



Schenectady City School District  
Charter School Registration Form

Entry Date \_\_\_\_\_

Withdrawal Date \_\_\_\_\_

Charter School \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Male or Female \_\_\_\_\_

Last First Middle

Date of Birth \_\_\_\_\_ City, State or Country of Birth \_\_\_\_\_

If born out of the Country, what was the date when the child first entered the US? \_\_\_\_\_

Home Address \_\_\_\_\_ Zip \_\_\_\_\_

Is the student living in a temporary situation? \_\_\_\_\_ Shelter \_\_\_\_\_ Hotel/Motel \_\_\_\_\_ Sharing housing  
with another Family? \_\_\_\_\_ Other? (specify) \_\_\_\_\_ Unaccompanied Youth \_\_\_\_\_

**Please check all that apply:**

Race/Ethnicity: Black \_\_\_\_\_ White \_\_\_\_\_ Asian \_\_\_\_\_ American Indian/Alaskan \_\_\_\_\_

Native Hawaiian \_\_\_\_\_ Hispanic \_\_\_\_\_ (If Hispanic AND more than one race please check all that apply:

Black, \_\_\_\_\_ White \_\_\_\_\_ Asian \_\_\_\_\_ American Indian or Alaska Native \_\_\_\_\_ Native Hawaiian \_\_\_\_\_)

Has Student received services in: Remedial Reading \_\_\_\_\_ Remedial Math \_\_\_\_\_

Student has an Individual Educational Plan \_\_\_\_\_ Student has a 504 Plan \_\_\_\_\_

Has Student received services as: Gifted and Talented \_\_\_\_\_ Student is English as a second language \_\_\_\_\_

Father's Name \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

**Sibling Information:**

Name Date of Birth Male/Female School

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has student attended Schenectady Schools before? \_\_\_\_\_ If yes where \_\_\_\_\_

Child lives with: Both Parents \_\_\_\_\_ One Parent \_\_\_\_\_ (specify) \_\_\_\_\_ Guardian \_\_\_\_\_

Are there any Custody Issues? \_\_\_\_\_ If yes, please specify \_\_\_\_\_

Emergency Information Name \_\_\_\_\_ Phone \_\_\_\_\_

Last School Attended \_\_\_\_\_ Address \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_