

**WARWICK VALLEY CENTRAL SCHOOL DISTRICT
NEW REGISTRANT HOUSEHOLD FORM**

Student Name _____ **Surname of the Household** _____

Home Phone # _____

Address _____ City _____ State _____ Zip _____

Mailing Address, if different _____

Dominant Home Language _____

Proof of Guardianship _____

Residence Type: Lease Own Rent Trailer Park/Condo Unit Unknown

Proof of Residency (minimum of 2 required): Utility Bill Mortgage Statement Property Tax Bill Lease
 Income Tax Form Real Estate Statement Voter's Registration Official DMV ID State/Gov't ID Other

PARENTS/GUARDIANS WITH WHOM CHILD RESIDES:

Name _____ Contact Priority _____
(Last) (First) (Middle)

Relationship _____

Phone 1 _____ Phone Type Cell Home Office Phone Priority _____

Phone 2 _____ Phone Type Cell Home Office Phone Priority _____

Email address _____

Parent On Active Duty in the Armed Forces: Yes No **If Yes, Branch of Service:** _____

Name _____ Contact Priority _____
(Last) (First) (Middle)

Relationship _____

Phone 1 _____ Phone Type Cell Home Office Phone Priority _____

Phone 2 _____ Phone Type Cell Home Office Phone Priority _____

Email address _____

Parent On Active Duty in the Armed Forces: Yes No **If Yes, Branch of Service:** _____

SIBLINGS WHO RESIDE IN HOUSEHOLD:

Name _____ DOB _____ Gender Male Female

Name _____ DOB _____ Gender Male Female

Name _____ DOB _____ Gender Male Female

Only to be filled out if Parent/Guardian lives outside the household

Name _____ Contact Priority _____
(Last) (First) (Middle)

Relationship _____

Address _____ Correspondence Yes No

(City) (State/Zip)

Phone1 _____ Phone Type Cell Home Office Phone Priority _____

Phone2 _____ Phone Type Cell Home Office Phone Priority _____