

SUPPLEMENTAL - FAMILY REGISTRATION FORM – NEWFANE CENTRAL SCHOOL DISTRICT

INFORMATION ON ADDITIONAL STUDENTS BEING ENROLLED

(If more than three students ask for a supplemental student information form)

STUDENT (4)	STUDENT (5)	STUDENT (6)
Legal Name:	Legal Name:	Legal Name:
Birthdate:	Birthdate:	Birthdate:
Last Grade Completed:	Last Grade Completed:	Last Grade Completed:
Current Grade:	Current Grade:	Current Grade:
Gender:	Gender:	Gender:
Ethnicity:	Ethnicity:	Ethnicity:
Social Security Number:	Social Security Number:	Social Security Number:
Relationship to Parent/Guardian:	Relationship to Parent/Guardian:	Relationship to Parent/Guardian:
Name of previous district:	Name of previous district:	Name of previous district:
Name of previous school:	Name of previous school:	Name of previous school:
IEP or 504 Plan (circle)	IEP or 504 Plan (circle)	IEP or 504 Plan (circle)
Any educational considerations/services: OT PT Speech Small Class AIS _____	Any educational considerations/services: OT PT Speech Small Class AIS _____	Any educational considerations/services: OT PT Speech Small Class AIS _____
Allergies/Serious health concerns?	Allergies/Serious health concerns?	Allergies/Serious health concerns?
Special Guardianship or Custody Issues??	Special Guardianship or Custody Issues??	Special Guardianship or Custody Issues??

INFORMATION ON ADDITIONAL PARENTS/PRIMARY LEGAL GUARDIAN(S)

Mother /Father / Foster Parent / Other	Mother /Father / Foster Parent / Other	Mother /Father / Foster Parent / Other
Name:	Name:	Name:
Address:	Address:	Address:
Is above address the primary residence of the student(s) being enrolled? Yes or No	Is above address the primary residence of the student(s) being enrolled? Yes or No	Is above address the primary residence of the student(s) being enrolled? Yes or No
Employer:	Employer:	Employer:
Occupation:	Occupation:	Occupation:
Home Phone:	Home Phone:	Home Phone:
Cell Phone:	Cell Phone:	Cell Phone:
Work Phone:	Work Phone:	Work Phone:
Email:	Email:	Email:
Ethnicity:	Ethnicity:	Ethnicity:
What is the relationship to the student(s)? If relationship is not with all students enrolling please specify what students this individual has a parental or legal guardianship relationship with.	What is the relationship to the student(s)? If relationship is not with all students enrolling please specify what students this individual has a parental or legal guardianship relationship with.	What is the relationship to the student(s)? If relationship is not with all students enrolling please specify what students this individual has a parental or legal guardianship relationship with.

Certification: I hereby certify that I am a legal resident of the Newfane Central School District and that the above information is both accurate and complete to the best of my knowledge.

Parent/Guardian Signature: _____ Date: _____