



2021-2022 School Year Registration Form



Office Use Only	
Entering Date:	_____
Entering Grade:	_____
Home Room:	_____
Proof of Birth:	<input type="checkbox"/>
Proof of Guardian:	<input type="checkbox"/>

School Code: 6139

Today's Date: _____

HOUSEHOLD SURNAME: _____	RESIDENCE TYPE: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Lease <input type="checkbox"/> Unknown
HOME ADDRESS: _____, NY _____	
Street Address	City
_____	_____
_____	Zip Code
_____	Home Telephone #
Home Language: <input type="checkbox"/> English <input type="checkbox"/> Other _____	
Proof of Address: <input type="checkbox"/> Property Tax Bill <input type="checkbox"/> House Deed <input type="checkbox"/> Sale Contract <input type="checkbox"/> Utility Bill <input type="checkbox"/> Notarized Landlord Affidavit <input type="checkbox"/> Real Estate Statement <input type="checkbox"/> Lease Agreement <input type="checkbox"/> Homeowner's Agreement <input type="checkbox"/> Mortgage Statement <input type="checkbox"/> Other _____	

STUDENT NAME: _____			
First	Middle	Last	
(Student name must be the same as it is on the Certificate of Birth/Adoption)			
LAST SCHOOL ATTENDED: _____			
ADDRESS OF SCHOOL: _____			
Street Address	City, State	Zip Code	Telephone #
_____	_____	_____	_____
<input type="checkbox"/> BPS STUDENT ID #: 900	<input type="checkbox"/> OTHER: _____	<input type="checkbox"/> UNKNOWN	
(If student is coming from the Buffalo Public Schools District, please enter their student ID number starting with 900* otherwise check OTHER or UNKNOWN.)			
GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH: ____/____/____	CITY/STATE OF BIRTH: _____	
ETHNICITY: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Multiracial <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Pacific Islander			
COUNTRY OF BIRTH: (if outside the US) _____		DATE OF ENTRY: ____/____/____	
ENTERING GRADE: _____ ATTENDED BEFORE: <input type="checkbox"/> Yes <input type="checkbox"/> No			
PROOF OF BIRTH: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Baptismal Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Alien Card			
HEALTH/ALLERGY ALERT: <input type="checkbox"/> None <input type="checkbox"/> Allergic to _____ <input type="checkbox"/> Other _____			

If Separated or Divorced who has Legal Custody of Child: Mother Father Both Other _____

The School must have a Court Order on file in order to deny a parent access to a child.

PROOF OF GUARDIAN: <input type="checkbox"/> Adoption Documents <input type="checkbox"/> Court Custody <input type="checkbox"/> Notarized Affidavit of Emancipation <input type="checkbox"/> Notarized Guardian

Please check any box below that applies to the living arrangements for the child.

<input type="checkbox"/> Shelter <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Awaiting Foster Care <input type="checkbox"/> Doubled-Up (with another family)
<input type="checkbox"/> Unsheltered (car, parks, camp grounds, temporary trailer, or abandoned buildings) <input type="checkbox"/> Hotel/Motel

PARENT/GUARDIAN NAME: _____
Title First Middle Last

GENDER: Male Female **RESIDES IN HOUSHOLD:** Yes No **HOUSEHOLD HEAD** **DECEASED**

(If household address is different from above, please enter below.) **MARITAL STATUS:** S SEP M D W

Street Address City, State Zip Code

TELEPHONE: _____
Home Cell Other Email

RELATIONSHIP TO STUDENT: _____

PARENT/GUARDIAN NAME: _____
Title First Middle Last

GENDER: Male Female **RESIDES IN HOUSHOLD:** Yes No **HOUSEHOLD HEAD** **DECEASED**

(If household address is different from above, please enter below.) **MARITAL STATUS:** S SEP M D W

Street Address City, State Zip Code

TELEPHONE: _____
Home Cell Other Email

RELATIONSHIP TO STUDENT: _____

****NOTE: Please list a trusted adult OTHER THAN the Parent/Guardian as an emergency contact.**

EMERGENCY CONTACT NAME: _____
Title First Middle Last

GENDER: Male Female **RESIDES IN HOUSHOLD:** Yes No

(If household address is different from above, please enter below.)

Street Address City, State Zip Code

TELEPHONE: _____
Home Cell Work Other

RELATIONSHIP TO STUDENT: _____

EMERGENCY CONTACT NAME: _____
Title First Middle Last

GENDER: Male Female **RESIDES IN HOUSHOLD:** Yes No

(If household address is different from above, please enter below.)

Street Address City, State Zip Code

TELEPHONE: _____
Home Cell Work Other

RELATIONSHIP TO STUDENT: _____

PUPIL RELEASE PERMISSION:

(Please list below the names of the people we can release your child to **OTHER THAN** the parent/guardian/emergency contact.)

NAME: _____ **GENDER:** Male Female
 Title First Middle Last

CURRENT STUDENT AT WCCS: Yes No (If Yes, please indicate TEACHER _____ ROOM # _____)

TELEPHONE: _____ **RELATIONSHIP TO STUDENT:** _____

NAME: _____ **GENDER:** Male Female
 Title First Middle Last

CURRENT STUDENT AT WCCS: Yes No (If Yes, please indicate TEACHER _____ ROOM # _____)

TELEPHONE: _____ **RELATIONSHIP TO STUDENT:** _____

NAME: _____ **GENDER:** Male Female
 Title First Middle Last

CURRENT STUDENT AT WCCS: Yes No (If Yes, please indicate TEACHER _____ ROOM # _____)

TELEPHONE: _____ **RELATIONSHIP TO STUDENT:** _____

NAME: _____ **GENDER:** Male Female
 Title First Middle Last

CURRENT STUDENT AT WCCS: Yes No (If Yes, please indicate TEACHER _____ ROOM # _____)

TELEPHONE: _____ **RELATIONSHIP TO STUDENT:** _____

*****(NOTE: Your child will not be released to anyone OTHER THAN the parent/guardian/emergency contact if they aren't listed above!)**

My child has permission to walk to and from school alone.

NAME OF SIBLINGS AT WCCS:

_____ **GENDER:** Male Female
 First Last Date of Birth Grade

_____ **GENDER:** Male Female
 First Last Date of Birth Grade

_____ **GENDER:** Male Female
 First Last Date of Birth Grade

_____ **GENDER:** Male Female
 First Last Date of Birth Grade

_____ **GENDER:** Male Female
 First Last Date of Birth Grade

Please read carefully.

Student Record Release – I authorize the release of any and all academic, health, and psychological records by my child's previous school to Westminster Community Charter School.

Parent/Guardian Signature

Publicity – From time to time, news reporters, TV stations and various officials visit the school to learn more about our exciting approach to educating your children. During these visits, we are often asked if it is OK to photograph children in classrooms or talk or interview individual students. Please indicate whether your child can be included in a photo or interview, if this opportunity should occur.

I authorize my child to be photographed or interviewed:

Parent/Guardian Signature

I **DO NOT** authorize my child to be photographed or interviewed:

Parent/Guardian Signature

I hereby testify that the information provided on this application for registration to Westminster Community Charter School is accurate and current.

Print Name

Signature

Date

Relationship to Child: _____

Enrollment is open without regard to ethnicity, national origin, gender or disability.

CEP/Provision 2 Non-Base Year Household Income Form INSTRUCTIONS

PART 1 ALL HOUSEHOLDS MUST COMPLETE STUDENT INFORMATION. DO NOT FILL OUT MORE THAN ONE FORM FOR YOUR HOUSEHOLD.

- (1) Print the names of the children, including foster children, for whom you are applying on one form.
- (2) List their grade and school.
- (3) Check the box to indicate a foster child living in your household, and check the box for each child with no income.

PART 2 HOUSEHOLDS GETTING SNAP, TANF OR FDPIR SHOULD COMPLETE PART 2 AND SIGN PART 4.

- (1) List a current SNAP (Supplemental Nutrition Assistance Program), TANF (Temporary Assistance for Needy Families) or FDPIR (Food Distribution Program on Indian Reservations) case number of anyone living in your household. Do not use the 16-digit number on your benefit card. The case number is provided on your benefit letter.
- (2) An adult household member must sign the form in PART 4. **SKIP PART 3** - Do not list names of household members or income if you list a SNAP, TANF or FDPIR number.

PARTS 3 & 4 ALL OTHER HOUSEHOLDS MUST COMPLETE ALL OF PARTS 3 AND 4.

- (1) Write the names of everyone in your household, whether or not they get income. Include yourself, the children you are completing the form for, all other children, your spouse, grandparents, and other related and unrelated people living in your household. Use another piece of paper if you need more space.
- (2) Write the amount of current income each household member receives, before taxes or anything else is taken out, and indicate where it came from, such as earnings, welfare, pensions and other income. If the current income was more or less than usual, write that person's usual income. **Specify how often this income amount is received: weekly, every other week (bi-weekly), 2 x per month, monthly. If no income, check the box.** The value of any child care provided or arranged, or any amount received as payment for such child care or reimbursement for costs incurred for such care under the Child Care and Development Block Grant, TANF and At Risk Child Care Programs should **not** be considered as income for this program.

PRIVACY ACT STATEMENT

Confidentiality

Student information should be kept confidential to the maximum extent possible. This information should only be shared with LEA/school staff members who need information about household income eligibility status to ensure that the student's educational needs are met. To this end, LEAs may share a student's Household Income Eligibility to LEA personnel such as:

1. the LEA liaison,
2. the registrar,
3. the student's teachers, and/or guidance counselor, and
4. the LEA staff member responsible for reporting data to SED

However, this information should only be shared with the above staff members to the extent that it will enable them to better meet the educational needs of the student in question and to fulfill reporting requirements mandated by SED.

Community Eligibility Provision (CEP)/Provision 2 non-base year Household Income Eligibility Form

Westminster Community Charter School is participating in the Community Eligibility Provision (CEP) or Provision 2 in a non-base year. All children in the school will receive meals/milk at no charge regardless of household income or completion of this form. **This form is to determine eligibility for additional State and federal program benefits that your child(ren) may qualify for. Read the instructions on the back, complete only one form for your household, sign your name and return it to the school named above. Call (716) 816-3450, if you need help.**

1. List all children in your household who attend school:

Student Name	School	Grade/Teacher	Foster Child	No Income
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

2. SNAP/TANF/FDPIR Benefits:

If anyone in your household receives either SNAP, TANF or FDPIR benefits, list their name and CASE # here. Skip to Part 5, and sign the application.

Name: _____ CASE # _____

3. Household Gross Income: List all people living in your household, how much and how often they are paid (weekly, every other week, twice per month, monthly). Do not leave income blank. If no income, check box. If you have listed a foster child above, you must report their personal income.

Name of household member	Earnings from work before deductions <i>Amount / How Often</i>	Child Support, Alimony <i>Amount / How Often</i>	Pensions, Retirement Payments <i>Amount / How Often</i>	Other Income, Social Security <i>Amount / How Often</i>	No Income
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

4. Signature: An adult household member must sign this application.

I certify (promise) that all the information on this application is true and that all income is reported. I understand that the information is being given so the school receive federal funds. The school officials may verify the information and if I purposely give false information, I may be prosecuted under applicable State and federal laws, and my children may lose meal benefits.

Signature: _____

Date: _____

Email Address: _____

Home Phone : _____

Work Phone : _____

Home Address: _____

DO NOT WRITE BELOW THIS LINE – FOR SCHOOL USE ONLY

Annual Income Conversion (Only convert when multiple income frequencies are reported on application)
Weekly X 52; Every Two Weeks (bi-weekly) X 26; Twice Per Month X 24; Monthly X 12

SNAP/TANF/Foster
Income

Total Household Income/How Often:

Household Size:

Free Eligibility

Reduced Eligibility

Denied Eligibility

Signature of Reviewing Official



<u>Office Use</u>
Entering Date _____
Entered By _____

PARENT/GUARDIAN EMERGENCY RESPONSE FORM 2021-2022

Student Name: _____ **Grade/HR#** _____

Please check the appropriate box and return this form to the Main Office

<input type="checkbox"/> Yes, My Address/Contact Information has Changed! ADDRESS WILL NOT BE UPDATED IN THE SYSTEM WITHOUT PROOF Please provide updated changes. Please circle type of proof provided below****

****(Utility bill, Property Tax Bill, House Deed, Notarized Landlord Affidavit, Real Estate Statement, Lease Agreement, Homeowner's Agreement, Mortgage Statement)****

	Contact Information (Mother)	Contact Information (Father)
Child's Name		
Parent/Guardian Name (Mother/Father/Guardian)		
Street		
City, State, Zip		
Home Phone #		
Cell Phone #		
Work #		
Email Address		
Emergency Contact/Name		Does This Person Have Permission to pick up your child
Relationship to student		<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Contact Phone #		
Emergency Contact Address		

***If you have additional emergency contacts please provide on the back of the form**

Yes, My Child has permission to Walk Home.

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

Please return the Emergency Response Form to Main Office

	Contact Information	Does This Person Have Permission to pick up your child
Emergency Contact/Name		<input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to student		
Emergency Phone #		
Emergency Contact Address		
Emergency Contact/Name		<input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to student		
Emergency Phone #		
Emergency Contact Address		
Emergency Contact/Name		<input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to student		
Emergency Phone #		
Emergency Contact Address		
Emergency Contact/Name		<input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to student		
Emergency Phone #		
Emergency Contact Address		
Emergency Contact/Name		<input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to student		
Emergency Phone #		
Emergency Contact Address		

Please return the Emergency Response Form to Main Office