



Whitesboro Central School District

65 Oriskany Blvd. Suite 1 • Whitesboro, NY 13492 • www.wboro.org

High School: 315.266.3200 | Middle School: 315.266.3100 | Deerfield Elementary: 315.266.3410
 Hart's Hill Elementary: 315.266.3430 | Marcy Elementary: 315.266.3420 | West. Road Elementary: 315.266.3440

Date: _____

Student Registration Form

Student Information:			
Last Name, First Name, Middle		Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> Select if this student is a foster child			
Student's Residential Address:			
Street Address	Apt. #	Student's Email	Student's Home Phone
City	State	Zip Code	Student's Cell Phone
<input type="checkbox"/> Select if this address is a temporary living arrangement			
<input type="checkbox"/> If address is temporary, select if due to loss of housing or economic hardship			

Name, Address and Phone of Last School Attended		
Last School's Name	Grade	Date Left
Address	Phone	
<input type="checkbox"/> Select if this student receives Special Education Services or other Educational Services		
Dominant Language Spoken in the Home		Ethnicity (choose one)
<input type="checkbox"/> English		<input type="checkbox"/> Hispanic/Latino
<input type="checkbox"/> Italian		<input type="checkbox"/> Not Hispanic/Latino
<input type="checkbox"/> Spanish		Race (Choose all that apply regardless of Ethnicity)
<input type="checkbox"/> Vietnamese		<input type="checkbox"/> American Indian or Native American
<input type="checkbox"/> Bosnian		<input type="checkbox"/> Asian
<input type="checkbox"/> French		<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Russian		<input type="checkbox"/> Black or African American
<input type="checkbox"/> Ukrainian		<input type="checkbox"/> White
<input type="checkbox"/> Other (please specify):		

Medical Information:		
Name of Physician:		
Street Address		Phone #
City	State	Zip Code



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Parent/Guardian Information (primary contact):						
Last Name, First Name		Custody? <input type="checkbox"/> Yes <input type="checkbox"/> No		Student Lives with? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Can Pick Up? <input type="checkbox"/> Yes <input type="checkbox"/> No		Receives Mailings? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Relationship to Student:						
Residential Address:						
Street Address			Apt. #	Phone #	Phone Type	Call Order
City		State	Zip Code			
Email						
Employer						
Parent/Guardian Information (additional primary contact):						
Last Name, First Name		Custody? <input type="checkbox"/> Yes <input type="checkbox"/> No		Student Lives with? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Can Pick Up? <input type="checkbox"/> Yes <input type="checkbox"/> No		Receives Mailings? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Relationship to Student:						
Residential Address:						
Street Address			Apt. #	Phone #	Phone Type	Call Order
City		State	Zip Code			
Email						
Employer						
First Emergency Contact Information:						
Last Name, First Name:				Home Phone #		
				Cell Phone #		
Relationship to Student:				Work Phone #		
Secondary Emergency Contact Information:						
Last Name, First Name:				Home Phone #		
				Cell Phone #		
Relationship to Student:				Work Phone #		
Other Information:						
Please let us know if you have any children in your household that have not reached school age yet so we can inform you about programs in the future.						
Last Name, First Name:				Date of Birth (mm/dd/yyyy):		
Last Name, First Name:				Date of Birth (mm/dd/yyyy):		



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Certification

To the Parent/Guardian: The information asked on the previous pages is needed as a permanent school record of your child and will be used by school personnel. This is to certify the above information is correct. I, the undersigned, do hereby authorize officials of the school to contact directly the person named on this form, and do authorize the above named physician to render such treatment as may be deemed necessary in an emergency, for health of said child. In the event physician, other person named on the form, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is necessary in their judgment, for the health of the aforesaid child. I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

Parent/Guardian Signature: _____ Date: _____

Print Name: _____

Section 4402 of the Education Law of the State of New York requires the District to notify the parents/guardians of all incoming students of their rights regarding referral and evaluation for possible special education services. The state has made available "A Parent's Guide to Special Education" at: <http://www.p12.nysed.gov/specialed/publications/policy/parentsguide.pdf>

The guide provides a summary of the special education process and your child's rights under state and federal law. If you have any questions or would like a paper copy of the above guide, please contact the Office of Special Programs at 315.266.3309.

The Whitesboro Central School District provides the community with news, photos and videos from our schools as well as information about events, activities and achievements. At times we also share student work.

In addition, the Whitesboro Central School District at times releases "directory information" to outside organizations. This includes a student's name, parents' names, participation in recognized school organizations (including positions held, achievements, athletic records and other matters of public knowledge in the community), height and weight of athletes, dates of attendance, degrees, honors and awards.

The Whitesboro Central School District provides this information through a variety of mediums including, but not limited to, printed materials (bulletins, newsletters, etc.), the District website and "social media" (Twitter/Facebook, etc.) as well as information shared with the media (TV/radio/newspapers/magazines, etc.) for their use.

Check below if you wish to "opt out" of these communications.

- I do not want photos or videos of my child or his/her artwork used by the Whitesboro School District on its website, print or social media (Twitter/Facebook, etc.), or released to the media (TV/newspapers for their broadcast, publication, websites and social media) or to other organizations.
- I do not want my child's directory information to be shared with third parties.

Parent/Guardian Signature: _____ Date: _____

Print Name: _____

Where to file		
Deerfield Elementary 115 Schoolhouse Rd. Deerfield, NY 13502	Hart's Hill Elementary 8615 Clark Mills Rd. Whitesboro, NY 13492	Marcy Elementary 9479 Maynard Dr. Marcy, NY 13403
Parkway School 65 Oriskany Blvd. Whitesboro, NY 13492	Westmoreland Road Elementary 8596 Westmoreland Rd. Whitesboro, NY 13492	Whitesboro High School 6000 Route 291 Marcy, NY 13403
Whitesboro Middle School Campus 75 Oriskany Blvd. Whitesboro, NY 13492	Whitesboro CSD Office Post Office Box 304 Yorkville, NY 13495	