

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 _____
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
Asian
Black or African American
Native Hawaiian/Other Pacific Islander
White

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

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