

MINISINK VALLEY CENTRAL SCHOOL DISTRICT  
STUDENT REGISTRATION FORM

Rev. 12/16

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: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Previous School: \_\_\_\_\_

Previous Home Address: \_\_\_\_\_

Any Special Needs or Considerations: \_\_\_\_\_

Student with one or more parent who is a member of the Armed Forces and on Active Duty? Yes/No

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: American Indian or Alaskan Native \_\_\_\_\_ Asian \_\_\_\_\_ Black or African American \_\_\_\_\_

Native Hawaiian or Other Pacific Islander \_\_\_\_\_ White (Caucasian) \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Education Level: \_\_\_\_\_

Mother's Home Address: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Mother's Business Address: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Education Level: \_\_\_\_\_

Father's Home Address: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Father's Business Address: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Step Mother/Father: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Brothers/Sisters Name Birthdate Grade Gender

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