

## GENESEO CENTRAL SCHOOL REGISTRATION FORM

Please complete a form for each child, UNLESS all children you are registering have the same ADULT INFORMATION (See Sections I, II, and III)

<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>Section I: PARENTS/GUARDIANS</b> – 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
<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>Section II: EMERGENCY CONTACT</b> If your child is ill or injured and the school is unable to contact any parents/guardian, this person will be contacted and should be able/willing to transport and provide care for your child.					
<b>Name:</b>			<b>Relationship:</b>		
Lives with: ( )Yes ( )No		Permission Pickup: ( )Yes ( )No		Legal Custody: ( )Yes ( )No	Receives Mailings: ( )Yes ( )No
<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>Section III: EMERGENCY EARLY SCHOOL CLOSURE DESTINATION</b> 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.					
<b>Name:</b>			<b>Home Phone:</b>		<b>Other Phone:</b>
<b>Address:</b>			<b>City:</b>		
<b>Section IV: SIBLINGS</b> List all siblings for whom the information in Sections I, II, III, and IV are the same. If not, please complete a separate registration form for each child. Use a separate page for additional siblings.					
<b>Sibling's Name</b>		<b>DOB</b>	<b>M / F</b>	<b>Grade</b>	<b>Pre-K</b>

Please Turn Over

**GENESEO CENTRAL SCHOOL REGISTRATION FORM**  
**Documents Required/Additional Adults**

**Section I – DOCUMENTS REQUIRED**

A raised seal Birth Certificate, Proof of Immunizations and Proof of Residency are required for ALL students.  
 Legal documents are requested in cases of divorce, legal separation, adoption and foster placement.

**Section II – ADDITIONAL ADULTS**

Use this section to ADD additional adults to your child(ren)'s school records

**Student's Name:**

**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:	

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

I have reviewed all the information in the registration packet and validate it to be 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\*\*