

**WARWICK VALLEY CENTRAL SCHOOL DISTRICT
PUPIL REGISTRATION FORM**

DATE OF REGISTRATION _____

TIME OF REGISTRATION _____ AM PM

Name _____ Gender: Male Female
(Last) (First) (Middle)

Hispanic: Yes No

Race (Choose all that apply): Asian Black Native American/Native Alaskan Pacific Islander White

Date of Birth _____

Place of Birth (City, State) _____ Country, if place of birth not in U.S. _____
Date Entered U.S. _____

EMERGENCY CONTACT INFO (OTHER THAN PARENT):

Name _____ Gender _____ Resides in Same Household: Yes No
(Last) (First) (Middle)

Phone _____ Phone Type: Cell Home Office

Relationship to the Student _____

Name _____ Gender _____ Resides in Same Household: Yes No
(Last) (First) (Middle)

Phone _____ Phone Type: Cell Home Office

Relationship to the Student _____

Pre K Experience: Yes No

Has pupil ever attended school in this District? Yes No If yes, which school _____ Grade(s) _____

Name of last school attended _____ Grades attended in previous school _____

Address of school last attended _____

TO BE COMPLETED BY SCHOOL PERSONNEL:

School Assignment _____ Teacher _____ Grade _____ Homeroom # _____

Date of Enrollment _____ Bus # _____ Student ID # _____

Proof of Birth: Alien Card Baptismal Certificate Birth Certificate Passport