

Candor High School  
STUDENT INFORMATION / REGISTRATION FORM

STUDENT NAME \_\_\_\_\_

ENTERING GRADE \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

All students must have the following information in order to register at Candor Central School

- **Immunization Records** – Upon enrollment, Candor schools require up to date immunization records. Pursuant to A.R.S 15-843, a student shall not attend school unless documented proof of immunization has been provided.
- **Proof of a Physical**
- **Birth Certificate** – The 1987 Legislature passed a law designated to help trace the location of any child who is reported missing. So that schools may assist in this effort, A.R.S. Sec. 15-828 requires that you, the parent or guardian of the child you are enrolling in our District provide a certified copy of the pupil's birth certificate.
- **Proof of Residency** – Two proof of residency – Mortgage agreement or rental agreement, AND a utility or phone bill. Proof of residency must show current address along with parent or legal guardian's name.
- **Proof of Legal Guardianship/Custody** – If a guardian other than a natural parent will be registering the student, a court document showing current guardianship must be provided at time of registration. If divorced, you MUST provide legal documentation of custody agreement.

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Residence Verification Form

State Law requires the District to enroll students whose parent/legal guardian reside within district boundaries. This form has been prepared to help you verify your residence.

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

Parent/Legal Guardian: \_\_\_\_\_

Legal Residence Address: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Parent/Legal Guardian must provide at least two (2) forms of verification at time of enrollment. Documents presented must be in your name and legal residence.\*

The information supplied, as a whole, must indicate clearly and reasonable that your legal residence is within Candor School District boundaries. Falsification of information will be grounds for the immediate withdrawal of the student(s) from school.

All verifications are subject to final approval by the District. The District reserves the right to investigate the claim residency status and to require additional documentation to prove residency within the District.

Provide one proof of residence from EACH section.

Section I Present one of the following in the name and address of the parent/guardian.

- a. Property tax bill or property tax evaluation card
- b. Closing/settlement paper/mortgage statement
- c. Executed lease/rental agreement

Section II Present one of the following in the name and address of the parent/guardian.

- a. Utility bill
- b. Phone bill
- c. Cable TV Statement
- d. Bank Statement
- e. Major credit card statement

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*The residence of a student is the residence of the person having legal custody of the student, except as provided in A.R.S. 15-824(B) and in A.R.S. 15-825. Residency of the parent/guardian or surrogate may be determined by showing the individual's presence and intent to remain in the District.

Candor Central School District ~ Candor, NY 13743

Student Registration Form

(To be filled out by Parent/Legal Guardian ONLY)

School (check one)  Candor Elementary School

Candor Jr./Sr. High School

Enrollment Grade: \_\_\_\_\_

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

First

Middle

Last

Jr., Sr. III

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Gender:  Male  Female

Primary Phone #: \_\_\_\_\_

Primary Address: \_\_\_\_\_

Mailing Address: (If different than primary)

Was your child born in the United States?  Yes  No

Place of Birth: \_\_\_\_\_

City

State

Country

Is ENGLISH the primary language spoken at home? \_\_\_\_\_ If no, what is the primary language spoken at home? \_\_\_\_\_

(please complete NYS Home Language Questionnaire)

**Ethnicity/Race:**

Is your child Hispanic, Latino, or of Spanish origin?  Yes  No

(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)

Please select one or more racial groups that apply to your child:  American Indian/Alaskan Native  Asian  White  
 Native Hawaiian/Other Pacific Islander  Black or African-American

**Student Transfer Information:**

Last School Attended: \_\_\_\_\_

Date Left \_\_\_\_\_ Last Grade Completed \_\_\_\_\_

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

Has student ever attended Candor Schools?  Yes  No If yes, when \_\_\_\_\_

Is your student under suspension or expulsion from any school at the current time?  Yes\*\*  No

If yes, explain \_\_\_\_\_

**\*\* A meeting with the building Principal and Superintendent of Schools will be necessary\*\***

Has your student ever been retained?  Yes  No If yes, what grade \_\_\_\_\_

Does your child have frequent absences?  Yes  No If yes, explain \_\_\_\_\_

Do you have any concerns about **special needs** for your child?  Yes  No If yes, explain \_\_\_\_\_

Is your child receiving **Academic Intervention Services (AIS)**?  Yes  No

If yes, check all that apply:  ELA  Math  Science  Social Studies  Other

Does your child currently have a **Section 504 Accommodation Plan**?  Yes  No

Does your child currently have an **Individualized Education Plan (IEP)**?  Yes  No

If yes, what services does he/she receive: \_\_\_\_\_

**Other Information:**

Do you have other children in your household: Yes/No

If yes, please list below:

Name	Date of Birth (mm/dd/yyyy)	Sex: M/F

**Parental Opt-Out:**  I do not want my child's photograph, artwork, or film footage released by the Candor Central School District.

Student: \_\_\_\_\_  
First Middle Last Jr., Sr. III D.O.B

\*This includes using Remind app, etc.

I do not want my child's home information released to other parents/guardians

**Parent/Legal Guardian Contact Information: (Do Not List Emergency Contacts On This Page, Use Next Page)**

- Marital Status of Student's Parents:  Married  Divorced  Separated  Other
- Is there a custody agreement in place?  Yes  No (If yes, please provide the district with a copy of the agreement)
- Are there other court documents in place (Appointed Law Guardian, Order of Protection, etc.)?  Yes  No
- Is the student in foster care?  Yes  No (If yes, DSS-2099 form is required before entry to school)

PRIORITY CALL ORDER

Parent/Guardian: \_\_\_\_\_ Custody: Yes/No Student lives with: Yes/No  
Relationship: \_\_\_\_\_ Can Pick Up: Yes/No Receive Mailings: Yes/No

Employer: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

Home address if different than student: \_\_\_\_\_

Calling order for phone numbers  
Home Phone: \_\_\_\_\_ 1 2 3  
Cell Phone: \_\_\_\_\_ 1 2 3  
Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ 1 2 3

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Employer: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student: \_\_\_\_\_  
 First Middle Last Jr., Sr. III D.O.B.

Email: \_\_\_\_\_

Calling order for phone numbers

Home Phone: \_\_\_\_\_ 1 2 3  
 Cell Phone: \_\_\_\_\_ 1 2 3  
 Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ 1 2 3

Home address if different than student: \_\_\_\_\_

**Emergency Contact Information:**

(Parents/Legal Guardians will always be contacted first. In the event you cannot be reached, these contacts (18 years or older) are authorized to pick up your child due to sickness, injury, etc.)

PRIORITY CALL ORDER

Adult Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

Calling order for phone numbers:

Home Phone: \_\_\_\_\_ 1 2 3  
 Cell Phone: \_\_\_\_\_ 1 2 3  
 Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ 1 2 3

PRIORITY CALL ORDER

Adult Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

Calling order for phone numbers:

Home Phone: \_\_\_\_\_ 1 2 3  
 Cell Phone: \_\_\_\_\_ 1 2 3  
 Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ 1 2 3

PRIORITY CALL ORDER

Adult Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

Calling order for phone numbers:

Home Phone: \_\_\_\_\_ 1 2 3  
 Cell Phone: \_\_\_\_\_ 1 2 3  
 Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ 1 2 3

PRIORITY CALL ORDER

Adult Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

Calling order for phone numbers:

Home Phone: \_\_\_\_\_ 1 2 3  
 Cell Phone: \_\_\_\_\_ 1 2 3  
 Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ 1 2 3

**Bussing and Early Dismissal/Emergency Closing Information: (THIS SECTION IS FOR ELEMENTARY STUDENTS ONLY)**

On scheduled early dismissal days; i.e., the 1<sup>st</sup> Wednesday of each Month for staff development (October-May) and Parent/Teacher Conferences is your child to:

- go home       go to daycare, list below where he/she should go:

NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 BUS # \_\_\_\_\_

In the event of an **emergency closing**, is your child to:

- go home       go to daycare, list below where he/she should go:

NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 BUS # \_\_\_\_\_

Student: \_\_\_\_\_  
 First Middle Last Jr., Sr. III D.O.B

**IMPORTANT NOTICES** - Please arrange with someone in your neighborhood to care for your child in case of early dismissal from school for illness or other emergencies. Inform your child as to where he or she should go in the event of your absence from home. If there are unusual custody matters, not releasing above named student to a particular individual due to a court restraining order, please provide most recent legal document(s) to elementary school office

**Health Information:**

My child wears:  Glasses  Contacts  Hearing Aid(s)  Orthodontic Braces  
 Other Brace:  Arm  Leg  Back

Please check below any conditions affecting your child which may affect his/her welfare at school.

Drug Allergy	Latex Allergy	Heart Condition	Seizure Disorders
Food Allergy	Diabetes	Kidney Disease	Visual Problems
Insect/Bee Allergy	Asthma	Hearing Problems	ADD/ADHD
Environmental Allergy	Uses Inhaler	Runny Ears	Arthritis
Milk Allergy	Internal Irregularities	Physical Handicap	

If your child has had any of the following, please check and state the appropriate date.

Chicken Pox	Measles	Mumps	Rubella/3 day
Scarlett Fever	Rheumatic Fever	Pneumonia	Tonsils Removed
Recent Injuries	Recent Surgeries		

List and explain, any items checked above and any illnesses, injuries, or health problems the child has had in the past year or is currently being treated for: \_\_\_\_\_

List medications with dosages your child takes on a regular basis, include prescription and over the counter medications.

	Name of Drug	Dosage and Frequency	Reason
1.			
2.			
3.			

Name of Health Care Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

**Permission for emergency medical treatment in case of injury or illness and parent/guardian is not available:**

In case of emergency, the information on this form may be given to emergency medical personnel:  Yes  No

I give permission for medical/ambulance personnel to treat my child:  Yes  No

If my child must be transported to the hospital, my hospital preference is: \_\_\_\_\_

**Authorization of Communication**

Permission is hereby granted to Candor Central School District to obtain all health and scholastic records from the above listed school as well as transfer records to a new school in the event of a move to another district or state. I understand that New York State requires proof of immunizations for diphtheria, tetanus, pertussis, polio, measles, mumps, rubella, hepatitis B, varicella, and meningococcal (HS only) from a physician or clinic for admission to school. Failure to file either proof of immunizations or exemptions will result in the exclusion of the pupil until such time as an appropriate immunization state is submitted. By signing below, I also hereby authorize communication between school health service personnel and my child's medical care provider regarding medical information necessary for his/her

Student: \_\_\_\_\_  
First Middle Last Jr., Sr. III D.O.B.

care, with the understanding that such information is confidential. I affirm that the information provided herein is accurate to the best of my knowledge, that I am the custodial parent or legal guardian of the above named child, and that we are residents of the Candor Central School District.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Parent/Guardian: \_\_\_\_\_

<b>OFFICE USE ONLY:</b> Approved by: _____ Date: _____
STUDENT ID# _____ ENTRY DATE: _____ GRADE: _____ HOMEROOM/TCHR: _____ BUS _____
RECEIVED: <input type="checkbox"/> Proof of Birth <input type="checkbox"/> Immunizations <input type="checkbox"/> Proof of Residency (2) <input type="checkbox"/> Court Documents/DS-2099 <span style="float: right;">Revised 6/23/17</span>