

# North Colonie Central School District

91 Fiddlers Lane  
Latham, NY 12110

Pupil Registration  
(Please print neatly and complete all information)

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 _____

-- 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](http://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

Pupil Registration (page 2)

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

(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

Home Phone#:  Cell#:  Work#:

Primary Email Address:  Secondary Email Address:

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

Cell Phone#:  Work#:

Primary Email Address:  Secondary Email Address:

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.)

# North Colonie Central School District

91 Fiddlers Lane  
Latham, NY 12110

## Pupil Demographic Information

(Please print neatly and complete all information)

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 _____

-- 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:

Date of Birth:  Nickname:  Gender:  M  F

Place of Birth: City  State/Province  Nation:

OFFICE USE ONLY: U.S. C BC:  Yes  No

### Race/Ethnicity Category :

Please answer questions (1) and (2). PLEASE READ THEM BEFORE YOU RESPOND.

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 people 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, 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 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.

**Living Arrangements: (Please check only one.)**

- In permanent housing
  - In a shelter
  - In a hotel/motel
  - In a car, park, bus, train, or campsite
  - With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as a "doubled-up")
  - Other temporary living situation (Please describe):
- 

**Immigration data:**

Has the student emigrated from another country into the U.S.?  Yes  No

First day in U.S. schools (continuous enrollment)

**Support Services**

Primary language spoken at home (list only one):

Has your child been identified as Limited English Proficient or ever received English as a Second Language services?  Yes  No

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Is the student the child of migrant workers?  Yes  No

Is the student in Foster Care?  Yes  No

Is the student a child of a parent or guardian who is a member of the Armed Forces and on full-time Active Duty? (Army, Navy, Air Force, Marine Corps, Coast Guard or full-time National Guard)  Yes  No

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Pupil Demographic Information (page 3)

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

(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 entered on page 4)

Parent/Guardian Information (living at Primary Household)

**First parent/guardian**

Relationship to student:

First Name:  Last Name:  Suffix:

Do you have legal custody of the student being registered?  Yes  No

Do you have primary physical/residential custody of the child?  Yes  No

**Second parent/guardian: (living at Primary Household)**

*Note: If second parent/guardian does not live with the child, do not complete this section; instead, enter this information on page 4.*

Relationship to student:

First Name:  Last Name:  Suffix:

Do you have legal custody of the student being registered?  Yes  No

Do you have primary physical/residential custody of the child?  Yes  No

Sibling Information (Birth through Grade 12) (If you need more space, please attach an additional sheet of paper.)

Sibling #1 Name:  Gender:  M  F Date of Birth:

Grade Level:  School to Attend:  Student ID#:

Sibling #2 Name:  Gender:  M  F Date of Birth:

Grade Level:  School to Attend:  Student ID#:

Sibling #3 Name:  Gender:  M  F Date of Birth:

Grade Level:  School to Attend:  Student ID#:

Pupil Demographic Information (page 4)

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

(Please print neatly and complete all information)

Secondary Household Information (if applicable)

Parent/Guardian Information (NOT living at Primary Household)

Can pick up student?  Yes  No (court order must be provided) Relationship to student: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix

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

Phone numbers with extensions will not work with our auto-dialer system. Do NOT list phone numbers with extensions.

Address Information

House/Building/PO# \_\_\_\_\_ Street Name \_\_\_\_\_ Apt # \_\_\_\_\_

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

School Information

Has the student attended a North Colonie CSD public school before?  Yes  No

If yes, what year? \_\_\_\_\_ If yes, what school did they attend? \_\_\_\_\_

School transferring from: \_\_\_\_\_

School Address: \_\_\_\_\_

Date first entered 9th Grade: (High School students ONLY) \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Has the student ever been expelled from school?  Yes  No

If yes, please give details: \_\_\_\_\_

NOTE: When a family moves from the district, a student's academic records will be forwarded to the new school upon request. Transcripts of courses and grades earned will be sent to any college or employer where your child has filed an application. Transfer of other records and student data, however, requires written parent/guardian permission.

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.

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