

SCHUYLERVILLE
CENTRAL SCHOOL DISTRICT

STUDENT INFORMATION

Student's Full Name: _____
(Last) (First) (Middle)

Student's Physical Address: _____
(Street) (City) (State) (Zip Code)

Student's Mailing Address (if different from above): _____

Gender: _____ Date of Birth: _____ Place of Birth: _____ Home Phone: _____

Has student previously attended Schuylerville Central School? Yes No

Ethnicity: (Optional) White Black or African American American Indian or Alaska Native Other Pacific Islander

PRIMARY HOUSEHOLD PARENT/GUARDIAN INFORMATION

(Only list those adults currently living in the household with the child(ren) listed above and on page 2)

FATHER/Male Guardian/Other Adult Male: _____ Relationship to Student: _____

**Custodial Rights: Yes No Cell Phone Number: _____ E-mail Address: _____

Employer Name: _____ Employer Address: _____ Employer Phone: _____

MOTHER/Female Guardian/Other Adult Female: _____ Relationship to Student: _____

**Custodial Rights: Yes No Cell Phone Number: _____ E-mail Address: _____

Employer Name: _____ Employer Address: _____ Employer Phone: _____

SCHOOL USE ONLY

Registration Date:

ID #:

Date Entered:

Date Left:

EMERGENCY CONTACT #1 (NOT PARENT or GUARDIAN)

Name: _____ Relationship to Student: _____

Address: _____ Home Phone: _____ Cell Phone: _____

Can this person pick the student up from school? Yes No

EMERGENCY CONTACT #2 (NOT PARENT or GUARDIAN)

Name: _____ Relationship to Student: _____

Address: _____ Home Phone: _____ Cell Phone: _____

Can this person pick the student up from school? Yes No

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TRANSPORTATION FORM (if transportation is required)

Student Name: _____

Grade Level: _____

Gender: Male Female

Address (list pick-up & drop-off if different): _____

City: _____

Parent's Name: _____

Home Phone: _____

EMERGENCY NAME AND PHONE NUMBER

Name: _____

Phone Number: _____

Start Date: _____