

STUDENT INFORMATION

Last Name _____ First _____ Middle _____
Mailing Address _____ City _____ State NY Zip _____
(PO Box should be indicated here)
Physical Address _____ City _____ State NY Zip _____
(Complete only if different than mailing address)
Sex M F Home Phone # (315) _____ Cellular Phone # () _____
County _____ Date of Birth ____ / ____ / ____ Birth Place _____
(City, State)

Ethnic _____ Hispanic: Yes or No
(Choose one: 1-White, 2-Black or African American, 3-Asian, 4-American Indian or Alaskan Native, 5-Native Hawaiian/Other Pacific Islander)

Entering Grade Level _____ Year of Graduation _____ Date Enrolled ____ / ____ / ____

CUSTODIAL CONTACT INFORMATION

Student resides with (circle one): PARENTS MOTHER ONLY FATHER ONLY GUARDIAN

1-Name _____ Relationship _____
Address _____
Street Number Street Name City Zip Code
Home Phone # _____ Cellular Phone # _____
e-mail address _____

2-Name _____ Relationship _____
Address _____
Home Phone # _____ Cellular Phone # _____
e-mail address _____

Custody (Choose one: Sole, Joint, 50/50, Temporary, Foster, Visitation, Guardian, No Rights, No) Proof of custody must be provided.

WORK INFORMATION

Father's Employer _____ Work Phone () _____
e-mail _____
Step-Father's Employer _____ Work Phone () _____
e-mail _____
Mother's Employer _____ Work Phone () _____
e-mail _____
Step-Mother's Employer _____ Work Phone () _____
e-mail _____

OTHER CHILDREN IN HOUSEHOLD:

1. _____ 3. _____
(First and Last Name) Brother or Sister Date of Birth (First and Last Name) Brother or Sister Date of Birth
2. _____ 4. _____
(First and Last Name) Brother or Sister Date of Birth (First and Last Name) Brother or Sister Date of Birth

ALTERNATE PERSON(S) TO CONTACT (if parent(s) cannot be reached)

1. Name _____ Relationship(s) to student _____
Address _____
Street Number Street Name City Zip Code
Home Phone _____ Cellular Phone _____
Work Phone #1 () _____ Work Phone #2 () _____
2. Name _____ Relationship(s) to student _____
Address _____
Street Number Street Name City Zip Code
Home Phone _____ Cellular Phone _____
Work Phone #1 () _____ Work Phone #2 () _____

EMERGENCY SCHOOL CLOSING CONTACT (one name only, please):

Name of Contact _____
Home E-Mail _____ Work E-Mail _____
Phone: _____
Date: _____

Signature of Parent or Persons Responsible for Signing Excuses