

**STUDENT REGISTRATION  
SCHOOL DISTRICT OF CORNELL**

Date \_\_\_\_\_

**Grade:** \_\_\_\_\_

**STUDENT INFORMATION**

Legal Name \_\_\_\_\_  
(First) (Middle) (Last)

Address \_\_\_\_\_  
(Street/Mailing) (City) (State) (Zip) (County)

Home Phone \_\_\_\_\_ Social Security Number \_\_\_\_\_ Sex: M/F

**Birthdate:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_  
(City, State and County)

Ethnic Origin: \_\_\_ White \_\_\_ American Indian \_\_\_ Black \_\_\_ Asian/Pacific Islander \_\_\_ Hispanic

**EMAIL ADDRESS (required)** \_\_\_\_\_

**Student Lives With:**

1. \_\_\_\_\_ Relationship: (Parent, Guardian, Other) \_\_\_\_\_  
(First Name) (Last Name)  
Home Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Employed at: \_\_\_\_\_ Work Phone: \_\_\_\_\_

2. \_\_\_\_\_ Relationship: (Parent, Guardian, Other) \_\_\_\_\_  
(First Name) (Last Name)  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Employed at: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Not Listed Above (Parent/Guardian):**

\_\_\_\_\_ Relationship: \_\_\_\_\_  
(First Name) (Last Name)

Address: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Employed At: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

**Previous School Attended:**

Name of School \_\_\_\_\_

Address/Telephone # \_\_\_\_\_

\_\_\_\_\_

**Please list other children in the home (0-21 years of age)**

	<u>Name</u>	<u>Sex</u>	<u>Date of Birth</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

Has student attended Cornell Area Schools previously? Yes \_\_\_ No \_\_\_ If so, when? \_\_\_\_\_

Has the student ever been placed in a special school program? Yes \_\_\_\_\_ No \_\_\_\_\_ (for example: Gifted & Talented, Learning Disability, Emotional Disability) If yes, please describe:

\_\_\_\_\_

Has the student had any other problems that the counselor should be aware of? If so, please detail:

\_\_\_\_\_

How will your child be coming to school? School bus ( ) Walking ( )

If your child is a bus student, please list pick-up and drop off location:

Pick-up \_\_\_\_\_

Drop off \_\_\_\_\_

Any additional comments which will help is better understand your child. (Weak eyes, poor hearing, weak kidneys, nosebleeds, allergies,....)

\_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

(In case of an emergency, person to contact if parent is not available: Please list two)

_____	_____	_____
(Name)	(Relationship)	(Phone)

_____	_____	_____
(Name)	(Relationship)	(Phone)