REGIONAL OFFICE OF EDUCATION
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Fulton • Hancock • McDonough • Schuyler

For Office Use/SID #_____
Enrollment Date: _____

John Meixner
Regional Superintendent of Schools

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To be completed by student/parent 2020-2021

Name of Home School District: _____ Name of ROE26 Program: _____

STUDENT INFORMATION

_____

Last First M.I. Phone Number email address

_____

Street Address City State ZIP

Birth Date _____ Age _____ Gender _____Ethnicity _____ Current Grade _____

To best meet student needs, please describe the current housing for the student. Student p**resently lives:**

☐ **in a home with his/her parent or parents**
☐ **in a motel, car or campsite**
☐ **other: _____**
☐ **In a shelter**
☐ **alone with no adults**
☐ **with more than one family in a home for financial reasons**
☐ **with a relative, friend or other adults**

LIVES WITH: _____

Name(s) Relationship

PARENT/GUARDIAN INFORMATION

_____

Last First Relationship Day Time Phone Email Address

_____

Street Address, if different than above City State ZIP

Additional parent/guardian information: _____

_____

When we need to contact a parent/guardian who should we call?

1st contact name and best number/other details_____

2nd contact name and best number/other details_____

ALLERGIES _____

LUNCH Free ☐ Reduced ☐ Pay ☐

TRANSPORTATION Bus (arrival/pick-up) _____ Parent ☐ Student ☐

Date Last Attended School _____ Where were you enrolled? _____ How long? _____

Reason for joining this program: _____

Other information Safe School/Academy staff should be aware of: _____

_____

_____