



School Name: _____

Student ID# _____

Bus Rte. _____

STUDENT ONLINE REGISTRATION (ADDENDUM)

Student Name: _____ DOB: _____ Grade Entering: _____
Legal Last Name First MI

Mailing Address (if different): _____
PO Box or Street Name Apt# City State Zip

Birth Place: _____
City & State (or Country)

Previous School Attended: _____
Name & Mailing Address

Is the Student Currently Suspended at the Previous School: Yes No

If Yes, Please Explain: _____

PARENT/GUARDIAN INFORMATION

Father Step-Father Legal Guardian Foster Parent Mother Step-Mother Legal Guardian Foster Parent

Name: _____

Name: _____

Lives in Household: Yes No

Lives in Household: Yes No

Employer: _____

Employer: _____

ACTIVE MILITARY: Yes No

ACTIVE MILITARY: Yes No

Rank/Unit: _____

Rank/Unit: _____

CIVILIAN Personnel: Yes No
(Employed at Ft. Drum-Not Military) (Employed at Ft. Drum-Not Military)

CIVILIAN Personnel: Yes No

STUDENT EDUCATIONAL SERVICES

Does your child currently have an IEP? _____ Yes _____ No
 Does your child currently have a 504 Plan? _____ Yes _____ No
 Has your child ever repeated a grade in school? Grade _____ _____ Yes _____ No

Check any services listed below that your child has received in the past school year.

- | | |
|------------------------|---|
| _____ Remedial Math | _____ Occupational Therapy |
| _____ Remedial Reading | _____ Physical Therapy |
| _____ Speech | _____ School Counseling |
| _____ ESOL | _____ Counseling from an Outside Agency |

If my child has an IEP, I give my permission to disclose information from my child's educational records to local, state, and federal agency representatives for the sole purpose of claiming Medicaid reimbursement for health and related support services which may be included in my child's IEP.

 Signature of Parent/Guardian

 Date