

North Colonie Central School District

91 Fiddlers Lane
Latham, NY 12110

Submit by Email

For School Use ONLY - to be completed by office personnel only.

Registrar's Init. _____ School Attend _____

Student ID# _____ Household Cd _____

Start Date _____ Homeroom _____

Grade Level _____ Counselor _____

Data Entered By _____ Date _____

Pupil Registration

(Please print neatly and complete all information)

-- **PART I** --

Student Information

Please fill in the information below as it appears on the student's birth certificate

First Name: Middle Name: Last Name: Suffix

Primary Household Address

Address Information

Residential 911 Street Address (Required)

House/Building # Street Name Apt #
City State Zip

Mailing Address (if different)

House/Building/PO# Street Name Apt #
City State Zip

Daycare Transportation

Will your child need transportation to and from a daycare provider within the North Colonie CSD? Yes No
(NOTE: Agreement to provide transportation to and from daycare is contingent upon availability.)

{NOTE: If "Yes", a separate request for daycare transportation must be submitted **directly to the Transportation Department**. Forms are available from the Registrar, or may be submitted online at www.northcolonie.org/transportation }

Support Services

Has your child received special education service(s) or accommodation(s) through an:

Individual Education Plan (IEP)? Yes No

Section 504 Plan Only? Yes No

(Please print neatly and complete all information)

-- **PART II** --

Household Information (Please read carefully and answer all sections.)

Primary Household Information (non-custodial parent/guardian information is entered on a different form)

Parent/Guardian/Person in Parental Relationship Information (living at Primary Household)

First parent/guardian

Relationship to student:

First Name: Last Name: Suffix

Phone #1: #2: #3:

(Please list phone numbers in the order that you wish to be called should the school need to contact you in the event of an emergency. Phone numbers with extensions will not work with our auto-dialer system. Do NOT list phone numbers with extensions.)

Second parent/guardian: (living at Primary Household)

Note: If second parent/guardian does not live with the child, do not complete this section.

Relationship to student:

First Name: Last Name: Suffix

Phone #4: #5:

(Please list phone numbers in the order that you wish to be called should the school need to contact you in the event of an emergency. Phone numbers with extensions will not work with our auto-dialer system. Do NOT list phone numbers with extensions.)

I agree that all information answered above is accurate and acknowledge that false information may result in denial of admission or revocation.

Parent/Guardian Signature: _____ Date: _____ / _____ / _____
(mm) (dd) (yyyy)

You may either e-mail this complete form to the Central Registrar of the North Colonie CSD or print this completed form and bring it with you to your registration appointment with the Central Registrar of the North Colonie CSD.

(please note, if you e-mail the form, you will still need to set up an appointment to meet with the Central Registrar of the North Colonie CSD to complete the registration of your child.)

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