

<u>NEW STUDENT REGISTRATION</u>

Please complete all questions. (Please Print)

Check the school and grade you are registering your child for: GRADE:					
☐ Increase Miller Elementary School ☐ Katonah E		lementary School	☐ Mead	☐ Meadow Pond Elementary School	
☐ John Jay Middle School		☐ John Jay High School			
Child's Legal Name:	t	First	Middle	_ Gender: M / F	
			Wilder		
Home Address: Street & Nun	nber	Town	State	Zip	
Mailing Address:Street & Nur		Т		7:	
(If different from above) Street & Number Town State Zip					
Date of Birth: Birt	hplace:		Home Phone:		
Student resides with: □Both Parents □Mother Only □Father Only □Mother/*Stepfather □Father/*Stepmother □Foster Parents □Other (See Special Home Circumstance Section) * Please indicate Stepparent name:					
This questionnaire is intended to address the McKinney-Vento Homeless Assistant Improvement Act. Your responses to this questionnaire will help our District determine which services your child may be eligible to receive.					
1. Is your current address a temporary living arrangement?YesNo 2. If so, is this temporary living arrangement due to loss of housing or economic hardship?YesNo					
If you answered YES please complete the bottom portion of this form. If you answered NO, please STOP HERE and proceed to the following page. ***********************************					
Please check what best describes where this student is <u>currently</u> living:					
In a shelter			In a rented gar	rage due to loss of housing	
In a motel or hotel				with an adult that is <u>not</u> the	
In a transitional housing progra	ım		loss of housing	guardian of child, due to ng	
In a car, trailer or campsite			In a single roo	om occupancy building	
In a rented trailer/motor home	on private prop	erty		in another family's house or the to loss of housing	
Awaiting foster placement					
Other place unfit for human ha	bitation		NONE OF T	HESE CHOICES APPLY	

PARENT/GUARDIAN INFOR	MATION:		DOD.		D	-1-4:1-:
Guardian 1 Last Name:		DOB:		K	elationship:	
First Name:		E-mail:	E-mail:			
Address:						
Home Phone:	Cell Pho	Cell Phone:			Work Phone:	
Marital Status: □ Married	□ Divor	□ Divorced □ S		ated Widowed Single		□ Single
Guardian 2 Last Name:			DOB:		Ro	elationship:
First Name:			E-mail:			
Address:						
Home Phone: Cell Phone:		one:		Work Phone:		one:
Marital Status: Married			□ Separated	Separated		□ Single
SIBLINGS:						
Name (Last, First, Middle)		Date of	Birth		School	/Grade
FMFRGFNCY CONTACTS: (Other than	Parents/	Guardians	listed ahe	ova)	
		nship to dent	Phone Number		per	
1.			Home:		Cell:	
2.			Home: Cell:			
PREVIOUS SCHOOL INFOR	MATION:					
Schools Attended Dates To/From (most recent firs			Grade(s) Location: Country/C		ountry/City/State	

PREVIOUS HOME ADDR	ESS: (Most recent first - i	nclude dates to/from and full address)				
1.						
2.						
SPECIAL HOME CIRCU	MSTANCES:					
access to student's record	ls unless we have a legal	the right to visit student in school and have document indicating otherwise. Please covide a copy of legal document, if applicable.				
Legal Custody of child is w	vith					
		a copy) Yes No				
List type and date of legal of	List type and date of legal document provided					
If you are a Guardian, plo	ease complete the follow	ving:				
Name of child's natural par	rent(s)					
Address or whereabouts of	natural parent(s)					
Official document indicating	ng custody and restriction	ns, etc., if any				
	ation is provided. Also, a	must complete the following or registration will be DSS-2999 Form and a letter verifying information				
Name of Foster Parent						
Name of Agency		Agency Code #				
Agency Address		Type of Agency				
Case Worker and/or Social V	Worker	Phone No				
DSS Case #	CIN #	CB#				
Date child was placed at our	rent location:	Date at previous location:				

STUDENT RACIAL AND ETHNIC IDENTIFICATION

DIRECTIONS TO PARENT/GUARDIAN:

Please answer both questions (1) AND (2).

For question (1) Check ($\sqrt{\ }$) the one box that best describes your child. Check ($\sqrt{\ }$) only ONE box.

means a person of C or origin, regardless YES, Hispanic	uban, Mexican, Puer of race.	of Spanish origin? For to Rican, Central or t	-	or of Spanish origin or other Spanish culture
◯ NO, Not Hispan	ic			
		m the following five ild. Please check (box.
	America (including	rigins in any of the o	and who maintain	s cultural identification
	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.			
				Hawaii, Guam, Samoa,
	Black or African A person having or	American rigins in any of the b	lack racial groups	s of Africa.
	White A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.			
Signature of Parent/Gu				Date
	t: (Please check one of the			
Mother	Father	Guardian	Other(Please specify)

Parent/Guardian Oath:		
I,	sa	y that I am the
parent/guardian of	, and that I have read the	foregoing application, and
know the contents thereof; that	t the same are true to my own knowledge and the	nat I have given the
answers set forth above knowi	ing that the Katonah-Lewisboro School District	will rely upon them in
determining whether the child	is to be admitted to its school system.	
	Signature of Parent/Guardian	Date
•••••	•••••	•••••

Katonah-Lewisboro School District P.O. Box 387 Katonah, NY 10536 (914) 763-7000 Website: www.klschools.org