



City School District of Albany Student Registration Form

For Central Registration Use Only
Registration Date: \_\_\_\_\_ Initials: \_\_\_\_\_
Student ID#: \_\_\_\_\_ Grade: \_\_\_\_\_
School: \_\_\_\_\_
S.E.: YES/NO 504 PLAN: YES/NO E.N.L.: YES/NO
R/A: YES/NO M.V.: YES/NO IMMS: YES/NO
Registration Change of School From: \_\_\_\_\_

\*Parents must accompany their child to school on their first day of class to meet with school personnel.

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

Gender: Male/Female

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student's Home Address: Student's Home Phone: \_\_\_\_\_

# Street Apt # City State Zip Code

With whom does the student live? Both Parents \_\_\_ Mother \_\_\_ Father \_\_\_ Guardian \_\_\_ Other \_\_\_

Mother/Guardian: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Home Address: (If different) \_\_\_\_\_
# Street Apt #
City State Zip Code

Father/Guardian: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Home Address: (If different) \_\_\_\_\_
# Street Apt #
City State Zip Code

**Emergency Contact: (If unable to reach Parent)**

Name: \_\_\_\_\_ Relationship (to child): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**Has your child attended an Albany City School District school?** Yes  No

If yes, which one? \_\_\_\_\_ Grade \_\_\_\_\_

**Last School Attended:** \_\_\_\_\_ Grade \_\_\_\_\_ Public  Non-Public

Address: \_\_\_\_\_ District \_\_\_\_\_

**Reason for leaving previous school:** \_\_\_\_\_

**If you suspect your child has a disability you can contact Catie Magil, Committee on Special Education (CSE) Chairperson at 518-475-6150 to discuss your options.**

**Does child receive any Special Education Services?** Yes  No  **Have a 504 Plan?** Yes  No

**Does child receive ENL (English as a New Language) services?** Yes  No

**Has child repeated any grade level?** Yes  No  If yes, which grade(s)? \_\_\_\_\_

**Does child receive remedial:** Math? Yes/No or English? Yes/No

**PLEASE ANSWER QUESTIONS (1) and (2). PLEASE READ THEM BEFORE YOU RESPOND.**

(For question (1) Check ( ✓ ) the box that best describes your child.) Check ( ✓ ) only ONE box.

1. Is the student Hispanic, Latino, or of Spanish origin? Hispanic, Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

YES, Hispanic  NO, not Hispanic

2. Select one or more races from the following five racial groups (For question (2) Check ( ✓ ) all groups that apply to your child. Check ( ✓ ) at least ONE box.)

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.

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, the Philippine Islands, Thailand, and Vietnam.

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

BLACK OR AFRICAN AMERICAN: A person having origins in any of the Black racial groups of Africa.

WHITE: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

**Please list other children in the family:**

Name	Date of Birth	Male/Female	Grade	School (if applicable)

# HEALTH HISTORY

Student Name \_\_\_\_\_

**Note:** For the safety and wellbeing of your child, you must be accessible in the event of illness or injury. Notify the school immediately if any of the emergency numbers or contacts you provided above change. It is not in the best interest of an ill or injured child to be maintained indefinitely at school. Parents must pick up their child when the child is ill or injured. If parents are unable to do so, they must designate a responsible adult to pick up and attend to their child.

**If your child has had any of the following health problems or diseases, please check below and comment when necessary.**

HEALTH HISTORY				COMMENT
				Please use this space to provide details for any condition/s checked.
Blood Disorders		Allergies		
Chicken Pox		Asthma		
Chronic Ear Infections		Birth Defects		
Hearing Loss		Bone/Joint Muscle Problems		
Hepatitis		Diabetes		
Mono		Heart Disease or Murmur		
Scarlet Fever/Strep		Lead Level Elevated		
Sickle Cell Disease		Operation/Hospitalizations		
Speech Problems		Seizure Disorders		
Tuberculosis		Serious Injuries		
Vision Problems		Other Health Issues		

Were there any complications during the pregnancy of this child? \_\_\_ If so, please describe. \_\_\_\_\_

What was the length of the pregnancy? \_\_\_\_\_ What was your child's birth weight? \_\_\_\_\_

Were there any complications during the birth of this of this child? \_\_\_ If so, please describe \_\_\_\_\_

Does your child take any regular medications? \_\_\_\_\_ If so, please list: \_\_\_\_\_

Does your child have any social or emotional problems that may impact his/her ability to learn and socialize in school? \_\_\_\_\_. If so, please explain. \_\_\_\_\_

**New York State Education Law required all new entrants and students in Pre-K or K, 2<sup>nd</sup>, 4<sup>th</sup>, 7<sup>th</sup> and 10<sup>th</sup> grades to have a physical exam. If a physical form is not returned to school before our school physicians come for physicals, your child will have a health appraisal in school.**

\_\_\_\_\_  
Signature of Parent/Guardian/Other

\_\_\_\_\_  
Date

Relationship to student (Please check one box below):

Mother  Father  Guardian  Other (Specify): \_\_\_\_\_



## City School District of Albany Central Registration Office

75 Watervliet Avenue • Albany, NY  
12206 Phone: 475-6125 • Fax: 475-6126  
Hours: 8:30 a.m.-4 p.m. Monday-Friday

To enroll in the City School District of Albany, New York State Education Law requires that students be residents of the district and of age to attend school. The following documents must be submitted to demonstrate this:

### **1) Documentation of birth - One of the following. Copies will *not* be accepted.**

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- Original birth certificate
- Original baptismal certificate
- Passport

*The following will be permitted as proof of birthday only if none of the above documents exist or can be produced*

- Official driver's license
- State or other government issued identification
- School photo identification with date of birth
- Consulate identification card
- Hospital or health records
- Military dependent identification card
- Documents issued by federal, state, or local agencies
- Court orders or other court-issued documents
- Native American tribal documents
- Records from non-profit international aid agencies and voluntary agencies

### **2) Parent/guardian photo identification**

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### **3) Proof of address (2 *different* items required in one parent/guardian name)**

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- a. Each must include the name and address of a parent or guardian and must be dated within **30 days** prior to registration date
- b. Parent or guardian must be able to produce one document from each category

#### Category 1\*

- Copy of residential lease; deed; or mortgage statement
- Statement by a third-party landlord, owner, or tenant from whom the parent/guardian lease from or live with
- Other statement by third party establishing physical presence of parent/guardian within school district

#### Category 2

- Cell phone or telephone bill (Welcome letter from phone company is acceptable)
- Utility bill (electric, gas)
- Satellite/cable television bill or installation receipt
- Furniture rental statement (e.g. Aaron's, Rent-A-Center)
- Auto insurance ID card
- NYS driver's license, learner's permit or non-driver ID
- Payroll check (dated within the last two weeks) or income tax form
- Social security statements
- DSS documentations
- State or other government issued ID
- Documents issued by federal, state or local agencies

*\*Two forms of identification from Category 2 will be acceptable only if the parent/guardian is unable to produce a document from Category 1.*

### **4) Official immunization record signed by a physician or clinic staff**

### **5) Evidence of custody (Custody papers in the form of a court order of custody or stamped petition are acceptable)**

- If the student is not the biological child, documentation must be presented which proves a permanent and total transfer of custody and control has been achieved
- Parent must be able to demonstrate they are the person in parental relation to the child, over whom they have total and permanent custody and control

### **6) Report card or transcript for all new students entering middle school and high school.**