opportunities as students who are not homeless. This commitment to the educational rights of homeless children, youth, and youth not living with a parent or guardian, applies to all services, programs, and activities provided or made available by the LCS.

A student is considered "**homeless**" if he or she is presently living:

- in a shelter
- sharing housing with relatives or others due to lack of housing
- in a motel/hotel, camping ground, or similar situation due to lack of alternative, adequate housing
- at a train or bus station, park, or in a car
- in an abandoned building
- temporarily housed while awaiting foster care placement

All Homeless Students Have Rights To:

-Immediate school enrollment. A school must immediately enroll students even if they lack health, immunization or school records, proof of guardianship, or proof of residency.

-Enroll in:

- the school he/she attended when permanently housed (school of origin).
- the school in which he/she was last enrolled (school of origin)
- any school that non-homeless students living in the same attendance area in which the homeless child or youth is actually living and are eligible to attend.
- Remain** enrolled in his/her selected school for as long as he/she remains homeless or if the student becomes permanently housed, until the end of the academic year. Academic success is helped when the student remains in the same school.

-Priority in certain preschool programs. Parents or guardians are encouraged to seek enrollment in these programs.

-Participate in a tutorial-instructional support program, school-related activities, and/or receive other support services.

-Obtain information regarding how to get fee waivers, free uniforms, and low-cost or free medical referrals.

-Transportation services: A homeless student attending his/her school of origin has a right to transportation to go to and from the school of origin as long as she/he is homeless or, if the student becomes permanently housed, until the end of the academic year. LCS staff shall inform homeless parents/guardians or youth of transportation services to and from school and school-related activities.

For preschool through 6th grade, alternative transportation such as busing in parental "hardship" situations where documentation is provided. Examples of

"hardship" situations are:

- parent employment, job training, or educational program
- mental and/or physical disability
- children need to be transported to/from schools at different locations
- rules of shelter or similar facility will not permit parent/guardian to leave to transport children to/from school

Dispute Resolution: If you disagree with school officials about enrollment, transportation or fair treatment of a homeless child or youth, you may file a complaint with the principal. The principal must respond and attempt to resolve it quickly. The principal must refer you to free and low cost legal services to help you, if you wish. During the dispute, the student must be immediately enrolled in the school and provided transportation until the matter is resolved. The Homeless Education Dispute Resolution Process Form is available at all Livonia Schools and offices, including the Homeless Education Program (773)553-2242.

Livonia School has a Homeless Education Program Liaison who will assist you in making enrollment and placement decisions, providing notice of any appeal process, and filling out dispute forms. If you have questions about enrollment in school, or want more information about the rights of homeless students in the Livonia Schools, call the Livonia Central School District at (585)346-4000.