

Schroon Lake Central School District

1125 U.S. Rt. 9 PO Box 338 Schroon Lake, N.Y. 12870
Phone (518) 532-7164 Fax (518) 532-0284

Board of Education

Robert Claus, President
Tina Armstrong, Vice President
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Eric Welch, BOE Member
Susan Repko, BOE Member



District Officials

Stephen Gratto, Superintendent
David Williams, Pupil Personnel Director
Matthew Dempsey, Guidance Counselor
Lisa DeZalia, District Clerk
Danielle Y. Fosella, District Treasurer

Date _____

Student Name _____

TO: _____
(Name of School)

DOB _____

School Address

The above named student has transferred to our school. Please send all copies of the scholastic records, including all ongoing current grades from the last marking period to the date of withdrawal, all standardized testing data, medical records, attendance, and any other pertinent information that may be essential for placement. If this student has received, or is receiving, any special education services please include all pertinent data (i.e., psychological or academic testing, recent IEP, medical information, and original consent for evaluation and placement signed by parent).

Stephen Gratto
Superintendent
Schroon Lake Central School

In accordance with the Family Rights and Privacy Act of 1974, I hereby give permission to Schroon Lake Central School to obtain all cumulative records for transfer and registration purposes.

(Parent/Guardian Signature)

(New Mailing Address)

Date

The Family Rights and Privacy Act makes it unnecessary to obtain written consent to release records between schools. School officials of the school system in which the student(s) intend to enroll may receive a student's records without a written consent for such release.

SCHROON LAKE CENTRAL SCHOOL DISTRICT

Schroon Lake, New York 12870

Phone (518) 532-7164

Please complete and have your child return this form to the Main Office NO LATER than the first Friday of each school year. This form must be completed for each student annually to keep our records current and correct. If you wish to change any information on this form during the school year, please contact the school immediately. If additional space is needed, please feel free to attach an extra sheet to this form.

Today's

Date _____

Pupil's Last Name: _____ First Name: _____ MI: _____ Grade: _____

Sex: _____ Date of Birth: ____/____/____ Place of Birth: _____

Social Security # _____ - _____ - _____ Home Phone #: (518) _____

Mailing Address: _____

Exact Directions to your home for Bus Transportation: **Name, Address & Phone Number of SITTER if child/children go there directly after school:**

FAMILY INFORMATION: (Please note that we will contact you at work in an emergency, unless you state that we should not.)

Mother's Name: _____ Home Phone# _____ Work Phone# _____

Email Address: _____ Home Address (if different from student): _____

Father's Name: _____ Home Phone # _____ Work Phone# _____

Email Address: _____ Home Address (if different from student): _____

Stepparent (s) Name: _____ Home Phone # _____ Work Phone # _____

Email Address: _____ Home Address (if different from student): _____

Guardian(s) Name: _____ Home Phone # _____ Work Phone # _____

Email Address: _____ Home Address (if different from student) : _____

Family Status : (check whatever applies) ___ Both parents living together ___ Parents Separated

___ Mother Deceased ___ Father Deceased ----Parents Divorced TURN OVER



___ Please check this if divorced or separated and both parents request copies of student's grade reports, discipline records, testing, etc.

Student is currently living with: ___ Both natural parents ___ Mother Only ___ Father Only ___ Self
___ Grandparents ___ Family Relatives ___ Other (explain): _____

Student's Physician & Phone # to be called in an Emergency: _____

During the past year, has the student had any illness, injury, operation, immunizations or other medical procedure? Please Explain: _____

Names of Brothers and Sisters: (Please include pre-school and step children):

Name: _____ Sex: ___ D.O.B. _____ Age: _____ Grade: _____
Name: _____ Sex: ___ D.O.B. _____ Age: _____ Grade: _____
Name: _____ Sex: ___ D.O.B. _____ Age: _____ Grade: _____
Name: _____ Sex: ___ D.O.B. _____ Age: _____ Grade: _____

Parental Occupational information:

MOTHER: Occupation: _____ Employer: _____
FATHER: Occupation: _____ Employer: _____
GUARDIAN: Occupation: _____ Employer: _____

EMERGENCY INFORMATION: PLEASE CONSIDER THIS SECTION AS VERY IMPORTANT AND NECESSARY INFORMATION REGARDING YOUR CHILD. Schroon Lake Central School will make every attempt to contact the parent or guardian listed on the reverse and the parent will become responsible for making necessary arrangements in an event of an emergency. However, in the event that the parent or guardian can't be reached, the school will contact the person(s) listed below. Please be sure that the person listed is aware your child may be coming to their home in the event of an early dismissal due to inclement weather or an emergency. If all attempts to contact a person listed on this form fails within a reasonable time, considering the situation, your child will be delivered to the NY State Police barracks in Schroon Lake.

PLEASE LIST TWO EMERGENCY CONTACTS (primary name first):

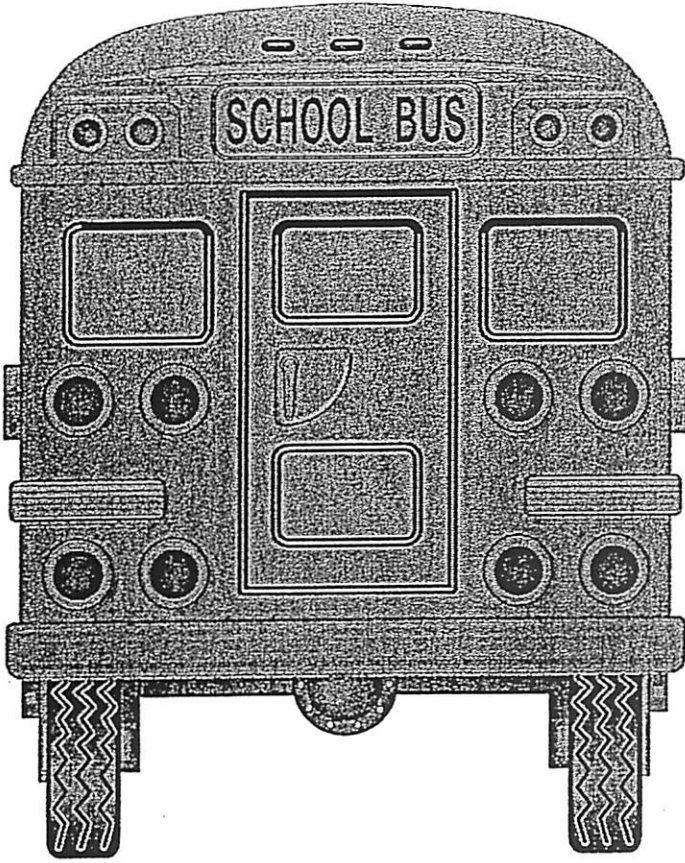
Name: _____ Phone# _____ Address: _____

Comments: _____

Name: _____ Phone # _____ Address: _____

Comments: _____

PLEASE NOTE: If your child is currently classified by CSE/CPSE, please check this box (___). If your child has special needs please check this box (___). Explain: _____



SCHROON LAKE

CENTRAL SCHOOL

Schroon Lake, NY 12870

Please bring this form with you when you bring your youngster in to register.

Thank you.

Student Name: _____

Grade: _____

Please give exact location of where you live (color of home, neighbors, etc.) for school bus purposes.

Thank you.
