

**Horseheads Central School District  
Household Information Form**

Please list ALL children under 21 residing in the household, include date of birth and grade (if applicable).

Student Name (last, first, middle)	Date of Birth	Grade	Student Name (last, first, middle)	Date of Birth	Grade
1			4		
2			5		
3			6		

Please list the residential address and mailing address for the above children and please note that proof of residency in the Horseheads district is required at the time of registration.

Residence

\_\_\_\_\_

house number                      street name                      apt or lot #

\_\_\_\_\_

city    state    zip code

Mailing

(if different  
from Residence)

\_\_\_\_\_

house number                      street name                      apt or lot #

\_\_\_\_\_

city    state    zip code

Is this address a temporary living arrangement?  No  Yes    If Yes, is this living arrangement due to loss of housing or economic hardship?  No  Yes    If both are yes, please complete a Student Residency Questionnaire.

Information on Adults who are living with children	1 <sup>st</sup> Adult Guardian living at above address Primary Contact			2 <sup>nd</sup> Adult Guardian living at above address Secondary Contact		
	Father	Mother	Step-Parent	Father	Mother	Step-Parent
Relationship to children (circle one)	Other (specify) _____			Other (specify) _____		
Parent/Guardian Name (last, first)						
Landline Telephone	(    )	-		(    )	-	
Cell Phone	(    )	-		(    )	-	
Employer						
Work Telephone	(    )	-	ext	(    )	-	ext
E-mail Address						

If the natural mother and/or father do not live with the children at above address, please list their information below:

Parent/Guardian Information	1 <sup>st</sup> Parent NOT living at above address			2 <sup>nd</sup> Parent NOT living at above address		
	Father	Mother	Step-Parent	Father	Mother	Step-Parent
Relationship to children (circle 1)						
Parent Name (last, first)						
Address (street address) (city, state, zip)						
Landline Telephone	(    )	-		(    )	-	
Cell Phone	(    )	-		(    )	-	
Employer						
Work Telephone	(    )	-	ext	(    )	-	ext
E-mail Address						
Is this parent allowed to have contact with children?		Yes      No			Yes      No	
Should this parent receive mailings such as report cards?		Yes      No			Yes      No	

Please also complete the reverse side

Emergency Contacts Other than Parents/Guardians

It is mandated, in case a parent or legal guardian cannot be reached during the school day, to give the names of two **nearby** relatives or reliable neighbors who will come for and take care of your child should he/she become ill or injured during the school day. All attempts will be made to reach parents first. If they are not reachable, the school will attempt to reach the emergency contacts below:

<b>Adults other than Parents or Legal Guardians</b>	<b>1<sup>st</sup> Emergency Contact</b>	<b>2<sup>nd</sup> Emergency Contact</b>
Emergency Contact Name (last, first)		
Landline Telephone	(     )     -	(     )     -
Relationship to children (i.e. grandparent, sitter, neighbor)		
Address (street address) (city, state, zip)		
Cell Phone	(     )     -	(     )     -

If you have any specific custody arrangements or issues that the Horseheads Central School district needs to be aware of, please use the space below to explain. Please note that you must provide proof of custody.

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Please list the name, date of birth and special needs (if any) of any child younger than Kindergarten living in your home:

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I certify that the information provided is accurate to the best of my knowledge and that I have legal custody of the above named children.

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

The district is collecting your phone number for communications purposes. By providing phone number(s) on this document, you agree that the district may contact you by phone, text, or email (including auto-calls and auto-emails) regarding school emergencies, events, and other communications, including, but not limited to, attendance calls, lunch balance calls, and school event reminders.

**Please note: Proof of residency in the Horseheads district is required at the time of registration.**