

PARENT/GUARDIAN INFORMATION:

Guardian 1 Last Name:		DOB:	Relationship:
First Name:		E-mail:	
Address:			
Home Phone:	Cell Phone:	Work Phone:	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single			

Guardian 2 Last Name:		DOB:	Relationship:
First Name:		E-mail:	
Address:			
Home Phone:	Cell Phone:	Work Phone:	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single			

SIBLINGS:

Name (Last, First, Middle)	Date of Birth	School/Grade

EMERGENCY CONTACTS: (Other than Parents/Guardians listed above)

Name (First Name , Last Name)	Relationship to Student	Phone Number	
1.		Home:	Cell:
2.		Home:	Cell:

PREVIOUS SCHOOL INFORMATION:

Schools Attended	Dates To/From (most recent first)	Grade(s)	Location: Country/City/State

PREVIOUS HOME ADDRESS: (Most recent first - include dates to/from and full address)

1.

2.

SPECIAL HOME CIRCUMSTANCES:

If separated or divorced, other parent will have the right to visit student in school and have access to student's records unless we have a legal document indicating otherwise. Please indicate any restrictions in the area below and provide a copy of legal document, if applicable.

Legal Custody of child is with _____

Is there a custody agreement? (If so, please provide a copy) ____ Yes ____ No

List any restrictions other parent has regarding child _____

List type and date of legal document provided _____

If you are a Guardian, please complete the following:

Name of child's natural parent(s) _____

Address or whereabouts of natural parent(s) _____

Official document indicating custody and restrictions, etc., if any _____

If you are a Foster Parent or Foster Care Agency you must complete the following or registration will be held until all missing information is provided. Also, a DSS-2999 Form and a letter verifying information below are required or registration will be held.

Name of Foster Parent _____

Name of Agency _____ Agency Code # _____

Agency Address _____ Type of Agency _____

Case Worker and/or Social Worker _____ Phone No. _____

DSS Case # _____ CIN # _____ CB# _____

Date child was placed at current 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 (✓) the one 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) Please check one or more races from the following five racial groups.

Check all groups that apply to your child. Please check (✓) at least ONE box.

<input type="checkbox"/>	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 cultural identification through tribal affiliation or community attachment (e.g. Cherokee, Mohawk, Inuit).
<input type="checkbox"/>	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.
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/>	Black or African American A person having origins in any of the black racial groups of Africa.
<input type="checkbox"/>	White A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Signature of Parent/Guardian/Other

Date

Relationship to Student: (Please check one of the boxes below):

<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Guardian	<input type="checkbox"/> Other _____ (Please specify)
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Parent/Guardian Oath:

I, _____ say that I am the
parent/guardian of _____, and that I have read the foregoing application, and
know the contents thereof; that the same are true to my own knowledge and that I have given the
answers set forth above knowing 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

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Katonah-Lewisboro School District
P.O. Box 387
Katonah, NY 10536

(914) 763-7000
Website: www.klschools.org