

Harrisville Central School
Harrisville NY 13648

2011-2012

STUDENT PERSONAL DATA UPDATE SHEET

Please return this form to your homeroom teacher or the main office as soon as possible.
This information is required by the NYS Dept. of Education to be on file for each student.
Both sides of this form must be complete AND signed.

Name: _____ Sex: ___ Age: ___ DOB: _____ Date: _____

Home Phone: _____ Parent/Guardian Cell: _____ Student Cell: _____

Ethnicity: (choose one): ♦Hispanic/Latino or Spanish origin ♦Not Hispanic/latino

Race: (select one or more): ♦ White ♦Amer Indian or Alaska Native ♦Asian
♦ Black or African American ♦Native Hawaiian or Other Pacific Islander

Student is residing with: _____
Mom Dad Both Parents Foster Parent Relative Caregiver Other _____

If child is not living with biological parents (mother & father), custody order or guardianship affidavit must be attached to registration form.

Where is student currently living (check one box): In a shelter; With another family or other person because of loss of housing or as a result of economic hardship ("doubled-up"); In a hotel/motel; In a car, park, bus, train, or campsite; Other temporary living situation (please describe): _____;
 Permanent housing

Mailing Address: _____

911 Address (if different than mailing address): _____

E-mail address: _____ Military: Yes/No Mom Dad Other

Guardian Information: *If different than student's information above.*

Legal Guardian(s) Name(s): _____ Guardian's Cell Phone(s): _____

Relationship to Child: _____ Address: _____

Emergency Contact Person & Phone #: _____

Duplicate Information to be sent to (name & address & relationship to child): _____

Employment Information:

Father/Guardian Place of Employment: _____ Work Ph.: _____

Mother/Guardian Place of Employment: _____ Work Ph.: _____

Other children living in the home: Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Check one box

I/we verify that I/we, am/are the : _____ natural, custodial parent _____ legal guardian
_____ relative caregiver/other (must present complete, notarized form)

I/we verify that the student named resides with me/us and that our residence is within the Harrisville Central School District. I/we certify that all the information above & on the enrollment form is accurate & correct.

Parent/Guardian Signature & Date

Parent/Guardian Signature & Date

CHILD RELEASE FORM

On reverse side of this form MUST be completed.