



Webster Central School District, 119 South Ave, 3<sup>rd</sup> Floor, Webster, NY 14580  
 Phone: 585-216-0029 Fax: 585-216-0082 Scan: carla\_watkins@webstercsd.org

## 2018-19 PRIVATE / PAROCHIAL / CHARTER REGISTRATION FORM

**Submit this form to WCSD Central Registration office with proof of residency** (current utility bill, lease, mortgage, property tax or property insurance statement). **Your paperwork will not be processed without proof of residency.** Paperwork may be faxed, scanned, mailed or delivered. Submit a separate transportation application if requesting busing (*found at websterschools.org, Transportation Department*).

Parent/Guardian Name & Relationship: \_\_\_\_\_

Primary Address \_\_\_\_\_

Primary Phone Number \_\_\_\_\_ Primary Email \_\_\_\_\_

### Student Information:

<i>School-age children residing in your home:</i>					
<i>Last Name</i>	<i>First Name</i>	<i>Gender</i>	<i>Date of Birth</i>	<i>Grade</i>	<i>School</i>
		<input type="checkbox"/> M <input type="checkbox"/> F			
		<input type="checkbox"/> M <input type="checkbox"/> F			
		<input type="checkbox"/> M <input type="checkbox"/> F			
		<input type="checkbox"/> M <input type="checkbox"/> F			

Please check here if registering a foreign exchange student  Length of time to be with you \_\_\_\_\_

### Special Needs, if applicable:

Name of student(s) with an IEP:
Name of student(s) with a 504 Plan:

*My signature confirms that I am the parent/legal guardian of the above student(s) and that the address indicated is my student(s)' primary residence.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Enrollment for Testing or Support Services Only:

Provider's Name:
Purpose: <input type="checkbox"/> Testing <input type="checkbox"/> RTI Services <input type="checkbox"/> Special Education Services <input type="checkbox"/> Other:
District of Residency:

For Office Use	Complete paperwork received:	Date processed:
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