

Alden Central School District
Kindergarten Registration Packet – Packet A

13190 Park Street, Alden, NY 14004

Phone: (716) 937-9116

Fax: 1-888-955-7890

www.aldenschools.org

1. Complete all parts of student registration packet – **“Packet A”** (print or save a digital copy).

2. Print or pick up a copy of **“Packet B”** and provide copies of the following:

- | | |
|--|--|
| <input type="checkbox"/> - Immunization Records (Pediatrician) | <input type="checkbox"/> - Birth Certificate |
| <input type="checkbox"/> - Preschool Records (if applicable) | <input type="checkbox"/> - Physical Health/Medical History |
| <input type="checkbox"/> - Residency Questionnaire (if applicable) | <input type="checkbox"/> - Home Language Questionnaire |
| <input type="checkbox"/> - NYS Health Examination Form | <input type="checkbox"/> - Release of Information |
| <input type="checkbox"/> - Custodial Documentation (if applicable) | <input type="checkbox"/> - Website Release Form |
| <input type="checkbox"/> - Foster parents, please include a copy of your LDSS-2999 Form. | <input type="checkbox"/> - Acceptable Use Policy |

3. Two forms of proof of residency.

Proofs from Current Year	Proofs from Last 30 Days
- Driver's License - Voter Registration Card - Property Tax Bill	- Utility Bill - House Deed - Sale Contract - Notarized Landlord Affidavit - Real Estate Statement - Lease/Homeowner's Agreement - Current Rent Receipt - Mortgage Statement - Bank Statement

4. If you have multiple children enrolling, complete a separate **“Packet C”** for each child.
-

If you have any questions about the registration packet, please contact the Central Registrar's Office.

Central Registrar: Dorothy Szymanski
Email: dszymanski@aldenschools.org
Phone: (716) 937-9116 ext. 4200
Location: Alden HS – 13190 Park Street – Room #236 (2nd floor, 1st door on the left before library)
Hours: 7:30 AM – 3:00 PM

Student Information Page

Last Name

First Name

Middle Name

Date of Birth (month/day/year)

Place of Birth (City, State, Country)

US Citizen?

If NO, date of arrival in USA

Language(s) Spoken at Home

Yes

No

Gender

Preschool Experience?

If YES, where and how often?

Male

Yes

Female

No

Special Programming: Does/has your child received any of the following services?

Speech/Language

Physical Therapy

Occupational Therapy

IEP

Counseling

Behavioral Therapy

Speech/Language

Physical Therapy

Occupational Therapy

Child's Ethnicity

American Indian/Alaskan

Asian

Black/African American

Hispanic/Latino

Middle Eastern

Multiracial

Pacific Islander

White/Caucasian

OFFICE USE ONLY (Do not fill the boxes below.)

Date of Registration

Entrance Date

Student ID #1401 –

Bus # to School

Bus # to Home

Parent/Guardian Information

Parent/Guardian #1

Last Name

First Name

Middle Name

Relationship to Child

- Mother Father Stepmother Stepfather
 Grandparent Aunt/Uncle Foster Parent Guardian

Home Phone

Cell Phone

Work Phone

Email Address

Lives with Student Yes No

Allowed to Pick-Up Yes No

Legal Custody Yes No

Number of Adults in Household

Residential Custody Yes No

Receives Mailings Yes No

Number of Seniors in Household

Street Address

City

State

Zip Code

County

- Erie Genesee Wyoming Other

Mailing Address (if different than street address)

Marital Status (Married, Divorced, Separated, Single, Widowed, Living Together?)

Parent/Guardian #2

Last Name

First Name

Middle Name

Relationship to Child

- Mother Father Stepmother Stepfather
 Grandparent Aunt/Uncle Foster Parent Guardian

Home Phone

Cell Phone

Work Phone

Email Address

Lives with Student

Yes

No

Allowed to Pick-Up

Yes

No

Legal Custody

Yes

No

Number of Adults in Household

Residential Custody

Yes

No

Receives Mailings

Yes

No

Number of Seniors in Household

Street Address

City

State

Zip Code

County

Erie

Genesee

Wyoming

Other

Mailing Address (if different than street address)

Marital Status (Married, Divorced, Separated, Single, Widowed, Living Together?)

Other Parent/Guardian

Last Name

First Name

Middle Name

Relationship to Child

- Mother Father Stepmother Stepfather
 Grandparent Aunt/Uncle Foster Parent Guardian

Home Phone

Cell Phone

Work Phone

Email Address

- Lives with Student Yes No
Allowed to Pick-Up Yes No

Legal Custody Yes No

Number of Adults in Household

Residential Custody Yes No

Receives Mailings Yes No

Number of Seniors in Household

Street Address

City

State

Zip Code

County

- Erie Genesee Wyoming Other

Mailing Address (if different than street address)

Marital Status (Married, Divorced, Separated, Single, Widowed, Living Together?)

Family Information

Please list any siblings that reside in your household some or all of the time.

Gender	Last Name	First Name	DOB	Current School	Grade

Emergency Contact #1 - (Friend/Relative/Neighbor who has your permission to transport your child.)

*In case of an emergency, parents are always contacted first.

Last Name

First Name

Relationship to Child

Home Phone

Cell Phone

Work Phone

Email Address

Town of Residence

