

Niagara-Wheatfield Central School District Student Registration ~ Private & Parochial

Student Information (Please Print. Complete all the information requested and place a check in the appropriate spaces.)

Student's Legal Name: Last:	First:	Middle:
Student's Nickname:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Birth Date: / /	(* Must be 5 years old on or before Dec. 1 st to start Kindergarten, must provide proof of Birth)	
Birthplace:	Date of Arrival in US (If applicable) / /	

Student Racial and Ethnic Identification (2 part question is required for reporting to State and Federal Education departments)

Ethnicity - Check <u>One</u> : <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the student Hispanic Latino, or of Spanish origin? (Cuban, Mexican, Puerto Rican, Central or South American, other Spanish culture or origin, regardless of race.)
Race - Select <u>one or more</u> races from the following five racial groups that best describe the student. At least <u>ONE box must</u> be checked:	
<input type="checkbox"/> American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.	
<input type="checkbox"/> Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippine Islands, Thailand, and Vietnam.	
<input type="checkbox"/> Black or African American: A person having origins in any of the Black racial groups of Africa.	
<input type="checkbox"/> Native Hawaiian or Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.	
<input type="checkbox"/> White: A person having origins in any of the original peoples of Europe, including Spain, North Africa, or the Middle East.	

Registration Information

Transportation To (School):	Phone: ()		
Address:	City:	State:	Zip:
Grade:			
Has the student ever attended Niagara Wheatfield Central Schools before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes", please provide the Year(s), Grade(s) and School:			
Is the student receiving Special Education services? (Does the student have an Individualized Education Plan (IEP)?) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Medical/Health Needs and/or Speech Services? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please specify:			
A.M. Transportation Required: <input type="checkbox"/> Yes <input type="checkbox"/> No P.M. Transportation Required: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Student Residence

Home Phone Number: ()			
Residence Address: Street:	City:	State:	Zip:
Mailing (if Different):			

School
Year _____

Office Use Only

Student ID Number:

Date Received:

Date Approved:

Transportation Start Date:

Proj. Grad Year

District of Origin (If app):

☐ **2 Proofs of Residency***

Primary Proof

Secondary Proof

☐ **Birth Certificate**

☐ **Custody Papers (If app)**

☐ Approved by:

Initials: _____

Custodial Parent/Guardian Information

Parent/ Guardian Contact #1	Last Name:		Lives with Student? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	First Name:		Middle:		Email Address:		
	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No Parent in Active Duty in Armed Forces <input type="checkbox"/> Yes <input type="checkbox"/> No		Complete Address:				
	Relationship to Student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian		City:		State:		Zip:
	<input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Other:		Home Phone (_____) _____ - _____		Cell Phone (_____) _____ - _____		
			Work Phone (_____) _____ - _____		Ext _____		
Parent/ Guardian Contact #2	Last Name:		Lives with Student? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	First Name:		Middle:		Email Address:		
	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No Parent in Active Duty in Armed Forces <input type="checkbox"/> Yes <input type="checkbox"/> No		Complete Address:				
	Relationship to Student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian		City:		State:		Zip:
	<input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Other:		Home Phone (_____) _____ - _____		Cell Phone (_____) _____ - _____		
			Work Phone (_____) _____ - _____		Ext _____		
Legal Custody: <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other If "Other", please list relationship:							
(If Applicable) Legal Documentation of Custody? <input type="checkbox"/> Yes-copies attached. <input type="checkbox"/> No – Explain:							
Are one or both parents deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", which parent?							
Please List Other Children Living in the Household (Birth through Grade 12)							
Last Name	First Name	Middle Name	Birth Date	Gender	School (If Applicable)	Grade (If Applicable)	Relationship to Student
				<input type="checkbox"/> Female <input type="checkbox"/> Male			
				<input type="checkbox"/> Female <input type="checkbox"/> Male			
				<input type="checkbox"/> Female <input type="checkbox"/> Male			
				<input type="checkbox"/> Female <input type="checkbox"/> Male			
				<input type="checkbox"/> Female <input type="checkbox"/> Male			

Emergency Contacts		
Contact #1	Last Name:	Lives with Student? <input type="checkbox"/> Yes <input type="checkbox"/> No
	First Name: Middle:	Home Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____
	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male Relationship to Student: <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Other:	Complete Address: City: State: Zip:
Contact #2	Last Name:	Lives with Student? <input type="checkbox"/> Yes <input type="checkbox"/> No
	First Name: Middle:	Home Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____
	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male Relationship to Student: <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Other:	Complete Address: City: State: Zip:

Please check appropriate item:

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There are no changes in address, contacts, school, custody and/or legal residence (other than grade level) for your request for private/parochial transportation from the 2021/2022 school year to the 2022/2023 school year.

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For new students or students with changes in address, custody and/or legal residence from the 2021/2022 school year to the 2022/2023 school year. Attach (2) proofs of residency as requested (see reverse for an acceptable list of primary and secondary proof of residency).

In accordance with the State Education Department Law, Section 3635, this form must be completed in its entirety **for each individual child** and RETURNED to the Niagara Wheatfield Transportation Department at 2260 Saunders Settlement Rd, Sanborn NY 14132 or to the District Office (door #6) at 5700 West St, Sanborn, NY 14132. **PRIOR TO APRIL 1st**.

*****Busing will not be provided if the distance is greater than 15 miles from your home one way, as per the State Education Department guidelines. Also, late transportation requests will not be honored if the request requires the addition of a new bus route. Busing to private and parochial schools will not be provided on days that the Niagara Wheatfield District is Closed.*****

Parent/Guardian Signature _____

Date _____

NIAGARA WHEATFIELD CENTRAL SCHOOL DISTRICT
Proof of Residency List

It will be necessary for you to provide *ONE* form of **Primary Proof** and at least *ONE* form of **Secondary Proof**.
All forms of proof must be dated within three months of presentation.

Acceptable Primary Forms of Proof:

1. Residential tax bill for improved residential real property within the District, in the name of a parent or Legal Guardian.
2. Lease Agreement and rental receipt in the name of a parent or Legal Guardian, for improved residential real property within the District, with name, address and telephone number of landlord for verification purposes.
3. Residential mortgage instrument or deed, duly recorded in the Niagara County Clerk's Office in the name of a parent or Legal Guardian, which describes real property with a residential address within the District.

Acceptable Secondary Forms of Proof:

- 1 Utility bill (electricity, telephone, water/sewer or natural gas or propane) for service at a residential address within the District being billed in the name of a parent or Legal Guardian.
- 2 Utility company (electricity, telephone, water/sewer or natural gas or propane) letter indicating service to begin within thirty (30) days at a residential address within the District being billed in the name of a parent or Legal Guardian.
- 3 Bank statement in the name of a parent or Legal Guardian, addressed to a residential address within the District.
- 4 Social Security correspondence or statement addressed in the name of a parent or Legal Guardian, addressed to a residential address within the District.
- 5 U.S. Postal Service verification of change of address to a residential address within the District, in the name of a parent or legal guardian.
- 6 Federal or NYS income tax documentation with preprinted name and address, addressed in the name of a parent or legal guardian, addressed to a residential address within the District, such as a W-2 Form, preprinted label from government, or income tax return with preprinted label.
- 7 A certificate of occupancy for residential real estate for real property within the District addressed and/or issue in the name of a parent or Legal Guardian.
- 8 A Policy binder of homeowners or residential renters insurance for residential real property within the District addressed and/or issued in the name of a parent or Legal Guardian.
- 9 Other proof acceptable to a District administrator.