

Student Registration Form – Request for Transportation ONLY

Transportation Request for School Year: September _____ to June _____

A separate form must be completed for each child and must be on file with the Office of Central Registration
no later than April 1st of each school year.
Please print legibly with blue or black ink

PRIVATE SCHOOL ATTENDING: _____

SCHOOL ADDRESS: _____ *City & State* _____

As per the Mahopac Central School District Board of Education ruling, any student residing outside the (15) mile limit from home to school shall not be eligible for transportation to that school of application

STUDENT LAST NAME _____ **FIRST NAME** _____ **MI** _____

Birth City _____ **Birth State** _____ **Birth Country if not the U.S.** _____ **Male / Female**

Birth Date _____ **Date of Entry in U.S.** _____ **Date of Entry in U.S. Schools** _____

HOME ADDRESS _____ **NEAREST CROSSROAD** _____

City

MAILING ADDRESS (if different) _____

ETHNICITY

Is the child Hispanic, Latino, or of Spanish Origin? (*Hispanic, Latino, or Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.*) _____ **Yes, Hispanic** _____ **No, Not Hispanic**

Select one or more races from the following five racial groups (*Check all groups that apply to your child; check at least one box*):

- American Indian or Alaskan Native** *A person having origins in any of the original peoples of North and South America, and who maintains cultural identification through tribal affiliation or community recognition.*
- Asian** *A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippine Islands, Thailand and Vietnam*
- Black or African American** *A person having origins in any of the Black racial groups of Africa*
- Native Hawaiian/Other Pacific Islander** *A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands*
- White** *A person having origins in any of the original peoples of Europe, North Africa or the Middle East*

PARENT/GUARDIAN INFORMATION

Student Resides With: Mother Father Both Step Mother Step Father Foster Parents Legal Guardian Other

Name _____ Parent Step Parent Legal Guardian Other **Male / Female**

Employer/Occupation _____ **E-Mail Address:** _____

Home Phone () _____ **Business Phone** () _____ **Cell** () _____

Work Location: City & State _____ **Hours:** _____ to _____ **Work Days:** Mon Tues Wed Thurs Fri

Name _____ Parent Step Parent Legal Guardian Other **Male / Female**

Employer/Occupation _____ **E-Mail Address:** _____

Home Phone () _____ **Business Phone** () _____ **Cell** () _____

Work Location: City & State _____ **Hours:** _____ to _____ **Work Days:** Mon Tues Wed Thurs Fri

TO BE COMPLETED BY SCHOOL PERSONNEL **GRADE LEVEL** _____

START DATE: _____ **STUDENT ID NO.** _____ **PROOF OF BIRTH:** _____ (Original Birth Certificate ONLY)

MAHOPAC CENTRAL SCHOOL DISTRICT

BROTHERS & SISTERS (Include All Children Living With Family):

| NAME (First & last) | DATE OF BIRTH | CURRENT SCHOOL | GRADE | GENDER | EXPECTED TO ATTEND MCSD IF YES – START DATE | FOR MCSD USE |
|---------------------|---------------|----------------|-------|--------|---|--------------|
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EMERGENCY CONTACT INFORMATION

In case of an emergency, the parent/guardians listed on page one of this form are the first to be contacted. In the event you cannot be reached, please list below three additional contacts. Please include their city and state in order to assist us in determining the contact in closest proximity to the school. The individuals below have the authorization to pick up your child in the event you cannot be reached.

| | RELATIONSHIP TO STUDENT (i.e., grandparent, neighbor, childcare provider) | TELEPHONE NUMBER | CIRCLE ONE |
|-------------------|--|------------------|----------------|
| CONTACT(1): _____ | _____ () _____ | _____ | Home Cell Work |
| CONTACT(2): _____ | _____ () _____ | _____ | Home Cell Work |
| PHYSICIAN: _____ | TEL: () _____ | _____ | |
| DENTIST: _____ | TEL: () _____ | _____ | |

IF I WISH TO CHANGE THE DOCTOR INDICATED ABOVE, IT IS MY RESPONSIBILITY TO NOTIFY THE SCHOOL NURSE OF THIS CHANGE.

EMERGENCY MEDICAL CARE CONSENT

In the event of an accident, sudden illness, or other cause which, in the judgment of the person in charge, requires advice or treatment beyond general aid, I give permission for an ambulance to be called to transport my child to the nearest hospital. Furthermore, I give permission to the hospital to treat my child. I understand that every effort will be made to contact me if the above circumstances should occur.

I recognize that when the school calls for assistance in this way, it is acting on my behalf, and that any medical care that my youngster receives is the financial obligation of myself and not the school.

ARE THERE ANY SEVERE ALLERGIES WE SHOULD BE AWARE OF: _____

Parent/Guardian Signature

Date

I (We) affirm that the information provided on this form is true and correct. I (We) understand that the District may investigate any allegation contained in this form and may ask for written proof of any statement. In order to verify the information or statements provided on this form (including any supporting documents and affidavits), I (we) give consent for the release of this form (including any supporting documents and affidavits) or any information contained in this form to Mahopac Central School District, the landlord, or any other third party in furtherance of the School District's investigation. I (We) understand that if the allegations contained in this form (including supporting documents and affidavits) are determined not to be true and accurate, I (we) will be held responsible for the payment of tuition to the District.

Parent/Guardian Signature

Date