

NEW STUDENT INFORMATION FORM CENTRAL YORK SCHOOL DISTRICT

STUDENT INFORMATION		BUILDING: _____	
Student's Name _____ (Last) (First) (M.I.) (Jr., III, IV)			
Student's Address _____ (Street) (City) (State) (Zip Code)			
Township: _____		Home Phone #: _____ (Unlisted: Y or N)	
Date of Birth: _____		Place of Birth: _____	
Gender: _____		Grade: _____	
Is the student Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What is the student's race? Check one or more: <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian			
<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Pacific Islander			
Student Resides With: (Circle all that apply)			
<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Joint Custody
<input type="checkbox"/> Grandparent	<input type="checkbox"/> Agency	<input type="checkbox"/> Children's Home	<input type="checkbox"/> Parent & Stepparent
			<input type="checkbox"/> Foster Parent
			<input type="checkbox"/> Other*
If student's parent is deceased, please indicate year of death: _____			
Status of adults with whom student resides: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Living Together			
* If student resides with other, indicate name and relation to child: _____			
Legal custody of student if different from above: _____			
PLEASE ADVISE SCHOOL PRINCIPAL OF ANY COURT ORDERS / CUSTODY DECREES RESTRICTING ACCESS TO STUDENT.			

PARENT/GUARDIAN INFORMATION

STUDENT'S FATHER	STUDENT'S MOTHER	GUARDIAN/STEPARENT (If Applicable)
Name	Name	Name
Address	Address	Address
Home Phone #	Home Phone #	Home Phone #
Educational Level	Educational Level	Educational Level
Employer	Employer	Employer
Occupation	Occupation	Occupation
Work Phone #	Work Phone #	Work Phone #
Mobile Phone #	Mobile Phone #	Mobile Phone #
Email Address	Email Address	Email Address
Access to student info: Y or N	Access to student info: Y or N	Access to student info: Y or N

Brothers and Sisters	Gender	Date of Birth	Age	Living at Home		Grade
				Yes	No	

(If more space is needed, continue list on back.)

List other residents at student's address – not listed above.

<u>Name</u>	<u>Relationship to Student</u>
_____	_____
_____	_____

FOR DISTRICT USE

ER _____	DATE _____	TEACHER _____	GR _____
BUS # _____		BUS STOP _____	

*****O V E R *****

FORMER SCHOOL INFORMATION

Name of School _____ District _____

Address of School _____

Phone number of former school _____

Did this pupil participate in any of the following programs at the previous school:

Special Education (IEP) _____ Title I _____ ESL _____ Gifted _____

Has pupil repeated a grade? _____ If so, which Grade? _____

Did this pupil ever attend school in the Central York School District before? YES or NO (circle)
If yes, which school(s)? _____ Which grade(s) _____

Health Problems: _____

Items of concern about which you would like teachers, counselors and/or nurses to be aware:

Relationship to Pupil: _____

I/we have read the Central York School District Code of Conduct. I am aware of the level III violations.

Signature Date

Central York School District is an equal opportunity education institution and will not discriminate on the basis of race, color, national origin, gender, sexual orientation, and handicap in its activities, programs or employment practices as required by Title VI, Title IX, Section 504, and the American Disabilities Act.

For information regarding civil rights or grievance procedures, contact Robert B. Grove, Title VI, Title IX, and ADA Coordinator, at 775 Marion Road, York, Pennsylvania 17402 (717-846-6789).