



To register additional students, please use reverse side.

DATE: _____

School Year: _____

ALL INFORMATION IS REQUIRED

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			

ALL INFORMATION IS REQUIRED

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			

ALL INFORMATION IS REQUIRED

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



ALL INFORMATION IS REQUIRED

STUDENT #2		Admitting 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
Is this student a former Batavia Public School Student? Yes No			
Ethnicity (Please circle all that apply)			
American Indian or Alaskan Native	Asian/Pacific Islander	Black or African American	Hispanic
White	Multiracial/Ethnic		
Medical Information			
Doctor's Name		Contact Phone Number	
Medical Alert:			
Known Allergies, medications, etc.			
Special Education – Does this student have a Special Education file? Yes No			
Does this student currently have an IEP, 504 Plan or receive additional services? If so, please indicate what type of services are being received.			
Non-Parent Emergency Contact Information (first person to notify in case of emergency if parents cannot be contacted)			
Last Name	First Name	Contact #	Relationship to Student

ALL INFORMATION IS REQUIRED

STUDENT #3		Admitting 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
Is this student a former Batavia Public School Student? Yes No			
Ethnicity (Please circle all that apply)			
American Indian or Alaskan Native	Asian/Pacific Islander	Black or African American	Hispanic
White	Multiracial/Ethnic		
Medical Information			
Doctor's Name		Contact Phone Number	
Medical Alert:			
Known Allergies, medications, etc.			
Special Education – Does this student have a Special Education file? Yes No			
Does this student currently have an IEP, 504 Plan or receive additional services? If so, please indicate what type of services are being received.			
Non-Parent Emergency Contact Information (first person to notify in case of emergency if parents cannot be contacted)			
Last Name	First Name	Contact #	Relationship to Student