



GENEVA CITY SCHOOLS
GATEWAY TO GREAT ACHIEVEMENTS
DISTRICT OFFICES
400 West North Street
Geneva, New York 14456
315-781-0400
www.genevacsd.org

Student Registration Form

Date entered: _____ Other ID: _____ Family ID: _____

STUDENT INFORMATION

Last name: _____ First name: _____ MI: _____

Date of birth: _____ Grade: _____

Has the student repeated any grades? Yes: _____ No: _____ If yes, grade: _____

Does the student receive special services? Yes: _____ No: _____

Please list: _____

Does the student have an IEP or 504? Yes: _____ No: _____

Has the student ever attended the Geneva City School District? Yes: _____ No: _____

If yes, when: _____

Last School Attended: _____

Location and Contact Information: _____

Was the student serving internal/external suspension at the previous school? Yes: _____ No: _____

What was the last date your student attended school? _____

Does the student have one or more parents/guardians who are members of the Armed Forces on Active Duty? Yes: _____ No: _____

PARENT/GUARDIAN INFORMATION

Name: _____ Relationship to student: _____

Address: _____ Robocall Phone: _____

Additional Phone: _____ Email: _____

Employer: _____ Occupation: _____

Work Phone: _____

Are there any custody arrangements? Yes: _____ No: _____

Copies Provided? Yes: _____ No: _____

Previous Address: _____

MEDICAL CONTACT INFORMATION

Student's doctor: _____ Phone number: _____

Address: _____ Does not have a local doctor: _____

Student's dentist: _____ Phone number: _____

Address: _____ Does not have a local dentist: _____

State law requires that a Home language Questionnaire and McKinney-Vento Questionnaire be completed for all new entrants to the Geneva City School District.

Please note: Custody Paperwork, acceptable proof of age, NVS physical, Immunizations and proof of residency must all be turned in with this completed packet in order for this registration to be considered complete. Records will be requested from previous school once registration is complete.

Please release all academic and health records to the Geneva City School District for the purpose of registration of the above student.

Signature of Parent/Guardian: _____

Date _____