

CLINTON CENTRAL SCHOOL DISTRICT STUDENT INFORMATION FORM

Student Information:

Last Name, First Name, Middle	Nickname	Date of Birth (MM/DD/YEAR)	Gender <input type="radio"/> Male <input type="radio"/> Female
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Entering Grade	Ethnicity (choose one) <input type="radio"/> Hispanic/Latino <input type="radio"/> Not Hispanic/Latino	Place of Birth (City/State/Country)	Primary Language Spoken at Home
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Is the Student Hispanic, Latino, or of Spanish origin? Hispanic, Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture of origin, regardless of race.

Yes, Hispanic
 No, Not Hispanic

Select one or more races from the following five racial groups. Check all groups that apply to your child. Check at least *one* box.

American Indian or Alaska Native: A person having origins in any of the original people of North and South America (Including Central America), and who maintains tribal affiliation or community attachment.

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example; Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Black or African American: A person having origins in any of the Black racial groups of Africa.

White: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Student's Residential Information

House #, Street Address		Apt. #	Student's Home Phone #
City	State	Zip Code	Student's Cell Phone #

Mailing Address if different:

Is this address a temporary living arrangement? YES NO

Resident of Clinton Central School District? YES NO, please list District:

Academic Information:

Has student attended Clinton Central School District in the past? YES NO

List grade levels repeated:

Last two schools attended	School 1	School 2
Name of school		
Address of school		
Phone number		
Grade levels completed		
Last date of attendance		
Name of counselor or contact person		

Please describe below any special educational needs of the student:

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Parent/Guardian Information (Primary Household)					
Relationship to Student	Gender <input type="radio"/> Male <input type="radio"/> Female	Custody? <input type="radio"/> N/A <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> JOINT	Relationship to Student	Gender <input type="radio"/> Male <input type="radio"/> Female	Custody? <input type="radio"/> N/A <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> JOINT
Last Name, First Name			Last Name, First Name		
Home Phone #			Home Phone #		
Cell Phone #			Cell Phone #		
Employer			Employer		
Email Address			Email Address		
Residential Address SAME as Student? <input type="radio"/> YES <input type="radio"/> NO (if no, please complete area below)			Residential Address SAME as Student? <input type="radio"/> YES <input type="radio"/> NO (if no, please complete area below)		
House #/Street Name			House #/Street Name		
City/State/Zip Code			City/State/Zip Code		

Parent/Guardian Information (Secondary Household), if applicable					
Relationship to Student	Gender <input type="radio"/> Male <input type="radio"/> Female	Custody? <input type="radio"/> N/A <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> JOINT	Relationship to Student	Gender <input type="radio"/> Male <input type="radio"/> Female	Custody? <input type="radio"/> N/A <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> JOINT
Last Name, First Name			Last Name, First Name		
Home Phone #			Home Phone #		
Cell Phone #			Cell Phone #		
Employer			Employer		
Email Address			Email Address		
Residential Address SAME as Student? <input type="radio"/> YES <input type="radio"/> NO (if no, please complete area below)			Residential Address SAME as Student? <input type="radio"/> YES <input type="radio"/> NO (if no, please complete area below)		
House #/Street Name			House #/Street Name		
City/State/Zip Code			City/State/Zip Code		
Do not release to:			Relationship to Child:		

Emergency Contacts:						
Name	Gender	Relationship	Home Phone #	Work Phone #	Cell Phone #	Pick up from School?
						<input type="radio"/> YES <input type="radio"/> NO
						<input type="radio"/> YES <input type="radio"/> NO

Siblings who will enroll (or are currently enrolled) in Clinton Central Schools:				
Name	DOB	Grade	School	
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I hereby declare under penalty of perjury that the information provided on this form is accurate and truthful to the best of my knowledge. I understand that the provision of false information may result in the exclusion of my child(ren) from attendance at the Clinton Central School District, the demand by the District for the payment of tuition, and/or the institution of any other appropriate legal action available to the District.

Parent/Guardian Signature _____ Date _____

CLINTON CENTRAL SCHOOL DISTRICT STUDENT INFORMATION FORM

Directory Information Non-Disclosure Request Form

The Family Educational Rights and Privacy Act (FERPA), a Federal law, requires that Clinton Central School District, with certain expectations, obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, Clinton Central School District may disclose appropriately designated "directory information" without written consent, unless you have advised the Clinton Central School District to the contrary in accordance with Clinton Central School District procedures.

***If you wish the District to require your written consent to disclose your child's directory information, please complete this form and return it to your child's building Principal, Dr. Matthew T. Lee. ***

Dear Dr. Lee,

Please do not release the name, address or telephone number of _____
to: *Student Name*

(Please check off choices below)

- Military recruiters
- Institutions of higher learning
- Clinton Parent Teacher Association
- Clinton School Foundation

Parent/Guardian Signature _____ Date _____

CLINTON CENTRAL SCHOOL DISTRICT STUDENT INFORMATION FORM

Student Residency Questionnaire

Student Information:

Last Name, First Name:

Gender: Male Female Other (please identify):

Grade Level:

Date of Birth: (MM/DD/YEAR)

Age:

Student Residency:

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.

1. Is your current address a temporary living arrangement? YES NO

2. Is this temporary living arrangement due to loss of housing or economic hardship? YES NO

If you answered YES to the above questions, please complete the remainder of this form. If you answered NO, you may stop here.

Where is the student presently living? (Please check one)

- In a motel
- In a shelter
- With more than one family member in a house or apartment
- Moving from place to place
- In a place not designed for ordinary sleeping accommodations such as a car, park or campsite

Parent/Guardian Information:

Last Name, First Name:

Address:

Phone Number:

Does the child need transportation to and from school? (bus)

YES NO

If "Yes", Please notify the office at (315) 557-2235 with the date to start transportation.

Presenting a false record or falsifying records is all offense under Section 37.10, Penal Code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec 25.002(3)(d).

Signature of Parent/Legal Guardian

Date

Signature of School Official

Date

I certify that the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

Date McKinney-Vento Liaison Signature

Anthony Sirianni, LCSW