

Minisink Valley Central School District
Student Registration Form
(Parent/guardian please complete)

Rev. 4/10

Student Name: _____ Bus #: _____
(last) (first) (middle) (office use)

Date of Birth: _____ Place of Birth: _____ Gender: M / F

Entry Grade: _____ If Foster Student- Agency/Case Worker: _____

Home Phone: _____ Emergency Contact Name/Number: _____

Mailing Address: _____

Physical Address: _____

Previous School: _____
(Name of School and complete address)

Previous Home Address: _____

Any Special Needs or Considerations: _____

Has student previously attended Minisink Valley C.S.D.? Yes / No If yes, what year(s)? _____

Is the student Hispanic, Latino, or of Spanish Origin? Yes, Hispanic _____ No, Non-Hispanic _____

Race: (Choose one) American Indian or Alaskan Native _____ Asian _____ Black or African American _____
Native Hawaiian or Other Pacific Islander _____ White (Caucasian) _____

Father/Guardian: _____ Education Level: _____

Father's Home Address: _____

Father's Occupation: _____ Business Phone: _____

Father's Business Address: _____ Cell Phone Number: _____

Mother/Guardian: _____ Education Level: _____

Mother's Home Address: _____

Mother's Occupation: _____ Business Phone: _____

Mother's Business Address: _____ Cell Phone Number: _____

Step Mother/Father: _____ Cell Phone Number: _____

Step Mother/Father Occupation: _____ Business Phone: _____

Brothers/Sisters Name: _____ Birthdate: _____ Grade: _____ Gender: _____

Parent/Guardian Signature: _____ Date: _____