

# HOUSEHOLD INFORMATION FORM

**INSTRUCTIONS:** Complete this form for all children listed on **REGISTRATION FORM F001** in the same household. **PLEASE PRINT CLEARLY**

## A. CHILDREN INFORMATION – LIST ALL CHILDREN IN THE HOUSEHOLD IN GRADES K-12 LISTED ON REGISTRATION FORM F001

Student Name (First, Last)	Grade	Date of Birth	Student Name (First, Last)	Grade	Date of Birth
1.			4.		
2.			5.		
3.			6.		

## B. RESIDENTIAL ADDRESS OF THE ABOVE CHILDREN

<b>Residence</b> (physical address)	HOUSE #			STREET			UNIT #		
	CITY			STATE			ZIP		
	HOUSE #			STREET			UNIT #		
<b>Mailing Address</b> (if different from physical address)	CITY			STATE			ZIP		
	HOUSE #			STREET			UNIT #		
	CITY			STATE			ZIP		

## C. ADULT CONTACTS FOR THE ABOVE CHILDREN

Please provide the contact information for the primary and secondary guardian (if applicable) living with the children listed above. It is mandated, in case a parent of legal guardian cannot be reached during the school day, to give the names of two relatives, or reliable friends or neighbors who will come for and take care of your child should he/she become ill or injured during the school day.

### CONTACT 1 – PRIMARY GUARDIAN (as it appears on valid photo ID)

First Name		Email Address	
Middle Name		Cell Phone #	
Last Name		Work Phone #	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Home Phone #	

Relationship to Children  Mother  Father  Step-Parent  Foster Parent  Other (Specify):

### CONTACT 2 – SECONDARY GUARDIAN (IF APPLICABLE)

First Name		Email Address	
Middle Name		Cell Phone #	
Last Name		Work Phone #	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Home Phone #	

Relationship to Children  Mother  Father  Step-Parent  Foster Parent  Other (Specify):

Address (if different from residence above)	STREET ADDRESS			CITY	STATE	ZIP
	STREET ADDRESS			CITY	STATE	ZIP

### CONTACT 3 – EMERGENCY CONTACT

First Name		Email Address	
Middle Name		Cell Phone #	
Last Name		Work Phone #	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Home Phone #	

Address	STREET ADDRESS			CITY	STATE	ZIP
	STREET ADDRESS			CITY	STATE	ZIP

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CONTACT 4 – EMERGENCY CONTACT			
First Name		Email Address	
Middle Name		Cell Phone #	
Last Name		Work Phone #	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Home Phone #	
Address			
	<b>STREET ADDRESS</b>	<b>CITY</b>	<b>STATE</b> <b>ZIP</b>

## D. PARENT/GUARDIAN SIGNATURE

### PROOF OF RESIDENCY

You must provide 3 proofs of residency within the Elmira City School District at the time of registration. This may include a lease, rent receipt, utility bill, DSS Statement, or other acceptable proof.

### TRANSPORTATION

If your students require transportation, please contact the bus garage at (607) 735-3950 to determine if you qualify for transportation.

### MEDIA RELEASE OPT OUT

If you wish to deny permission for your student's inclusion in media coverage of our schools, please request and complete a Photo/Media Opt Out Form.

### PLEASE NOTE:

In the event of a change in your home address or phone numbers or to provide updated Emergency Contact information after registration, please complete the Change of Address/Phone Form, **REGISTRATION FORM F101**, and return to any school.

I certify that the information provided for registration is accurate to the best of my knowledge and that I have legal custody of the student(s).

**Parent or Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Phone Number(s) that we can reach you if we have questions to register your student(s): \_\_\_\_\_

## OFFICE USE ONLY – DO NOT WRITE IN THE SHADED BOX

Proof of Address (Check Three)  Lease  Rent Receipt  Utility Bill  SSI/DSS Statement  Other: \_\_\_\_\_

Start Date at new school: \_\_\_\_\_ All students should start at least 48 hours after the date of registration.

Received By: \_\_\_\_\_

Notes: