

# SPENCERPORT CENTRAL SCHOOL DISTRICT STUDENT INFORMATION FORM



Student's Legal Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

House #, Street, Apt \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ DOB (M/D/Y) \_\_\_\_\_ Gender:  M  F  X

Is this student Hispanic or of Spanish Origin?  Yes  No

Race: Please list in the order that you would like to be considered with your primary first \_\_\_\_\_

**A**-Asian **B**-African American/Black **I**-American Indian/Alaskan Native **P**-Hawaiian/Pacific Islander **W**-Caucasian/White

School to attend \_\_\_\_\_ Grade \_\_\_\_\_

Has this student ever been enrolled in the Spencerport CSD?  Yes  No School \_\_\_\_\_ Year \_\_\_\_\_

**PARENT/GUARDIAN 1:**  In the Home  Not in the Home

**PARENT/GUARDIAN 2:**  In the Home  Not in the Home

Name \_\_\_\_\_  
*First Last*

Name \_\_\_\_\_  
*First Last*

Mother  Father  Foster  Step

Mother  Father  Foster  Step

Guardian (Relationship \_\_\_\_\_)

Guardian (Relationship \_\_\_\_\_)

Address \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

City, State Zip \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Employer \_\_\_\_\_ Work # \_\_\_\_\_

Employer \_\_\_\_\_ Work # \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

If not in the home, receive mailings?  Yes  No

If not in the home, receive mailings?  Yes  No

**List all other adults at this student's primary address:**

<u>Last</u>	<u>First</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____

**List all others under age 21 at this student's primary address:**

<u>Last</u>	<u>First</u>	<u>Gender</u>	<u>Birth Date</u>	<u>School</u>
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X	_____	_____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X	_____	_____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X	_____	_____

Parent/Guardian Signature \_\_\_\_\_

**Office Use Only**

Student # \_\_\_\_\_ Date Received \_\_\_\_\_

Original: Registration Office      Copies to: Instruction Office for Home School or Transportation