## SCHUYLERVILLE CENTRAL SCHOOL

## KINDERGARTEN REGISTRATION CHECKLIST

STUDENT NAME:		
<b>ONLINE FORMS:</b>		
SCS ONLINE PRE-REGISTRA	TION FORM	
PROOF OF RESIDENCE	CE: (MINIMUM OF 2, MUST CONTAIN PARENT/GU	
□ NYS DRIVER'S □ LEA		IS REQUIRED VNER'S AUTO
LICENSE *	INSURANCE INS. POLI	
LICENSE	RTGAGE GAS/ELECTRIC CABLE T	
	TEMENT BILL	(CURRENT)
□ VOTER □ OTH		(colddivi)
REGISTRATION		
TEGIOTIUTTOT (		
HEALTH OFFICE REQUIREMENTS (ALL THREE ARE REQUIRED)		
☐ IMMUNIZATION RECORD ☐ DOCTOR'S PHYSICAL ☐ HEALTH REGISTRATION FORM		
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PROOF OF STUDENT BIRTH		
☐ BIRTH CERTIFICATE	□ VALID PASSPORT AND VISA (IF APPLICABLE)	
	Y DAY ( FIX O YOU'S)	
	L RELATIONSHIP (MUST PRESENT AT LEA	,
STUDENT BIRTH	COURT CUSTODY DOCUMENTS	☐ GUARDIANSHIP
CERTIFICATE AND	(IF APPLICABLE) AND	DOCUMENTS
PARENT PHOTO ID	CUSTODIAN'S PHOTO ID	(IF APPLICABLE) <u>AND</u>
		GUARDIAN PHOTO ID
MEDICAL EXEMPTIO	N (IE APPLICARIE)	
■ MEDICAL EXEMPTION LET	,	
WILDICAL DALMI HON LET	LEK	
HAS YOUR CHILD EV	ER ATTENDED A PRE-SCHOOL?	
	NAME OF DDE SCHOOL	