

Central Registrar
7 Bevan St
Cohoes, NY 12047
Phone: (518) 237-4131 X2299
Fax: (518) 833-7999

COHOES CITY SCHOOL DISTRICT

Private/Charter School Enrollment Form

<i>For Office Use Only</i>	
Student ID #	_____
Grade	_____
Enrollment Type	_____

Registration Date: _____

Student Information

Student's Name: _____ <i>First</i> <i>Middle</i> <i>Last</i> Birth Date: ____/____/____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Grade: _____ Home Phone: _____ Residential Address: _____ <i>Street</i> <i>Apt# or Floor</i> _____ _____	Name of School: _____ School District (<i>Where school is located</i>): _____ 1.) Ethnicity -- <i>Check those which apply.</i> <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic 2.) Race -- <i>Check all those which apply.</i> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander
Mailing Address (if different than above): _____ _____ _____ _____	

Parent/Guardian Information

Student Resides With: Parents Mother Father Foster Parents (please attach form DSS-2999) Other: _____

Are there Legal Arrangements? No Yes (if yes, please provide court documents) Joint Custody Sole Custody Temporary Custody Visitation

Primary Parent/Guardian Name: _____ Relationship to child: _____

Home Phone: _____ Cell Phone: _____

Workplace: _____ Work Phone: _____ E-Mail Address: _____

Parent/Guardian Name: _____ Relationship to child: _____

Home Phone: _____ Cell Phone: _____

Workplace: _____ Work Phone: _____ E-Mail Address: _____

Home Address (if different than student's): _____ Receives Mail: Yes No

Household Information

List all siblings residing at residence	Gender	Birthdate	Grade	School

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Documents provided to the district:

<input type="checkbox"/> Photo ID	<input type="checkbox"/> Deed or Tax Bill	<input type="checkbox"/> Cohoes Housing Authority	<input type="checkbox"/> DSS 229
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Utility bill	<input type="checkbox"/> Notarized letter and home visit	<input type="checkbox"/> Custody
<input type="checkbox"/> Immunization Records	<input type="checkbox"/> Driver's License	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Physical	<input type="checkbox"/> ROP	<input type="checkbox"/> Signed Lease	<input type="checkbox"/> STAC
<input type="checkbox"/> Dental Certificate			

Stamp Date: _____

Registrar Signature: _____