

**SCHOHARIE ELEMENTARY SCHOOL**  
**126 Academy Dr., PO Box 430**  
**Schoharie, NY 12157**

**REGISTRATION FORM**

STUDENT'S NAME \_\_\_\_\_ D.O.B. \_\_\_\_\_ BIRTH PLACE \_\_\_\_\_  
 (LEGAL) (Last) (First) (Middle) (city) (state)

HAS STUDENT EVER USED ANY OTHER NAME? \_\_\_\_\_ CHILD'S NICKNAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ (street) \_\_\_\_\_ (city / state) \_\_\_\_\_ (zip) \_\_\_\_\_ (phone) \_\_\_\_\_ (sex) \_\_\_\_\_ (grade)

NAME (first and last)	D.O.B.	HOME ADDRESS	WORK NAME & PHONE #	LIVING IN HOME?
(MOTHER - INCLUDING MAIDEN NAME)				
(FATHER)				
(STEP-PARENT)				
(LEGAL GUARDIAN)				

<b>BROTHERS &amp; SISTERS</b>	NAME (first & last)	SEX	D.O.B.	LIVING IN HOME?	GRADE	SCHOOL ATTENDING?

OVER.....

PLEASE LIST NAMES OF BROTHERS, SISTERS, CLOSE RELATIVES WHO ARE ENROLLED IN SCHOHARIE ELEMENTARY AT THE SAME GRADE LEVEL:

PREVIOUS SCHOOL(S) ATTENDED \_\_\_\_\_ ADDRESS \_\_\_\_\_

HAS STUDENT EVER REPEATED A GRADE? \_\_\_\_\_ IF YES, PLEASE EXPLAIN: \_\_\_\_\_

PLEASE LIST "OTHER" HOUSEHOLD MEMBERS AND RELATIONSHIP TO STUDENT (EXCLUDING PARENTS, BROTHERS, SISTERS):

DOES STUDENT ATTEND REMEDIAL AND/OR RESOURCE CLASSES FOR SPECIFIC NEEDS? (CIRCLE) YES / NO IF YES, PLEASE EXPLAIN IN DETAIL:

HAS THERE BEEN A RECENT CHANGE IN YOUR FAMILY STRUCTURE (PARENT SEPARATION/DIVORCE, DEATH, BIRTH, HOSPITALIZATION, ETC.) ? IF SO, PLEASE EXPLAIN THE NATURE OF THE CHANGE SO WE MAY BE ABLE TO COMMUNICATE WITH YOUR CHILD ACCORDINGLY.

IF PARENTS ARE NOT LIVING TOGETHER, WHO HAS CUSTODY? \_\_\_\_\_

CUSTODY PAPERS? YES \_\_\_\_\_ NO \_\_\_\_\_ (WE NEED A CERTIFIED COPY FOR OUR RECORDS)

WE WISH TO KNOW YOUR CHILD BETTER AND FEEL THAT THE ABOVE INFORMATION WILL HELP US. PLEASE NOTE ANY ADDITIONAL INFORMATION WHICH YOU FEEL WILL HELP US TO BETTER UNDERSTAND YOUR CHILD.

\_\_\_\_\_  
SIGNATURE OF PERSON COMPLETING FORM

\_\_\_\_\_  
DATE