

Waterville Central School District  
**Waterville Junior-Senior High School**  
Registration Form

**STUDENT INFORMATION:**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Name \_\_\_\_\_ Sex \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
(Complete only if different than mailing address)  
Home Phone # \_\_\_\_\_ Cellular Phone # \_\_\_\_\_  
County \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Place of Birth \_\_\_\_\_ Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Ethnic \_\_\_\_\_ Hispanic: Yes or No  
(Select all that apply: White, Black or African American, Asian, American Indian or Alaskan Native, Hawaiian/Other Pacific Islander)  
Resides with \_\_\_\_\_ (Choose one: Parents, Mother Only, Father Only, Guardian, Foster Parent)  
Proof of Residency \_\_\_\_\_ (Driver's License, Utility Bill, Rent Receipt, Mail  
Postmarked within last 30 days, Insurance Policy, DSS Verification)  
Proof of Birth \_\_\_\_\_ (Birth Certificate, Passport, Baptismal Record, Hospital Record)  
Proof of Custody \_\_\_\_\_ Restrictions \_\_\_\_\_  
Entering Grade Level \_\_\_\_\_ Date Enrolled \_\_\_\_\_  
Last School Attended \_\_\_\_\_  
Last School's Street Address \_\_\_\_\_  
Last School's City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Last School's Area Code + Phone # \_\_\_\_\_  
Has your child ever been enrolled in the Waterville Central School District? Yes or No If yes, what grade level(s).

**CUSTODIAL CONTACT INFORMATION:**

Father's Name \_\_\_\_\_ Mother's Name (Maiden) \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Work Phone #1 \_\_\_\_\_  
Cellular Phone # \_\_\_\_\_ Work Phone #2 \_\_\_\_\_

**OTHER CHILDREN IN THE FAMILY (List full name, relationship and date of birth):**

1. \_\_\_\_\_ 5. \_\_\_\_\_  
2. \_\_\_\_\_ 6. \_\_\_\_\_  
3. \_\_\_\_\_ 7. \_\_\_\_\_  
4. \_\_\_\_\_ 8. \_\_\_\_\_

**WORK INFORMATION:**

Father's Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
Mother's Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

**NON-CUSTODIAL OR EMERGENCY CONTACT INFORMATION:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone #1 \_\_\_\_\_  
Cellular Phone \_\_\_\_\_ Work Phone #2 \_\_\_\_\_  
Do you wish for school and/or student information to be mailed to this address?

**EMERGENCY CONTACT INFORMATION**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone #1 \_\_\_\_\_  
Cellular Phone \_\_\_\_\_ Work Phone #2 \_\_\_\_\_  
Do you wish for school and/or student information to be mailed home to this address?

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Please answer the following questions to assist us with your child's placement. This information will be kept confidential.

1. Was your child placed in a Special Education program at his/her previous school?  
 Yes                       No                       Not Sure

2. If no, or not sure, was your child receiving extra help from someone other than his/her regular classroom teacher?

Yes    If yes, please specify kind of help:  
                     Speech/Hearing Therapy                       Remedial Reading  
                     Physical Therapy                                       Remedial Math  
                     Occupational Therapy                       Counseling  
                     Other  
 No

3. Did your child participate in any special program (other than Special Education) in his/her previous school?  
 Yes    If yes, please specify program:

Chapter One                                       School Counseling  
                     English as Second Language                       Gifted/Talented  
                     Other (Please specify) \_\_\_\_\_  
 No

4. Please list any medical concerns regarding your child: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Other information that may be helpful to the school: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Courses enrolled in/or scheduled for at previous school (include band, chorus, foreign language if applicable):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_