

Franklin Central School District
Student Registration Form

Office Use Only Student # _____ School Year _____ Entry Date ____/____/____
Required Documentation: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Immunization Records <input type="checkbox"/> Current Physical <input type="checkbox"/> Custody Paperwork (if needed): _____
School Districts are now required by New York State to have a copy of custody papers on file. Please provide the school with a copy of custody papers
Out of District <input type="checkbox"/> Y <input type="checkbox"/> N Proof of Residency: _____
Other Items: (registrar to review with parent/guardian) <input type="checkbox"/> Pesticide Notification <input type="checkbox"/> FERPA Directory Information
Signature of School Official who registered child: _____ Date: ____/____/____

Student Name: _____ Gender: F M
(First) (Middle) (Last) (Suffix Jr, III, IV) (Circle One)

Birth Date: ____/____/____ **Birth Place:** _____
(MM/DD/YYYY) (City, State, Country)

Ethnic Origin (please circle one)
American Indian African American Asian Hispanic Caucasian Native Hawaiian / Other Pac Islander Other

Primary Language if not English: _____

Student Physical Address: Street: _____ City: _____ State: ____ Zip Code: _____ Home Phone: ____-____-_____	Student Mailing Address (if different than Physical): Street or PO Box: _____ City: _____ State: ____ Zip Code: _____
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Last School Attended: District: _____ Last Grade Completed: _____

Address: _____ City: _____ State: ____ Zip Code: _____

Attended NYS School: Yes No If yes indicate School & Year _____ Previously enrolled in FCS: Yes No

Guardian #1:

Name (First, MI, Last): _____ Relationship: _____

Street: _____ City: _____ State: ____ Zip Code: _____

Primary Phone: ____-____-_____ Secondary Phone: ____-____-_____ Work Phone: ____-____-_____

Living with Student: Yes No **Receive Mailings:** Yes No email address: _____

Place and Address of Employment: _____

Guardian #2:

Name (First, MI, Last): _____ Relationship: _____

Street: _____ City: _____ State: ____ Zip Code: _____

Primary Phone: ____-____-_____ Secondary Phone: ____-____-_____ Work Phone: ____-____-_____

Living with Student: Yes No **Receive Mailings:** Yes No email address: _____

Place and Address of Employment: _____

Signature of Parent/Guardian: _____ **Date:** ____/____/____

Emergency Contact #1:

Name (First, MI, Last): _____ Relationship: _____
Street: _____ City: _____ State: _____ Zip Code: _____
Primary Phone: _____ - _____ Secondary Phone: _____ - _____ Work Phone: _____ - _____
Place and Address of Employment: _____

Emergency Contact #2:

Name (First, MI, Last): _____ Relationship: _____
Street: _____ City: _____ State: _____ Zip Code: _____
Primary Phone: _____ - _____ Secondary Phone: _____ - _____ Work Phone: _____ - _____
Place and Address of Employment: _____

Emergency Contact #3:

Name (First, MI, Last): _____ Relationship: _____
Street: _____ City: _____ State: _____ Zip Code: _____
Primary Phone: _____ - _____ Secondary Phone: _____ - _____ Work Phone: _____ - _____
Place and Address of Employment: _____

Emergency Closing: if school closes early for an emergency my child is to sent to (name) _____ at
(address) _____ Phone # _____ - _____ - _____

Other Children currently living in same household:

Name: _____ Gender: F M DOB: ____/____/____

Name: _____ Gender: F M DOB: ____/____/____

Name: _____ Gender: F M DOB: ____/____/____

Name: _____ Gender: F M DOB: ____/____/____

Name: _____ Gender: F M DOB: ____/____/____

Field Trip Permission – My child has my permission to attend field trips. I understand that I will be notified in advanced of all field trips and have the right to keep my child home rather than attending.
Signature of Parent or Guardian: _____ Date: ____/____/____