



# Hamilton Central School Enrollment Form

For Office use: \_\_\_/\_\_\_/\_\_\_

7 W. Kendrick Ave., Hamilton, NY 13346, p(315)824-6300 [hamiltoncentral.org](http://hamiltoncentral.org) Please complete all questions.

## Student Information

\_\_\_\_\_  
Last Name                      First Name                      Middle Name                      Nickname

\_\_\_\_\_  
Home Address (Street #, Street, City, State, Zip)

\_\_\_\_\_  
Mailing Address (If different from Street Address)

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

\_\_\_\_\_  
**Gender**

\_\_\_/\_\_\_/\_\_\_  
**Birth Date**

**Ethnicity (check one)**  
 Hispanic/Latino  
 Not Hispanic/Latino

**Race (check all that apply)**  
 American Indian/Alaskan Native  
 Pacific Islander/Hawaiian Native  
 Black  
 White  
 Asian

**Student lives with**  
\_\_\_ Both  
\_\_\_ Father(s)  
\_\_\_ Mother(s)  
\_\_\_ Guardian

\_\_\_\_\_  
**Place of Birth**

\_\_\_\_\_  
**Preferred Phone Number**  
  
(This phone number will receive automated messages from the school. This can be a landline or cell phone number.)

## Parent/Legal Guardian Information

### 1. Parent/Guardian/Steparent/Other\* (circle)

\_\_\_\_\_  
Last Name                      First Name                      Phone 1

\_\_\_\_\_  
Address (Street #, Street, City, State, Zip)                      Phone 2                      Email

### 2. Parent/Guardian/Steparent/Emergency contact (circle)

\_\_\_\_\_  
Last Name                      First Name                      Phone 1

\_\_\_\_\_  
Address (Street #, Street, City, State, Zip)                      Phone 2                      Email

### 3. Parent/Guardian/Steparent/Emergency Contact (circle)

\_\_\_\_\_  
Last Name                      First Name                      Phone 1

\_\_\_\_\_  
Address (Street #, Street, City, State, Zip)                      Phone 2                      Email

ELL/ENL, Migrant, Immigrant, Homeless status (circle YES or NO)	Last School attended (HS students list all high schools attended)																					
<b>YES / NO</b> Has the student ever received ENL or ELL services? <b>YES / NO</b> Are the student's parents migrant workers? <b>YES / NO</b> Is this student homeless? <b>YES / NO</b> Has this student attended any school, in one or more states, for more than 3 full academic years? <b>If NO:</b> <b>YES / NO</b> Is the student between 3-21 years old? <b>YES / NO</b> Is the student's birthplace outside of the US?	____ Public ____ Private ____ Home ____ Charter	Grade(s) _____ School _____ City, State _____ Dates: _____																				
<b>Siblings (List all other children in this household):</b> <table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Last Name</th> <th style="text-align: left;">First Name</th> <th style="text-align: left;">Date of Birth</th> <th style="text-align: left;">Current Grade</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>____/____/____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>____/____/____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>____/____/____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>____/____/____</td> <td>_____</td> </tr> </tbody> </table>	Last Name	First Name	Date of Birth	Current Grade	_____	_____	____/____/____	_____	_____	_____	____/____/____	_____	_____	_____	____/____/____	_____	_____	_____	____/____/____	_____	Grade(s) _____ School _____ City, State _____ Dates: _____	Grade(s) _____ School _____ City, State _____ Dates: _____
Last Name	First Name	Date of Birth	Current Grade																			
_____	_____	____/____/____	_____																			
_____	_____	____/____/____	_____																			
_____	_____	____/____/____	_____																			
_____	_____	____/____/____	_____																			
<b>Proof of Residency:</b> ____ Tax Bill ____ Mortgage ____ Deed ____ Lease	_____ If not available, then a Statement from the Landlord, Owner or Tenant with whom property is shared (Shared Housing Agreement) _____ If not available, then Other Proof _____	Grade(s) _____ School _____ City, State _____ Dates: _____																				
<b>Student support services (Special Ed) Information</b> Does the student have an ___ IEP or a ___ 504 Accommodation Plan?  Has the student ever received services for: ____ Deaf/hard of hearing ____ Physically Impaired ____ Visually Impaired ____ Speech/Language ____ Specific learning disabilities ____ Emotional/behavior disorder ____ Autism	Please check your child's information on the Parent Portal periodically and notify the school of any change in address, phone number or email address. <b>Parent Signature:</b> _____ <b>Date signed:</b> ____/____/____ <b>I received the notice regarding "A Parent's Guide to Special Education" containing the link for the NYS Education Dept. web site.</b> ____ Yes                      ____ No																					