

**MECHANICVILLE CITY SCHOOL DISTRICT  
STUDENT REGISTRATION FORM**

Student Name: \_\_\_\_\_ Student #: \_\_\_\_\_ Grade: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
Street Apt. #

\_\_\_\_\_ County of Residence: \_\_\_\_\_  
City Zip

Mailing Address: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_  
Street City Zip

(if other than above - ex: P.O. Boxes)

**Special Accommodations: (please check one)**  
 \_\_\_\_\_ Student does not have any Special Accommodations  
 \_\_\_\_\_ Special Education Classification  
 \_\_\_\_\_ Section 504 Classification

**Ethnicity:** (Please circle all that apply)  
 American Indian Black/African American  
 Asian White/Caucasian  
 Native Hawaiian/Other Pacific Islander

**Hispanic/Latino:** (Please circle one)  
 YES NO

**LIST ONLY LEGAL PARENT AND/OR GUARDIAN \*\*\* (Step Parent – should be listed as Other Adult Living in Home) \*\*\***

Parent/Guardian (1): \_\_\_\_\_  
 Address \_\_\_\_\_  
**(if different than student)** \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_  
 Work Phone # \_\_\_\_\_ Cell Phone# \_\_\_\_\_

Parent/Guardian (2): \_\_\_\_\_  
 Address \_\_\_\_\_  
**(if different than student)** \_\_\_\_\_  
 Phone # \_\_\_\_\_ Place of Employment: \_\_\_\_\_  
 Work Phone # \_\_\_\_\_ Cell Phone# \_\_\_\_\_

Child Lives With: (Please circle one :) **Both Parents** **Mother** **Father** **Other (Specify)** **Foster Parents** **Homeless**

Other Adult Living in Home *With Supervisory Jurisdiction*: \_\_\_\_\_ Relation to Child: \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell/Beeper: \_\_\_\_\_

**In accordance with Chapter 549 of the Education Law of 1986, I am providing the following list of people to whom my child/children, upon my written authorization, may be released from the Mechanicville City School District. These people may also be contacted in the event of an emergency and I cannot be reached:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_  
 Alternate #: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_  
 Alternate #: \_\_\_\_\_ Relation to : \_\_\_\_\_

**Parent in the Armed Forces:** YES NO If Yes, Parent Name: \_\_\_\_\_  
**(Please Circle One)** \_\_\_\_\_ Active Duty \_\_\_\_\_ Reserves \_\_\_\_\_ Veteran \_\_\_\_\_ Civilian

Physician to be called in an Emergency: \_\_\_\_\_ Phone # \_\_\_\_\_  
 Hospital Choice: \_\_\_\_\_

**RELEASE**

If emergency treatment is required and the parents or legal guardian cannot be reached immediately, your signature in the space provided below empowers the school authorities to exercise their own judgment to transport the child to a hospital emergency room/Allows school physician to complete physical examinations as required by State Law. Likewise, your signature below is not sufficient for the release of confidential information protected by Federal Law.

**Parent/Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_