

**New Student Registration Form**  
**Fonda-Fultonville Central School District**

Student # assigned \_\_\_\_\_  
Bus Slot # \_\_\_\_\_  
Home Room \_\_\_\_\_

**Complete all information carefully. Please print.**

Grade: \_\_\_\_\_ Date of Registration \_\_\_\_\_ Date of Entry \_\_\_\_\_

**Student's Full Legal Name:** \_\_\_\_\_  
(First) (MI) (Last)  
Sex: \_\_\_M\_\_\_F Place of Birth: \_\_\_\_\_ D.O.B. \_\_\_\_\_

**Ethnicity:** (circle one) (W) White/Caucasian (H) Hispanic (B) Black  
(A) Asian (AIN) American Indian  
Language spoken in the home: \_\_\_\_\_

**Street Address:** (911 address, no P.O. Boxes): \_\_\_\_\_  
(Street # and name)  
\_\_\_\_\_, NY Zip: \_\_\_\_\_  
(Village/city)

**Mailing Address** (P.O. Box acceptable): \_\_\_\_\_  
\_\_\_\_\_, NY Zip: \_\_\_\_\_  
(Village/city)

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Family Information:**

**Father:** \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_ Employment: \_\_\_\_\_  
Father's Work Number \_\_\_-\_\_\_-\_\_\_ ext. \_\_\_ Cell Phone # \_\_\_-\_\_\_-\_\_\_

**Mother:** \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_ Employment \_\_\_\_\_  
Mother's Work Number \_\_\_-\_\_\_-\_\_\_ ext. \_\_\_ Cell Phone # \_\_\_-\_\_\_-\_\_\_

**Step Parent:** \_\_\_\_\_ Phone # \_\_\_-\_\_\_-\_\_\_

**Custody:** Lives with \_\_\_\_\_ Relationship \_\_\_\_\_  
Is this a foster placement? \_\_\_ yes \_\_\_ no If so, name of county \_\_\_\_\_  
Name of County Caseworker \_\_\_\_\_ Please provide a copy of **DSS 2999** form.

**Foster Family:** \_\_\_\_\_

**Brothers/Sisters:** (living in same household)

Name: \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_ Grade \_\_\_\_\_ M/F  
Name: \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_ Grade \_\_\_\_\_ M/F  
Name: \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_ Grade \_\_\_\_\_ M/F  
Name: \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_ Grade \_\_\_\_\_ M/F

**Emergency Contact:** \_\_\_\_\_ Phone: \_\_\_-\_\_\_-\_\_\_  
(name and relationship) **(over)**

**Has your child attended school at Fonda-Fultonville CSD before?** \_\_\_\_yes \_\_\_\_no

**Name of Last School Attended:** \_\_\_\_\_

**School's Mailing Address** (include zip code): \_\_\_\_\_

**School's Phone Number:** \_\_\_\_\_

If child is homeless or an unaccompanied youth, what are the living arrangements in the district? Please check the one that applies. Due to the lack of adequate housing are you living:

- \_\_\_\_ in a shelter –(homeless, or violence protection)
- \_\_\_\_ with relatives or others due to lack of housing
- \_\_\_\_ in an abandoned apartment building
- \_\_\_\_ in a motel/hotel
- \_\_\_\_ in a camping ground
- \_\_\_\_ in a car
- \_\_\_\_ in a train/bus station or other similar situation