

Lancaster Central School District

149 Central Avenue
Lancaster, NY 14086
Phone: 716 686-3218
Fax: 716 686-3219
mclark@lancasterschools.org

Michelle Clark
District Registrar

Students must first be registered in the district to request transportation to a non-public school.

Documents to bring to register for transportation to a non-public school...

2 proof of residency – examples - *homeowner - non-contingent contract, deed, mortgage statement, tax bill, utility bill*
for renting - lease agreement, utility bill

Proof of age – ex. Certified birth certificate, baptismal certificate

Custody agreement – (if both parents are not in the home)

Completed registration form

Completed transportation form

Call 686-3218 to make a registration appointment

**The Transportation department requires the request form with an original signature.*

LCSD PAROCHIAL REGISTRATION FORM

(Please **print** in ink and complete all areas)

NOTICE

ID:

School:

GR:

START:

____ Allergy

____ IEP

STUDENT INFORMATION

Student's Last Name: _____ First Name: _____ Middle: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Primary Phone: (____) _____

Gender: ____ Male ____ Female

Date of Birth: _____
mm/dd/yyyy

City/State of Birth: _____

Parochial School Attending: _____

SCHOOL HISTORY

Attended **LCSD** Before? Yes No If **YES**, previous Enrollment Date: _____ Previous Grade: _____

If **NO**, in which school district do you reside? _____

Address of school: _____
Street City/Town Zip Code

Telephone: _____ Grade Last Attended: _____ Present Grade: _____

Name and address of all schools previously attended: (Include any Lancaster schools ever attended)

Name of School	Address	Dates Attended	Grades
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Name of School	Address	Dates Attended	Grades
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Name of School	Address	Dates Attended	Grades
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Was the student suspended or removed from a school the student attended? Yes No

If yes, explain: _____

No

List Services/Programs: _____

HEALTH INFORMATION

Telephone: _____

PARENT / GUARDIAN INFORMATION

(Note: Parent/Guardian #1 must reside at the same address as that indicated for the student.)

MI

Zip Code

Indicate calling order: 1 – 2 – 3

Home telephone: # Work: # Cell:

Email Address: _____

MI

(If NO, provide Address and Home Telephone number)

Zip Code

Indicate calling order: 1 – 2 – 3

#____ Home telephone: _____ #____ Work: _____ #____ Cell: _____

Email Address: _____

EMERGENCY CONTACT INFORMATION

In the event a parent/guardian cannot be reached, the following may be contacted.

1. Name: _____ Relationship to student: _____

Indicate calling order: 1 – 2 – 3

_____ Home telephone: _____ # _____ Work: _____ # _____ Cell: _____

2. Name: _____ Relationship to student: _____

Indicate calling order: 1 – 2 – 3

_____ Home telephone: _____ # _____ Work: _____ # _____ Cell: _____

CERTIFICATION AND AUTHORIZATION

I hereby certify that the student listed on this registration form attends a non-public school within the Lancaster School District boundaries. I further certify that all the information I provided on this registration form is true and correct. I understand that I must immediately notify the District if the enrollment changes for this student,

I authorize the request of student records from previous schools and give permission to the Lancaster Central School District to verify telephone numbers and addresses.

SIGNATURE MUST BE WITNESSED BY REGISTRAR

Parent/Guardian Name: _____
(Please Print)

Parent/Guardian Signature _____ Date: _____