

MINISINK VALLEY CENTRAL SCHOOL DISTRICT
STUDENT REGISTRATION FORM
(parent/guardian please complete)

Rev. 10/05

Students 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: _____ Emerg. 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. ? Y / N If yes, what year(s)? _____

Racial/Ethnic Group: American Indian/Alaskan Native _____ Asian/Pacific Islander _____
Black (Not Hispanic) _____ White (Not Hispanic) _____ Hispanic _____

Father/Guardian: _____ Education Level: _____

Father's Home Address: _____

Father's Occupation: _____ Business Phone: _____

Father's Business Address: _____ Cell Number: _____

Mother/Guardian: _____ Education Level: _____

Mother's Home Address: _____

Mother's Occupation: _____ Business Phone: _____

Mother's Business Address: _____ Cell Number: _____

Step Mother/Father: _____ Cell Number: _____

Step Mother/Father Occupation: _____ Business Phone: _____

<u>Brothers/Sisters Name</u>	<u>Birthdate</u>	<u>Grade</u>	<u>Gender</u>

Parent/Guardian Signature: _____ Date: _____