



REGISTRATION FORM

FREWSBURG CENTRAL SCHOOL
 26 INSTITUTE STREET
 FREWSBURG, NEW YORK
 Phone: (716) 569-7000

Household Name: _____

Registration Date: _____

Proof of Residence (office use only): _____

HOUSEHOLD INFORMATION					
Household Address	Mailing Address (include P.O. Box)	Phone (include area code)	Residence Type	Household Language	
			<input type="radio"/> Own <input type="radio"/> Rent <input type="radio"/> Lease <input type="radio"/> Unknown	<input type="radio"/> English <input type="radio"/> Other	
MEDICAL INFORMATION					
Type of Health Insurance			Name of Doctor		
<input type="checkbox"/> Com/HMO <input type="checkbox"/> CHP <input type="checkbox"/> Medicaid <input type="checkbox"/> None					
STUDENT INFORMATION					
Name	Gender	Date of Birth	Birth City, State	Ethnicity	Grade
	<input type="radio"/> Male <input type="radio"/> Female			<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Multi Racial <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Hispanic <input type="radio"/> Yes <input type="radio"/> No	
	<input type="radio"/> Male <input type="radio"/> Female			<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Multi Racial <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Hispanic <input type="radio"/> Yes <input type="radio"/> No	
	<input type="radio"/> Male <input type="radio"/> Female			<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Multi Racial <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Hispanic <input type="radio"/> Yes <input type="radio"/> No	
	<input type="radio"/> Male <input type="radio"/> Female			<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Multi Racial <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Hispanic <input type="radio"/> Yes <input type="radio"/> No	

STUDENT INFORMATION (Cont'd)

Name	Gender	Date of Birth	Birth City, State	Ethnicity	Grade
	<input type="radio"/> Male <input type="radio"/> Female			<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Multi Racial <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Hispanic <input type="radio"/> Yes <input type="radio"/> No	
	<input type="radio"/> Male <input type="radio"/> Female			<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Multi Racial <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Hispanic <input type="radio"/> Yes <input type="radio"/> No	

PARENT/GUARDIAN OR EMERGENCY CONTACT INFORMATION

Name	Additional Information	Phone	Place of Employment	Relationship to Student(s)
	<input type="radio"/> Parent/Guardian <input type="radio"/> Male <input type="radio"/> Emergency Contact <input type="radio"/> Female	Home: Work: Cell:		
	<input type="radio"/> Parent/Guardian <input type="radio"/> Male <input type="radio"/> Emergency Contact <input type="radio"/> Female	Home: Work: Cell:		
	<input type="radio"/> Parent/Guardian <input type="radio"/> Male <input type="radio"/> Emergency Contact <input type="radio"/> Female	Home: Work: Cell:		
	<input type="radio"/> Parent/Guardian <input type="radio"/> Male <input type="radio"/> Emergency Contact <input type="radio"/> Female	Home: Work: Cell:		

CHILDREN WITH SPECIAL NEEDS

Students may be referred by parents and evaluated through the Committee on Special Education when a parent or a parent in a parental relationship to a student believes that their child may have a disability which impacts their ability to access the school's curriculum. You may find further information on the New York State Education Department website at NYSED.gov entitled *A Parent's Guide to Special Education*. You may also contact the Committee on Special Education office at 716-569-7018.