



# Registration Form

## ITHACA CITY SCHOOL DISTRICT

400 Lake Street • P.O. Box 549 • Ithaca, New York • 14851-0549

<input type="checkbox"/> New Enrollment
<input type="checkbox"/> Re-Enrollment
<input type="checkbox"/> Census
<input type="checkbox"/> LACS
<input type="checkbox"/> ICSD Building

### Student Information

Last Name	First Name	Middle Name	Gender	Date of Birth	Grade
<b>Last School Attended (if applicable):</b>					
District Name			Type (Circle One)		Public   Private   Home
School Name			Last Date of Attendance		
School Address					
School Phone Number					
<b>Did this student receive any of the following supports or services in their previous school?</b>					
Special Education with an Individualized Education Program (IEP)?	Yes	No	If yes, what was your child's classification?		
504 Plan?	Yes	No			
Intervention Services/Support (sometimes called RTI, AIS or Title 1)?	Yes	No	If yes, circle subjects in which support was provided:		
			Reading	Writing	Math
			Science	Social Studies	Social/Emotional
English as a Second Language/English as a New Language?	Yes	No			
Is this student a foreign exchange or visiting student?	Yes	No	Is this student a high school graduate?	Yes	No
Will this student be utilizing Ithaca City School District Transportation (if available)?			Yes	No	

### Parent/Caregiver Information ( for Student's Primary Residence)

Last Name	First Name	Relationship to Student	
Residence Address		Active Duty Military Personnel	
		Yes          No	
Mailing Address (if different from Residence Address)			
Phone 1 ( <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work)	Phone 2 ( <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work)	Phone 3 ( <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work)	Email Address

### Parent/Caregiver Information

Last Name	First Name	Relationship to Student	
Residence Address (if different from Student's Primary Address)		Active Duty Military Personnel	
		Yes          No	
Mailing Address (if different from Residence Address)			
Phone 1 ( <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work)	Phone 2 ( <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work)	Phone 3 ( <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work)	Email Address

**Parent/Caregiver Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Office Use Only:

Student ID Number	Entry Date	Home School	Placed School (for students attending a school because of program enrollment)	Proof of Residence Submitted (type)	Tuition Waiver