

# Batavia Public Schools

To register additional students, please use reverse side.

DATE: \_\_\_\_\_

PARENT/GUARDIAN INFORMATION #1 (additional parent information can be added in the PowerSchool Portal)			
Last Name	First Name	(Mr./Mrs./etc.)	Relationship to Student
Street Address		City	Zip Code
Cell Phone	Work Phone	Valid E-Mail Address	
Parent Marital Status: (circle one)    Married    Separated    Divorced    Widowed    Single			

PARENT/GUARDIAN INFORMATION #2 (additional parent information can be added in the PowerSchool Portal)			
Last Name	First Name	(Mr./Mrs./etc.)	Relationship to Student
Street Address		City	Zip Code
Cell Phone	Work Phone	Valid E-Mail Address	
Parent Marital Status: (circle one)    Married    Separated    Divorced    Widowed    Single			

STUDENT #1		School:	
Last Name	First Name	Middle Name	
Grade Entering	Mother's Maiden Name	Student Nickname (if applicable)	
Date of Birth	City & State of Birth	Gender	
<b>Is this student a former Batavia Public School Student?</b>		<b>Yes</b>	<b>No</b>
<b>Ethnicity (Please circle all that apply)</b>			
American Indian or Alaskan Native	Asian/Pacific Islander	Black or African American	Hispanic    White    Multiracial/Ethnic
<b>Medical Information</b>			
Doctor's Name		Contact Phone Number	
Medical Alert:			
Known Allergies, medications, etc.			
<b>Special Education – Does this student have a Special Education file?</b>		<b>Yes</b>	<b>No</b>
Does this student currently have an IEP, 504 Plan or receive additional services? If so, please indicate what type of services are being received.			
<b>Emergency Contact Information (first person to notify in case of emergency if parents cannot be contacted)</b>			
Last Name	First Name	Contact #	Relationship to Student