

**Auburn Enlarged City School District
Student Enrollment Form**

I. STUDENT INFORMATION (For Student Being Enrolled)

Last Name: _____ First _____ Middle: _____ Suffix: _____

Sex: Male Female

Address (must be street address): _____

Date of Birth: _____ Proof of Birth _____

II. FAMILY INFORMATION

Parent/Legal Guardian

Name: _____
First Middle Last

Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Call Order 1 2 3

Cell: (____) _____ Call Order 1 2 3

Employer: _____

Work Phone: (____) _____

E-Mail Address: _____

Authorized to pick up Yes No

Parent/Legal Guardian

Name: _____
First Middle Last

Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Call Order 1 2 3

Cell: (____) _____ Call Order 1 2 3

Employer: _____

Work Phone: (____) _____

E-Mail Address: _____

Authorized to pick up Yes No

Emergency Contact: (list two persons who will assume temporary care if parent/legal guardian is not reachable)

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell: (____) _____

Work Phone: (____) _____

Authorized to pick up Yes No

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell: (____) _____

Work Phone: (____) _____

Authorized to pick up Yes No

III. ADDITIONAL ENROLLMENT INFORMATION

Has a Committee of Special Education (CSE) identified the student with an educational disability? ___Yes ___ No

If yes, please explain: _____

Does the student have a 504 Plan? ___ Yes ___ No If yes, please explain _____

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IV. ACADEMIC HISTORY

Has the student ever attended an Auburn School? ____ Yes ____ No
 If yes, which school? _____
 Date(s) attended: _____
 School Last Attended: _____ Name of District Last Attended: _____
 Address: _____
 Date(s) Last Attended: _____ Present Grade: _____

Note: It is no longer necessary to obtain written consent from parents/guardians to request records from other schools.

V. OTHER FAMILY INFORMATION: Please list all family members living in the home including all pre-school age children:

<u>Name</u>	<u>M/F</u>	<u>DOB</u>	<u>Relationship to child</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

VI. GENERAL PERMISSIONS

- Yes No My son/daughter is permitted to attend all field trips, provided I am informed about them in advance.
- Yes No My son/daughter may be pictured in the school newsletter, school brochures, newspaper articles, videos, etc.

PLEASE NOTIFY THE SCHOOL OF ANY CHANGES AS SOON AS THEY OCCUR.

CONFIDENTIALITY PROCEDURES AND REGULATIONS

This form will be filed in the student's permanent record as confidential information. The information which has been provided on this form is protected by the Confidentiality Regulations cited below:

"The family Educational Rights and Privacy Act (1974) prohibits unauthorized access to student records and unauthorized release of any student record information identifiable by either student name or student identification number."



For Registrar's Use Only

Enrollment Approved by: _____ **Date:** _____

**Auburn Enlarged City School District
Student Health Form**

VII. HEALTH INFORMATION

I. STUDENT INFORMATION (For Student Being Enrolled)

Last Name: _____ First _____ Middle: _____ Suffix: _____

In case I cannot be reached, I authorize the Auburn Enlarged City School District to render such treatment as may be necessary in an emergency for the health of my child. I give permission to the school official in charge to obtain the services of the nearest ambulance, rescue service, family physician on record, or other physician if my own is not available, to provide immediate and necessary care.

This form will be shared with appropriate instructional staff, the transportation department, and Health Services. It will also be available on field trips and in the event of an emergency will be given to emergency personnel.

Physician: _____
Phone: _____

Dentist: _____
Phone: _____

Does Child Have:	<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>
Allergies	_____	_____	Skin Rash/Eczema	_____	_____
Bee Sting Allergy	_____	_____	Headaches/Injury	_____	_____
Attention Deficit (ADD, ADHD)	_____	_____	Ear Infections	_____	_____
Medication*	_____	_____	Tubes in Ears	_____	_____
Stomach Aches	_____	_____	Asthma	_____	_____
Broken Bones	_____	_____	Hearing Disorder	_____	_____
Seizure Disorder	_____	_____	Vision Disorder	_____	_____
Diabetes	_____	_____	Glasses/Contacts	_____	_____
Bladder/Bowel Problem	_____	_____	Heart Murmur	_____	_____

If you answered yes to any of the above please explain: _____

Surgery: _____

Accident/Injury: _____

Medication: name/dose/frequency/Physician/reason for medication: _____

- Has child had (give dates):
 Chicken Pox _____ Mononucleosis _____ Pneumonia _____
 Hepatitis _____ Rheumatic Fever _____ Scarlet Fever _____
- Has child contracted frequent (more than 4 or 5 times per year):
 Sore Throat/Strep Infections _____ Headaches/Stomach aches _____
 Earaches/Ear Infections _____ Skin Rashes/Eczema _____
- Are there any NEW medical problems? _____
- Has your child experienced any significant, emotional upheaval about which the school personnel should be informed (for example: recent divorce, death, etc.)?
 yes _____ no _____
 If yes, please explain: _____

NYS Education Law requires school districts to have on file signed instructions for emergencies from parents/guardians.

I attest that the information completed by me on this form is current, true, and accurate

Signature _____ Relationship _____ Date _____

IF AT ANY TIME THE INFORMATION ABOVE CHANGES PLEASE NOTIFY THE HEALTH OFFICE AS SOON AS POSSIBLE.