

LYME CENTRAL SCHOOL DISTRICT

New Student Registration Form

I. Student Information	Name:						
			(Last)	(First)	(Middle)		
	Resident Address:						
			(Street)	(City)	(State)	(Zip)	
	Mailing Address: (if Different)						
	Home Telephone:		()		Gender:	M F	
	Birthdate (M/D/YY):				Age:		
	Birth Place (City/State/Country):						
	Have you attended Lyme CSD before? When?						
	Last School Attended:				Address:		
	IEP:	Y N	504 Plan:	Y N	Hispanic or Non-Hispanic		
	Ethnicity:	American Indian		Black	Asian	Hispanic	White

II. Family Information	PRIMARY GUARDIANS		Parent/Guardian		Parent/Guardian	
	Full Name:					
	Relationship:					
	Address (if different)					
	EMAIL: (Indicate Home/Work)					
	Employer:					
	Military Unit and Rank:					
	Telephones:		Home:	()		
			Cell:	()		
			Work:	()		
	Does student reside with both guardians?		Y N (if no , physical custody is with the following:)			
	<i>If no, a copy of custody papers must be on file in school office.</i>		Name/Relationship:			
			Address:			
	Siblings Names		Gender	Birthdate	School	Grade
	1					
2						
3						

AFFIRMATION: I, the undersigned, affirm that the above information is true and correct, that I am the custodial parent or legal guardian of the student listed in section I above, and that we are residents of the Lyme Central School District (LCSD). Furthermore, I hereby authorize the last school attended listed in section I above to send student records to the LCSD.

Signature:				Date:	
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OFFICE USE ONLY:

Student ID:		Grade:		Bus in/Pick-Up/Walk:	
Teacher:		Homeroom:		Bus out/Drop-off/Walk:	

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In case of an emergency, please provide the name(s) of at least one additional person whom the school should contact when neither parent/guardian can be reached.

III. EMERGENCY CONTACTS	CONTACTS		Contact #1	Contact #2	
	Full Name:				
	Relationship:				
	Address:				
	Telephones:	Home:	()	()	
		Cell:	()	()	
	Work:	()	()		

STUDENT RELEASE <i>No student will be released from school without written authorization from his/her parents/guardians.</i>

Transportation arrangements are made on the assumption that students will be picked-up and dropped-off at the home address. If different arrangements need to be made, please indicate below, (i.e. daycare):

NOTE: Students cannot be transported to residences outside the district.

IV. TRANSPORTATION	How will student be transported to school?	Bus	Parent Car	Student Car	Walk
	How will student be transported from school?	Bus	Parent Car	Student Car	Walk
	If riding the bus, will student have an alternate location besides home address?				
	Alternate				
	Name:				
	Relationship:				
	Address:				
	Home/Cell Phone:				
	Times:	AM Pickup	PM Drop-off	Both	
	In case of early dismissal, Student Will:	Ride regular PM bus home or be transported to the following emergency drop-off:			
Name:					
Relationship:					
Address:					

For students that do not ride the school bus, please provide the name(s) of no more than 2 additional persons whom the school may allow the student(s) to be picked up by.

V. DISMISSAL CONTACTS	Contacts		Contact # 1	Contact # 2	
	Full Name:				
	Relationship:				
	Address:				
	Telephones:	Home:	()	()	
		Cell:	()	()	
	Work:	()	()		

Signature: _____ Date: _____