SPRINGVILLE-GRIFFITH INSTITUTE CENTRAL SCHOOL DISTRICT
A Place Where Everyone Finds Value and Meaning Every Day
267 Newman Street • Springville, New York 14141-1599 • FAX (716) 592-3245

New Student Registration

Welcome to the Springville-Griffith Institute Central School District. We look forward to your participation and involvement in our schools and community. In choosing Springville schools, you will be a part of a learning community that cultivates relationships, commits to growth and improvement, allowing for choice, voice and creativity while providing a challenging and supportive learning environment. The district is committed to high standards with a focus on developing students' potential.

The Central District Registrar is located in the district office, inside the Springville Middle School, 267 Newman Street. Families new to the district should register their child(ren) as soon as possible. **Registrations are by appointment only. Please schedule an appointment to register your child by calling the district registrar at (716) 592-3228.**

The Student Registration Form is available on the district website at http://www.springvillegi.org. Click on the Menu icon and select Student Registration. The downloadable form(s) are available to expedite the registration process, but does not constitute registration. Please complete and sign the **Registration Form**, and bring the forms along with the required documentation to your registration appointment.

Documents **required** for registration of students new to the district:

- Student's **original** birth certificate
- Proof of immunizations
- **One** document showing proof of residency within the district
- Copy of latest report card (if transferring)
- **Court-issued** custody papers (if applicable)
- Acceptable proof of residency:
  - Mortgage statement
  - Deed
  - Signed contract for purchase of home
  - Tax statement
  - Signed lease/rental agreement
  - Utility bills specific to the new address

The new student registration is a multi-step process and will require more than one day. You will be contacted by the building that your child will be attending with a start date.

Please call the registrar if you change your address or phone number, or if there is any change in custodial status. The district also maintains records of home-schooled (parent-taught) students.

SPRINGVILLE-GRIFFITH INSTITUTE CENTRAL SCHOOL DISTRICT

Authorization for Release of Information

(Please and complete all areas)

STUDENT INFORMATION

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

Date of Birth:_____ Current Grade:_____

FORMER SCHOOL INFORMATION

Name/Address of Former School: _____

_____

_____

_____

Telephone #: Fax#:

Reason for Request: **Transfer** Anticipated Start Date: _____

RETURN INFORMATION TO (Springville-Griffith Institute Central School District at the below address)

☐ Grades Pre-K-5

Springville Elementary School
283 North Street, Springville, NY 14141
Telephone: 716-592-3261 Fax: 716-592-3264

☐ Grades Pre-K-5

Colden Elementary School
8263 Boston-Colden Road, Colden, NY 14033
Telephone: 716-592-3217 Fax: 716-592-3254

☐ Grades 6-8

Springville Middle School
267 Newman Street, Springville, NY 14141
Telephone: 716-592-3276 Fax: 716-592-3268

☐ Grades 9-12

Springville High School
290 North Buffalo Street, Springville, NY 14141
Telephone: 716-592-3284 Fax: 716-592-3297

☐ Special Education

Special Education and Pupil Services
283 North Street, Springville, NY 14141
Telephone: 716-592-3256 Fax: 716-592-3218

Permission is hereby given to release all information listed below for the above student to Springville-Griffith Institute Central School District.

- Transcript (*Permanent Record Information*)
- Standardized Test Data (*Achievement, Aptitude, College Entrance Exams*)
- Current Grades and Grading Conversion Scale
- Health Records
- Free or Reduced Meal Information
- Special Education Records
- Psychological Reports/Social Work Reports/Discipline
- English as a Secondary Language Information
- Science Labs completed (high school only)
- Seal of Civic Readiness/Alternate Graduation Pathways (high school only)
- Science Investigation (elementary/middle school)

_____ _____

Signature of Parent/Guardian **Date**

Official Use Only
ID#:_____ Date First Entered:_____

SPRINGVILLE GRIFFITH INSTITUTE CENTRAL SCHOOL DISTRICT

Registration Form

(Please complete all areas)

STUDENT/HOUSEHOLD INFORMATION

Last Name:_____ **First Name**:_____ **Middle**:_____

Date of Birth: _____ Gender: ☐ Male ☐ Female Household Phone: _____

Address:_____

City/State/Zip:_____ Grade Level (current school year): _____

Mailing Address (if different):_____

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

Salutation: _____ First Name: _____ Last Name: _____

Relationship to Student: _____ Email Address: _____

Work Phone: _____ Cell Phone: _____

Employer: _____ Occupation: _____

PARENT/GUARDIAN #2 **(NOTE: Give address and home telephone only if different from student's)**

Salutation: _____ First Name: _____ Last Name: _____

Relationship to Student: _____ Email Address:_____

Work Phone: _____ Cell Phone: _____

Employer: _____ Occupation: _____

Mailing Address: _____

Physician Name: _____ Physician Phone #: _____

Dentist Name: _____ Dentist Phone #: _____

SIBLING INFORMATION *Please list all siblings under the age of 21:*

NAME & ADDRESS OF SIBLINGS (under age 21)	BIRTH DATE	GENDER M or F	GRADE	SCHOOL CURRENTLY ATTENDS	SCHOOL FOR COMING YEAR	LIVES AT HOME? (Yes or No)
		○ or ●				
		○ or ●				
		○ or ●				

OTHER HOUSEHOLD MEMBER INFORMATION *Please list all additional persons RESIDING in the household where the student lives:*

LAST NAME	FIRST NAME	PHONE	RELATIONSHIP TO STUDENT	HEAD OF HOUSEHOLD? (Yes or No)

RESIDENCE INFORMATION

Type: ☐ Lease ☐ Own ☐ Rent ☐ No Permanent Fixed Residence ☐ Foster Care Agency

County: ☐ Erie ☐ Cattaraugus

Proof of Residency

☐ Mortgage Statement ☐ Deed ☐ Signed Home Contract ☐ Tax Statement

☐ Signed Rental / Lease Statement ☐ Utility Bill ☐ DSS2999 Form (required for Foster student)

Other: _____

Previous Address:_____ Number of Years:_____

Street Apt No. City/Town Zip Code

CUSTODY INFORMATION

Student is living with (**Check only one**): ☐ Both Parents ☐ Mother Only ☐ Father Only ☐ An Agency

☐ Guardian(s) ☐ Foster Parent (***DSS-2999 form MUST be provided***)

Joint Custody : ☐ YES ☐ NO

Parents divorced or separated? ☐ YES If YES, name of custodial parent:_____

☐ NO

Are you the guardian of the child? ☐ YES ☐ NO **If YES, please provide court documents.**

If joint custody and you are not a guardian, are you planning to file for guardianship? ☐ YES ☐ NO

If you are the legal guardian, have both birth PERMANENT custody and control of the child to you? ☐ YES ☐ NO

Are you in possession of a court order that limits a non-custodial parent's access to the student, his/her school programs and activities, and/or education records? ☐ YES → ***Legal Documents must be provided; please provide details below.*** ☐ NO

May the student be released to the non-custodial parent or guardian? ☐ YES ☐ NO ☐ N/A

May the student's educational records be released to the non-custodial parent or guardian? ☐ YES ☐ NO ☐ N/A

***Note: A copy of court documents designating custodial parent is *required*. School Administrators/Counselors may require additional written information if child to be registered is not living with either parent.**

EMERGENCY CONTACT INFORMATION (in the event parent/guardian cannot be reached)

PRIMARY EMERGENCY CONTACT:

Last Name:_____ **First Name:** _____ **Relationship:** _____

Primary Phone: _____ **Secondary Phone:** _____

Email Address: _____

SECONDARY EMERGENCY CONTACT:

Last Name: _____ **First Name:** _____ **Relationship:** _____

Primary Phone: _____ **Secondary Phone:** _____

Email Address:

INFORMATION REQUIRED FOR GOVERNMENT AGENCY REPORTS

Is the student Hispanic, Latino, or of Spanish origin? ☐ YES ☐ NO

f you checked no, select the **one** race from the following ethnic groups:

☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander ☐ Asian

☐ Multiracial ☐ Black/African American ☐ Caucasian

Primary Language:_____

City of Birth: _____ State of Birth: _____ Country: _____

Proof of Birth: ☐ Birth Certificate ☐ Passport ☐ Alien Card

SCHOOL HISTORY

Has your child attended this district before? ☐ YES ☐ NO Grade(s):_____ Building(s):_____

Is your child currently receiving Special Education Services? ☐ YES ☐ NO

Support Services: ☐ Counseling ☐ Social Work ☐ Attendance

Section 504 accommodations? ☐ YES ☐ NO

Has your child been Home Schooled? ☐ YES ☐ NO

Has your child participated in any of the following programs?

Acceleration: ☐ Math ☐ Science ☐ Other:_____

Remediation: ☐ Lang. Arts ☐ Math ☐ Reading

Has your child repeated a grade? ☐ YES If YES, what Grade(s)?_____ ☐ NO

Was the student suspended or removed from a school the student attended? ☐ YES ☐ NO

Every parent or person in a parental relationship registering their student in the Springville – Griffith Institute CSD has the right to make a referral and have their child evaluated for the purposes of special education services or programs.

For more information contact:

Cynthia Gow
Director of Special Education
(716) 592-3256

A Parent's Guide to Special Education in New York — p-12
www.p12.nysed.gov/specialed/publications/policy/parentguide.htm

CERTIFICATION & AUTHORIZATION

I hereby certify that the student listed on this registration form actually resides at the address specified on Page 1 within the Springville-Griffith Institute Central 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 residency of the student changes from the address listed on this registration form.

Parent/Guardian Name (please print):_____

Parent/Guardian Signature:_____

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Dear Parents/Guardians:

PARENT & STUDENT HANDBOOK:

Please visit our website at www.springvillegi.org and click on the
"Resources" tab at the top of the main page to access the Handbook/Code of Conduct.

STUDENT IMAGE & STUDENT WORK CONSENT FORM:

The Springville-Griffith Institute Central School District uses its website (www.springvillegi.org), classroom newsletters, Facebook, Instagram, Twitter, district bulletins, building announcements, district-produced DVDs, CDs and podcasts as well as the Springville Journal and other area publications to publicize student educational accomplishments, to promote school district programs and activities and to provide public information.

Your child's name, photo/video, and/or creative work may be included in one of these publications. These publications keep parents involved in their child's educational program, allow family members from out-of-town the ability to see what is happening in our schools, and most importantly, increases the enthusiasm of our students.

Media Release:

I give permission for my child to appear in pictures and articles sharing the good news at Springville and understand that it may be published on the Internet and SGI CSD social media accounts.

☐ **YES** ☐ **NO**

Student Work:

I give permission for my child's work to appear in pictures and articles sharing the good news at Springville and understand that it may be published on the Internet and SGI CSD social media accounts.

☐ **YES** ☐ **NO**

Code of Conduct:

I have read the Student Code of Conduct (found at springvillegi.org)

☐ **YES**

Student Name: _____ **Grade:** _____

Signature of Parent/Guardian: _____ **Date:** _____