Welcome to:
Ten Broeck Academy & Franklinville Central School

Non-Resident Student Check List

Please complete the attached registration packet

Please provide the following documentation for enrollment, which may not be limited to the items below:

- Copy of Birth Certificate
- Copy of Custody Papers and/or Order of Protection *(if any)*
- Department of Social Services Foster Placement Form *(if any)*
- Tuition Payment: 7th – 12th Grades - $250.00

Please notify your prior school that we will be contacting them for the following records to complete the enrollment process:

- Exit Grades for Current Quarter (if transferring mid-quarter)
- Current Class Schedule
- Current Report Card
- Copy of Current Science Labs
- High School Transcripts
- Attendance Record
- Health Record (immunization & last physical exam)
- New York State Test Scores
- Special Education Records
    - ✎ IEP, Transition Plan, Social History, Level 1 Assessment & Psychological Reports
- Copies of records have been routed to
    - ✎ Building Principal
    - ✎ CSE/CPSE Chair (if applicable)
    - ✎ School Counselor
    - ✎ School Psychologist (if applicable)
    - ✎ School Nurse

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Welcome to:
Ten Broeck Academy & Franklinville Central School
Non- Resident Student Registration Form

Household Information:

Name: _____

Address: _____
Street

_____
City   *State*   *Zip*

Telephone: _____
Area Code   Phone #

Registration Date: _____

Mailing Address: _____
Street

_____
City   *State*   *Zip*

Household Language: English _____ Yes _____ No

Other _____
Please Specify

Student Information: ☐ I.E.P.   ☐ 504 Plan   ☐ Custody Papers

Name: _____
First Name   M.I.   Last Name

Student's Age: _____

☐ Male ☐ Female   Grade: _____

Date of Birth: _____
MM/DD/YYYY

City and State of Birth: _____

Anticipated Start Date: _____

Parent or Guardian Information:

Name: _____
First Name   Last Name

Relationship to student(s): _____

Home Phone: _____
Area Code   Phone #

Address: _____
(if different from "household" address above)

Employer: _____

Gender: ☐ Male ☐ Female

Lives in household: ☐ Yes ☐ No

Cell Phone: _____
Area Code   Phone #

Email: _____

Work Phone: _____
Area Code   Phone #

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Parent or Guardian Information:

Name: _____ Gender: ☐ Male ☐ Female
First Name   _Last Name_

Relationship to student(s): _____ Lives in household: ☐ Yes ☐ No

Home Phone: _____ Cell Phone: _____
Area Code   _Phone #_   _Area Code_   _Phone #_

Address: _____ Email: _____
(if different from "household" address above)

Employer: _____ Work Phone: _____
Area Code   _Phone #_

Emergency Contact Information:

Name: _____ Gender: ☐ Male ☐ Female
First Name   _Last Name_

Relationship to student(s): _____ Lives in household: ☐ Yes ☐ No

Address: _____ Home Phone: _____
Street   _Area Code_   _Phone #_

                                       Cell Phone: _____
_____   _Area Code_   _Phone #_
City   _State_   _Zip_

Email: _____ Work Phone: _____
                                       Area Code   _Phone #_

Emergency Contact Information:

Name: _____ Gender: ☐ Male ☐ Female
First Name   _Last Name_

Relationship to student(s): _____ Lives in household: ☐ Yes ☐ No

Address: _____ Home Phone: _____
Street   _Area Code_   _Phone #_

                                       Cell Phone: _____
_____   _Area Code_   _Phone #_
City   _State_   _Zip_

Email: _____ Work Phone: _____
                                       Area Code   _Phone #_

Siblings:

Name: _____ Date of Birth: _____ Last Completed Grade: _____
First Name   _Last Name_

Name: _____ Date of Birth: _____ Last Completed Grade: _____
First Name   _Last Name_

Name: _____ Date of Birth: _____ Last Completed Grade: _____
First Name   _Last Name_

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Others living in your household:

Name: _____ Relationship: _____
    First Name   *Last Name*

Name: _____ Relationship: _____
    First Name   *Last Name*

Optional: Additional information and comments from parents concerning your child's health, personal and social adjustment, special interests and abilities, or any other comment(s) which will be helpful to us while working with your child.

_____

_____

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Franklinville Central School
Non-Resident Student Application for Admission
Must be accompanied by a letter of acknowledgement from the sending district

I, _____, a resident of the _____
         Name of parent or legal guardian   *School District*

request that the Board of Education of Franklinville Central School District consider admission of the student(s) listed below for the _____ school year.

    Student Name: _____   Grade: _____

    Student Name: _____   Grade: _____

    Student Name: _____   Grade: _____

Reason for Request:

_____ Student(s) is/are currently registered at the Franklinville Central School District as a non-resident(s) student.

_____ Student(s) will be moving to the Franklinville Central School District on: _____
                                                                                        Date

_____ Student(s) is/are former resident(s) and request to continue attendance at Franklinville Central School.

_____ Student(s) is/are child/children of a Franklinville Central School staff member.

_____ Student(s) will be residing with family members within the Franklinville Central School District.

_____ Other - *Please explain:*

_____

_____

Do you own property in the Franklinville Central School District?   Yes _____   No _____

Name, address, and phone number of school(s) attended prior to requesting admission to Franklinville Central School District:

Name: _____   Name: _____

Address: _____   Address: _____
              Street   *Street*

_____   _____
City   *State*   *Zip*   *City*   *State*   *Zip*

Telephone: _____   Telephone: _____
          Area Code   *Phone #*   *Area Code*   *Phone #*

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I certify that all of the information provided concerning the above individual(s) is true and accurate. I also understand that if I provide false information to the Franklinville Central School District, I may be committing the crime of perjury and that I may be prosecuted on criminal charges for such false information.

Signature of Parent or Legal Guardian _____

Name of Parent or Legal Guardian: _____
                                                            Please Print

Address: _____
              P.O. Box #   *Street*   *Apt.#*

_____
              City   *State*   *Zip*

Home phone: _____   Work phone: _____   Cell phone: _____
        Area Code   Phone #   *Area Code   Phone #*   *Area Code   Phone #*

Return to: Superintendent
                        Franklinville Central School
                        31 North Main St.
                        Franklinville, NY 14737

- -

Approval by Principal: _____   Date: _____

Approval by Superintendent: _____   Date: _____

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1. Current Class Schedule

2. Exit Grades for Current Quarter (if transferred before quarter grades were due)

3. Current Report Card

4. Current Science Labs

5. High School Transcript

6. NYS Test Scores

7. Attendance Records

8. Health Records (Immunizations and last Physical exam)

9. Copy of Birth Certificate

10. Discipline Report(s)

11. Special Education Records, if applicable, to include: IEP, Transition Plan, Social History, Level 1 Assessment & Psychological Reports

12. Academic Records

13. _____

Parent or Guardian: Please complete the bottom section only.

Student Name: _____ Date of Birth: _____

Previous School Information:

Previous School Attended: _____ Phone: (___) _____

Address: _____

Town: _____ State: _____ Zip: _____

Dates of Attendance at this school:

Start Date: _____ End Date: _____

Current Information:

Parent or Guardian: _____ Phone: (___) _____

Town: _____ State: _____ Zip: _____

I hereby authorize the release of above information.

Name: _____ Relationship: _____ Date: _____

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