

**GENESEO CENTRAL SCHOOL REGISTRATION FORM – GRADES K-12**  
 Please complete a form for each child, UNLESS the children you are registering have the same ADULT INFORMATION

<b>STUDENT INFORMATION</b>				
<b>Student's Name:</b>			<b>Grade:</b>	
<b>Birthdate:</b>	<b>Gender:</b>	<b>Student Cell Phone (if any):</b>		
<b>Birthplace(City/Town):</b>	<b>Birth State:</b>	<b>Birth Country:</b>		
<b>PARENTS/GUARDIANS – Please list each adult separately.</b>				
<b>Name:</b>		<b>Relationship:</b>		
Lives with: ( )Yes ( )No	Permission Pickup: ( )Yes ( )No	Legal Custody: ( )Yes ( )No	Receives Mailings: ( )Yes ( )No	
<b>E-Mail Address:</b>				
<b>Address Line 1:</b>		<b>Address Line 2:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>Home Phone:</b>	<b>Other Phone:</b>
<b>Employer:</b>	<b>Occupation:</b>		<b>Work Phone(Ext.):</b>	
<b>Name:</b>		<b>Relationship:</b>		
Lives with: ( )Yes ( )No	Permission Pickup: ( )Yes ( )No	Legal Custody: ( )Yes ( )No	Receives Mailings: ( )Yes ( )No	
<b>E-Mail Address:</b>				
<b>Address Line 1:</b>		<b>Address Line 2:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>Home Phone:</b>	<b>Other Phone:</b>
<b>Employer:</b>	<b>Occupation:</b>		<b>Work Phone(Ext.):</b>	

<b>SIBLINGS</b>				
Please list all sibling				
Sibling's Name	DOB	M / F	Grade	Pre-K

<b>DOCUMENTS REQUIRED</b>
A raised seal Birth Certificate, Proof of Immunizations and Proof of Residency are required for all students, along with a Physical Examination form completed by a NYS licensed health care provider. Legal documents are requested in cases of divorce, legal separation, adoption and foster placement.

Please Turn Over

**ADDITIONAL ADULTS**Use this section to **ADD** additional adults to your child(ren)'s school records**Please list each adult separately**

<b>Name:</b>			<b>Relationship:</b>		
Lives with: ( )Yes ( )No	Permission Pickup: ( )Yes ( )No		Legal Custody: ( )Yes ( )No	Receives Mailings: ( )Yes ( )No	
Address Line 1:			Address Line 2:		
City:	State:	Zip:	Home Phone:	Other Phone:	

<b>Name:</b>			<b>Relationship:</b>		
Lives with: ( )Yes ( )No	Permission Pickup: ( )Yes ( )No		Legal Custody: ( )Yes ( )No	Receives Mailings: ( )Yes ( )No	
Address Line 1:			Address Line 2:		
City:	State:	Zip:	Home Phone:	Other Phone:	

<b>Name:</b>			<b>Relationship:</b>		
Lives with: ( )Yes ( )No	Permission Pickup: ( )Yes ( )No		Legal Custody: ( )Yes ( )No	Receives Mailings: ( )Yes ( )No	
Address Line 1:			Address Line 2:		
City:	State:	Zip:	Home Phone:	Other Phone:	

<b>Name:</b>			<b>Relationship:</b>		
Lives with: ( )Yes ( )No	Permission Pickup: ( )Yes ( )No		Legal Custody: ( )Yes ( )No	Receives Mailings: ( )Yes ( )No	
Address Line 1:			Address Line 2:		
City:	State:	Zip:	Home Phone:	Other Phone:	

**EMERGENCY EARLY SCHOOL CLOSURE DESTINATION**

*For students in grades K-5 a destination must be listed below in case the school closes early for any emergency.  
For grades 6-12, your child will be transported home, unless a different location is indicated below.*

Name:		Home Phone:	Other Phone:
Address:		City:	

**Parent/Guardian signature required to validate all information**

I have reviewed all the information in the registration packet and verify that it is correct.

I will submit all required documents.

I certify that I am the custodial parent or legal guardian of the registered child(ren).

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*\*For information regarding your rights regarding referral and evaluation of your child for the purposes of Special Education services, please visit <http://www.p12.nysed.gov/specialed/publications/policy/parentguide.htm> or contact Cindy Flowers, Special Education Administrator, 243-3450 ext. 2265\*\***