



City School District of Albany Student Registration Form

For Central Registration Use Only

Registration Date: _____ Initials: _____

Student ID#: _____ Grade: _____ S.E.: YES/NO

School: _____ R/A: YES/NO IMMS: YES/NO

_____ Registration Form _____ Change of School

From: _____

***Parents must accompany their child to school on their first day of class to meet with school personnel.**

Student's Name: _____
Last First Middle

Gender: Male _____ Female _____ Date of Birth: _____ / _____ / _____

Student's Home Address: _____ Student's Home Phone: _____

Street Apt # City State Zip Code

Country of Origin: _____ Primary Language: _____

Is the student currently living in a temporary situation?

Shelter Hotel/Motel Other _____

With whom does the student live? Both Parents _____ Mother _____ Father _____ Guardian _____ Other _____

Mother/Guardian: _____ E-mail: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Home Address: (If different) _____
Street Apt #

City State Zip Code

Father/Guardian: _____ E-mail: _____

Home Phone: _____ Work Phone: _____ Cell Phone/Pager: _____

Home Address: (If different) _____
Street Apt #

City State Zip Code

Emergency Contact:

Name _____ Relationship _____

Home Phone: _____ Work phone: _____ Cell phone: _____

Has your child attended an Albany City School District school? Yes No

If yes, which one? _____ Grade _____

Last School Attended: _____ Grade _____ Public Non-Public

Address: _____ District _____

Reason for leaving previous school: _____

Has child received any Special Education Services? Yes No

Has child received ESL (English as a Second Language) services? Yes No

Has child repeated any grade level? Yes No If yes, which grade(s)? _____

Has child received remedial Math Yes/No or English Yes/No

PLEASE ANSWER QUESTIONS (1) and (2). PLEASE READ THEM BEFORE YOU RESPOND.

(For question (1) Check (✓) the box that best describes your child.) Check (✓) only ONE box.

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 American, 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 (For question (2) 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 and South America (including Central America), and who maintains tribal affiliation or community attachment.

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.

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

BLACK OR AFRICAN AMERICAN: A person having origins in any of the Black racial groups of Africa.

WHITE: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Please list other children in the family:

Name	Date of Birth	Male/Female	Grade	School (if applicable)

HEALTH HISTORY

Note: For the safety and wellbeing of your child, you must be accessible in the event of illness or injury. Notify the school immediately if any of the emergency numbers or contacts you provided above change. It is not in the best interest of an ill or injured child to be maintained indefinitely at school. Parents must pick up their child when the child is ill or injured. If parents are unable to do so, they must designate a responsible adult to pick up and attend to their child.

If your child has had any of the following health problems or diseases, please check below and comment when necessary.

HEALTH HISTORY			COMMENT
			Please use this space to provide details for any condition/s checked.
Blood Disorders	<input type="checkbox"/>	Allergies	
Chicken Pox	<input type="checkbox"/>	Asthma	
Chronic Ear Infections	<input type="checkbox"/>	Birth Defects	
Hearing Loss	<input type="checkbox"/>	Bone/Joint Muscle Problems	
Hepatitis	<input type="checkbox"/>	Diabetes	
Mono	<input type="checkbox"/>	Heart Disease or Murmur	
Scarlet Fever/Strep	<input type="checkbox"/>	Lead Level Elevated	
Sickle Cell Disease	<input type="checkbox"/>	Operation/Hospitalizations	
Speech Problems	<input type="checkbox"/>	Seizure Disorders	
Tuberculosis	<input type="checkbox"/>	Serious Injuries	
Vision Problems	<input type="checkbox"/>	Other Health Issues	

Were there any complications during the pregnancy of this child? _____. If so, please describe. _____

What was the length of the pregnancy? _____. What was your child's birth weight? _____

Were there any complications during the birth of this of this child? _____. If so, please describe. _____

Does your child take any regular medications? _____. If so, please list. _____

Does your child have any social or emotional problems that may impact his/her ability to learn and socialize in school? _____. If so, please explain. _____

New York State Education Law required all new entrants and students in Pre-K or K, 2nd, 4th, 7th and 10th grades to have a physical exam. If a physical form is not returned to school before our school physicians come for physicals, your child will have a health appraisal in school.

Signature of Parent/Guardian/Other

Date

Relationship to student (Please check one box below):

Mother Father Guardian Other (Specify): _____