

# REGISTRATION/CENSUS FORM

## Special Education Office (CPSE)

280 Main Street

Dansville, NY 14437

(585) 335-4030 / (585) 335-4062 (fax)

### Student Information

<i>For office use only.</i>	
Entry Date: _____	
Student ID#: _____	

<i>For office use only.</i>	
Grade: _____	Teacher: _____
Bus #: AM _____	PM _____

Last Name:	First:	Middle:
Address:		Male / Female
Date of Birth:	Age:	Phone #:
Ethnic group:		

### Parent/Guardian Information

Father		Mother	
Last Name:	First/MI:	Last Name:	First/MI:
Address:		Maiden Name (if different)	
Address:		Address:	
Phone #:	Cell #:	Phone #:	Cell #:
Employer:	Phone #:	Employer:	Phone #:
Living in home? Y / N	Receive mailings? Y / N	Living in home? Y / N	Receive mailings? Y / N
Legal custody? Y / N	Ok to pick up? Y / N	Legal custody? Y / N	Ok to pick up? Y / N

### Emergency Contact Information

FIRST CONTACT AFTER PARENT	Name:	Relationship to student:
	Address:	
	Phone #:	Cell #:
SECOND CONTACT AFTER PARENT	Name:	Relationship to student:
	Address:	
	Phone #:	Cell #:
DAYCARE PROVIDER	Name:	
	Address:	
	Phone #:	Cell #:

### Siblings (list only school age or younger)

Last Name	First Name	Date of Birth	Male / Female
			Male / Female
			Male / Female
			Male / Female
			Male / Female
			Male / Female

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### Emergency Authorization

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If a parent cannot be reached in an emergency, I authorize the Dansville Central School District to notify the appropriate healthcare professionals listed below:

Physician:	Phone #:
Dentist:	Phone #:
Hospital:	Phone #:

Parent/Guardian Signature: \_\_\_\_\_