

AUSABLE VALLEY MIDDLE SCHOOL-HIGH SCHOOL
ENTRANCE RECORD

Date Registered _____ Unique ID # _____
Start Date (Expected) _____ MALE _____
District of Residence _____ FEMALE _____

STUDENT

_____ (Last) _____ (First) _____ (Middle)

Date of Birth _____ Birthplace _____ Ethnicity _____
American Indian/Black (Not Hispanic)
Asian, Hispanic, White

Grade _____ Transferred From _____
(Name of School) (Telephone #)

_____ Special Ed. Services: Y _____ N _____
(Address of School) IEP: _____ 504: _____

*If you believe your child may have a disability, you are encouraged to discuss your concerns with your child's teacher, school counselor and principal. You may also contact Aimee Defayette, Director of Special Education at 834-2800 Ext. 3502. A Parent's Guide to Special Education in New York State for Children Ages 3-21 can be accessed on our website at www.avcs.org

FAMILY INFORMATION

Father _____ MAR. _____ SEP. _____ DIV. _____ DEC. _____

Address _____

Occupation _____ Work # _____ Home # _____ Cell # _____

Mother _____ MAR. _____ SEP. _____ DIV. _____ DEC. _____

Address _____

Occupation _____ Work # _____ Home # _____ Cell # _____

Legal Guardian _____ Relationship _____

Address _____

Occupation _____ Work Tel.# _____ Home Tel.# _____

Email Address: _____ Name on Email Account: _____

County of Residency: _____

Mailing Address: (if using a post office box) _____

Who has legal custody of this child with documentation? _____

SIBLINGS: NAME DATE OF BIRTH GRADE/SCHOOL

If PARENT/GUARDIAN is not available in case of an emergency, it is NECESSARY that we have at least three (3) emergency numbers to call.

(Name) Telephone # (Please Circle - Cell,Work,Home) Relationship

(Name) Telephone # (Please Circle - Cell,Work,Home) Relationship

(Name) Telephone # (Please Circle - Cell,Work,Home) Relationship

List any items that may need special attention – such as DIET, ALLERGIES, PHYSICAL HANDICAPS, SPEECH DIFFICULTIES, FEARS, MAJOR ILLNESSES, ETC.

My signature attests that the information I have provided is accurate. I understand that if I provided inaccurate information about my district of residence or if I move out of the AVCS district, that my child may be removed from the AVCS district and will have to attend at his/her district of residence.

Date _____ Signature of Parent/Guardian _____