

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			
Residence (physical address)	HOUSE #	STREET	UNIT #
	CITY	STATE	ZIP
	HOUSE #	STREET	UNIT #
Mailing Address (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 <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> 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 <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other (Specify):			
Address (if different from residence above)			
	STREET ADDRESS	CITY	STATE ZIP
CONTACT 3 – EMERGENCY CONTACT – MUST BE DIFFERENT FROM PARENTS/GUARDIANS ABOVE			
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

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CONTACT 4 – EMERGENCY CONTACT – MUST BE DIFFERENT FROM PARENTS/GUARDIANS ABOVE

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

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: