



**Private/Charter School Enrollment Form**

<b>For Office Use Only</b>	
Student ID # _____	Grade _____
Enrollment Type _____	

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

**Student Information**

Student's Name: _____ <i>First Middle Last</i> Birth Date: ____/____/____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Grade: _____ Home Phone: _____ Residential Address: _____ <i>Street Apt# or Floor</i> _____ <i>City State Zip</i> Mailing Address (if different than above): _____	Name of School: _____ School District ( <i>Where school is located</i> ): _____  <b>1.) Ethnicity – Check those which apply.</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic  <b>2.) Race – Check all those which apply.</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander
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**Parent/Guardian Information**

Student Resides With:  Parents  Mother  Father  Foster Parents (please attach form DSS-2999)  Other: \_\_\_\_\_

Are there Legal Arrangements?  No  Yes (If yes, please provide court documents)  Joint Custody  Sole Custody  Temporary Custody  Visitation

Primary Parent/Guardian Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Workplace: \_\_\_\_\_ Work Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Workplace: \_\_\_\_\_ Work Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Home Address (If different than student's): \_\_\_\_\_ Receives Mail:  Yes  No

**Household Information**

List all siblings residing at residence	Gender	Birthdate	Grade	School

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 Documents provided to the district:

- |   |  |                                  |
|---|--|----------------------------------|
| <input type="checkbox"/> Photo ID             | <b>Proof of Residency:</b>                               | <b>Custody Papers:</b>           |
| <input type="checkbox"/> Birth Certificate    | <input type="checkbox"/> Deed or Tax Bill                | <input type="checkbox"/> DSS 229 |
| <input type="checkbox"/> Immunization Records | <input type="checkbox"/> Utility bill                    | <input type="checkbox"/> Custody |
| <input type="checkbox"/> Physical             | <input type="checkbox"/> Driver's License                |                                  |
| <input type="checkbox"/> Dental Certificate   | <input type="checkbox"/> ROP                             |                                  |
|   | <input type="checkbox"/> Cohoes Housing Authority        |                                  |
|   | <input type="checkbox"/> Notarized letter and home visit |                                  |
|   | <input type="checkbox"/> Other _____                     |                                  |
|   | <input type="checkbox"/> Signed Lease                    |                                  |
|   | <input type="checkbox"/> STAC                            |                                  |

Stamp Date: \_\_\_\_\_  
 Registrar Signature: \_\_\_\_\_