

**NORTH SYRACUSE CENTRAL SCHOOL DISTRICT  
REGISTRATION FORM – HEALTH INFORMATION**

TO BE FILLED OUT BY PARENT/GUARDIAN

Student Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Proof of Birth: \_\_\_\_\_

Birth Date \_\_\_\_\_ Place of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Phone \_\_\_\_\_

Family doctor in case of emergency \_\_\_\_\_

Did child previously attend NSCSD district?  Yes  No

Name of school student last attended in \_\_\_\_\_ Grade \_\_\_\_\_  
North Syracuse Central School District:

Name of school entering \_\_\_\_\_ Grade \_\_\_\_\_

New students are required to have a physical examination. Your own personal physician \_\_\_\_\_ Personal Physician  
or the school doctor may do physicals. Please indicate your preference. \_\_\_\_\_ School Physician

**BOTH PARENTS WILL BE LISTED AS EMERGENCY CONTACTS AND ALLOWED TO PICK UP STUDENT AT SCHOOL UNLESS DOCUMENTATION IS PROVIDED SPECIFYING OTHERWISE.**

**Written notice must be submitted to the school should the situation arise that the student not be released to certain individuals.**

Parents:  Together  Separated  Divorced  Deceased – Mother  Deceased - Father

Parent/Guardian please state relationship to child:

Father's Name \_\_\_\_\_ Phone \_\_\_\_\_

Full Address \_\_\_\_\_  
If different from student's address above

Parental relationship:  Biological/Adoptive  Step-parent  Foster  Guardian

Father's Place of Work \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone \_\_\_\_\_

Full Address \_\_\_\_\_  
If different from student's address above

Parental relationship:  Biological/Adoptive  Step-parent  Foster  Guardian

Mother's Place of Work \_\_\_\_\_ Work Phone \_\_\_\_\_

In the event that your child becomes ill at school and no one can be reached at home or place of business, please give us two emergency names and numbers to call.

Emergency Person #1 \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Allowed to pick up \_\_\_\_\_

Emergency Person #2 \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Allowed to pick up \_\_\_\_\_

**List all children residing in your home:**

**First Name                      Last Name                      Date of Birth**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_