

Welcome To Wellsville Central School

New Student Checklist

- Proof of Residency in Wellsville Central School District
 - *Utility Bill
 - *Statement from landlord
 - *Tax bill
- Completed Registration Packet (attached)
- Copy of Birth Certificate
- Copy of Student Records
- Parent/Guardian Photo Identification
- Copy of Custody Papers and/or Order of Protection (if applicable)
- Department of Social Services Foster Placement Form (if applicable)
- Appointment Date with Counselor

Please notify your previous school district that we will be contacting them for the following records to complete the enrollment process:

- ✓ Exit Grades for Current Quarter (if student transferred mid-quarter)
- ✓ Current Class Schedule
- ✓ Current Report Card
- ✓ Copy of Current Science Lab
- ✓ School Transcripts
- ✓ Attendance Records
- ✓ Health Records (immunizations and last physical exam)
- ✓ New York State Test Scores (8th grade)
- ✓ Special Education Records (IEP, Social History, and Psychological Reports)





Wellsville Central School Student Registration Form

Date of requested enrollment: _____ Today's Date: _____

Student Information:

Last Name: _____ First Name: _____ Middle: _____

Current Grade _____ Gender M F

Date of Birth: _____ Date of first polio vaccination: _____

Social Security #: _____ (optional) Homeroom _____

Residence Address:

Mailing Address: (if different than residence)

Street: _____ P.O. Box/Street: _____

Town: _____ Zip: _____ Town: _____ Zip: _____

Telephone # _____

Ethnic Group: Hispanic, Latino or of Spanish Origin Circle Yes or No

Race: Check all that Apply:

White Asian Black American Indian or Alaskan Native Native Hawaiian or Pacific Islander

Please check all that Apply:

- Has this student ever attended Wellsville Schools – if so when _____
- Has this student skipped a grade – if so what grade _____
- Has this student ever repeated a grade – if so which grade _____
- Residing in the Wellsville School District
- Enrolling from outside Wellsville School District (non-Foster Care)(Please see attached tuition policy)
Actual Home School District: _____
- Eligible for Free and Reduced Lunch
- Currently in Foster Care
Agency Responsible for placement: _____
Actual Home School District: _____
- Migrant
- Foreign Exchange Student
- English Language Learner
- Immigrant/Refugee:
Date entered US _____ Country of Birth: _____ Home Language _____

Homeless Designation:

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

1. living with an adult who does not have legal custody
2. living in a motel, hotel or camping grounds
3. your family is living with a relative or friends
4. awaiting foster placement
5. or other similar situations due to the lack of alternative, adequate housing

You must check one of the following:

- ____ I am currently living in one of the above eligible conditions, and I am interested in learning more about my educational rights. If this box is checked the office must immediately notify the homeless liaison for a review of the case.
- ____ The above conditions do not apply to me.
- ____ I wish to maintain my privacy



Our mission is to prepare our students to be successful, contributing members of their communities through excellence in education.

Parent/Guardian Information: Please complete ALL information below:

***Note: We presume both NATURAL parents share custody in divorce or legal separation agreements unless and until we receive a copy of the court order or separation agreement that pertains to the child’s custody. Non-custodial parents are legally able to obtain school records unless otherwise noted in court documents.**

Mother’s Name: _____ Student resides with: Yes No
Address: _____

RD, PO Box AND/OR Street, Town, State, Zip, County

Home Telephone Number: _____ Cell phone: _____
Employer: _____ Employer Phone: _____
E-Mail Address: _____

Father’s Name: _____ Student resides with: Yes No
Address: _____

If different from above RD, PO Box AND/OR Street, Town, State, Zip, County

Home Telephone Number: _____ Cell phone: _____
Employer: _____ Employer Phone: _____
E-Mail Address: _____

Step Parent or Legal Guardian: _____ Student resides with: Yes No
Address: _____

RD, PO Box AND/OR Street, Town, State, Zip, County

Home Telephone Number: _____ Cell phone: _____
Employer: _____ Employer Phone: _____
E-Mail Address: _____

Parents Are:

Married _____ Divorced _____
Separated: Legally _____ No Legal Agreement _____
Custody: Joint _____ One parent has custody* _____

*We will need a copy of the custody agreement.

Custody Papers on File? Yes No Order of Protection on File? Yes No

Comments: _____

Names, ages, birth dates and grades of siblings:

Emergency Contacts:

Name : _____ Name: _____
Relationship: _____ Relationship: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____



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Previous School This Child Attended:

School Name: _____

School Address: _____

Phone Number: (____) _____

Dates of Attendance at this School: _____

Start Date: _____ Withdrawal Date: _____

My Child Received the Following Services:

- Academic Intervention Services (AIS)
If so, for what subjects: _____
- Was your child classified under the Committee of Special Education? Yes No
- Special Education Services (please specify program):
 - Self-contained classroom _____
 - Resource Room _____
 - 504 Plan _____
- ENL services
- Speech Therapy
- Occupational Therapy
- Physical Therapy
- Visual Therapy
- Counseling
- Other (please specify): _____

Parent (Guardian) Signature: _____

Date: _____

Unaccompanied Homeless Youth Signature: _____

Date: _____

