All residents of North Tonawanda who have school aged children must register that child with the school district. Even if your child is not attending a North Tonawanda Public School, it is still necessary for you to complete the attached form. This will ensure that any services billed back to the district while your child is attending that school have been properly verified.

Students Name: _______________________________                Grade: ____________________

Attending which Non-Public School: ____________________________________________

In addition to this completed form, it is also required to show an original birth certificate for each student, as well as proof of residency (described below).

Before any student is registered in the North Tonawanda City Schools, the student’s parent of legal guardian must provide proof of legal residence in North Tonawanda.

**All Applicants Must Submit Two Proofs of Residency**

Please provide the following to demonstrate that the address given on the enrollment form is your permanent home:

All applicants must submit at least one document from Column A, and one from Column B.

These documents are for address verification, and must all reflect the address provided for enrollment.

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Copy of most recent mortgage statement</td>
<td>• Utility Bill</td>
</tr>
<tr>
<td>• Copy of Current Tax Bill</td>
<td>• Vehicle Registration</td>
</tr>
<tr>
<td>• Closing Statement or Legal verification of purchasing residence within the next 30 days</td>
<td>• Payroll Stub</td>
</tr>
<tr>
<td>• Copy of current Lease AND Notarized Landlord Affidavit</td>
<td>• Bank Statement</td>
</tr>
<tr>
<td></td>
<td>• Valid NYS Benefit Card</td>
</tr>
</tbody>
</table>

**All Documents Must Be Current**

For Office Use Only

Date form and all information was received: ____________________

Date entered into Eschool: ___________________________                Initials: ______________
NORTH TONAWANDA CITY SCHOOL DISTRICT
Student Registration

STUDENT INFORMATION

NAME: ___________________________________________________________________________ Male □ Female □

Last Name   First Name   Middle Name

BIRTHDATE: _____/_____/______ COUNTRY OF BIRTH (If not USA) ___________________ IMMIGRATION DATE:_____________

Proof of Birth: □ Birth Certificate □ Passport □ Alien Card                      Visa Expiration Date: _________________

STUDENT’S LEGAL RESIDENCE:

__________________________________________________________

No. & Street   Apt No.   City   Zip Code

HOME TELEPHONE: ________________________________

LANGUAGE

LANGUAGE: Does this student understand English? □ YES □ NO  If not, what language is spoken: _______________________

If more than one, which language is primary/dominant? _______________________________

What is the predominant language spoken at home? ________________________________

What language does the student read: ___________________________ What language does the student write: ___________________________

ETHNIC GROUP (FOR GOVERNMENT AGENCY REPORTS)

Is the student Hispanic, Latino or of Spanish origin? □ YES □ NO

□ AMERICAN INDIAN/ALASKAN NATIVE □ ASIAN □ BLACK □ MULTIRACIAL □ PACIFIC ISLANDER □ WHITE

SCHOOL HISTORY

GRADE LAST ATTENDED: ____________ GRADES REPEATED: ____________ PRESENT GRADE: ____________

HAS YOUR CHILD BEEN REVIEWED BY A COMMITTEE ON SPECIAL EDUCATION? □YES □NO

HAS YOUR CHILD BEEN REVIEWED BY A SECTION 504 PLAN COMMITTEE? □YES □NO

IF YES, HAS YOUR CHILD BEEN RECEIVING SPECIAL EDUCATION SERVICES OR 504 ACCOMODATIONS? □YES □NO

RECEIVED: □ IEP □ SECTION 504 PLAN

NAME AND ADDRESS OF ALL SCHOOLS PREVIOUSLY ATTENDED: (INCLUDE ANY NORTH TONAWANDA SCHOOLS EVER ATTENDED)

<table>
<thead>
<tr>
<th>School Name</th>
<th>Address</th>
<th>Dates Attended</th>
<th>Grades</th>
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</table>
NORTH TONAWANDA CITY SCHOOL DISTRICT
Student Registration

PARENT/GUARDIAN INFORMATION

Person Registering Student: _______________________________ Relationship: ____________________

Student is living with (check one only)
□ Both Parents □ Mother Only □ Father Only □ Foster Parent □ Guardian □ A Spouse/Partner

Parents divorced or separated? □ YES □ NO  If yes, name of residential parent: ____________________

*NOTE: A copy of court documents designating residential parent is required*

Joint Custody: □ YES □ NO  Are you the Guardian of the child? □ YES □ NO (If yes, please provide court documents)

► NT School District will require additional written information if the child to be registered is not living with either parent.

PARENT/GUARDIAN # 1 (Parent/Guardian #1 MUST reside at the same address as the student being registered)

NAME: ____________________________________________ Relationship to Student: ________________

Last    First

Main Contact #: __________________ Work Phone: ______________ Email Address: ______________________

PARENT/GUARDIAN # 2 (Give address only if is different from the student)

NAME: ____________________________________________ Relationship to Student: ________________

Last    First

Address: ____________________________________________

No & Street   Apt No.   City   Zip Code

Main Contact #: __________________ Work Phone: ______________ Email Address: ______________________

Receive Duplicate Correspondence □ YES □ NO  Receive Duplicate Report Cards □ YES □ NO

PARENT/GUARDIAN # 3 (Give address only if is different from the student)

NAME: ____________________________________________ Relationship to Student: ________________

Last    First

Address: ____________________________________________

No & Street   Apt No.   City   Zip Code

Main Contact #: __________________ Work Phone: ______________ Email Address: ______________________

Receive Duplicate Correspondence □ YES □ NO  Receive Duplicate Report Cards □ YES □ NO