*** Greene Central School District ***

PLEASE PRINT

REGISTRATION FORM

* PLEASE PRINT*

OFFICE USE ONLY
STUDENT ID# ________________ BUILDING ______________ SCHOOL YEAR _______ CENSUS #______________
GRADE ASSIGNED ________ ENTRY DATE ______________ COUNSELOR _______________ HRM __________

STUDENT NAME ____ SEX: _____
(First) (Middle) (Last) (Jr / Sr / III / IV) (M / F)

BIRTH DATE ________________ BIRTHPLACE_______________________________________
(MM/DD/YYYY) (CITY, STATE, COUNTRY)

EVER ATTEND
NYS SCHOOL _____ If yes, Indicate School / Yr _______________ DISTRICT SCHOOL _____ If yes, Indicate School / Yr _______________

ETHNIC ORIGIN (Please Check One)

_____ 1 – American Indian _____ 4 - Hispanic
_____ 2 – African American _____ 5 – Caucasian
_____ 3 – Asian _____ 6 - Hawaiian

Primary Language

____

LAST SCHOOL ATTENDED

NAME ______________________________
ADDRESS ______________________________
____
DATE LEFT __________ LAST GRADE COMPLETED _____

STUDENT RESIDENTAL ADDRESS

APARTMENT ______________________________
COMPLEX ______________________________
STREET ______________________________
CITY ______________________________
STATE ______________ ZIPCODE ____________
HOME PHONE ______________________________

STUDENT MAILING ADDRESS (only if different than Residential)

APARTMENT ______________________________
COMPLEX ______________________________
STREET ______________________________
CITY ______________________________
STATE ______________ ZIPCODE ____________
HOME PHONE ______________________________

GUARDIAN

NAME ____
(Sal) (First) (Middle) (Last) (Generation)
APARTMENT ________________ COMPLEX ______________________________
STREET ____
CITY ____________________ STATE ______________ ZIP ______________
HOME PH ______________ WORK PH ______________ WORK PH 2 ______________
MOBILE PH ______________ PAGER ______________ OTHER PH ______________
PLACE & ADDRESS OF EMPLOYMENT ______________________________

Receive Mailings
YES / NO
Relationship to student
____
Living with Student
YES / NO

GUARDIAN

NAME ____
(Sal) (First) (Middle) (Last) (Generation)
APARTMENT ________________ COMPLEX ______________________________
STREET ____
CITY ____________________ STATE ______________ ZIP ______________
HOME PH ______________ WORK PH ______________ WORK PH 2 ______________
MOBILE PH ______________ PAGER ______________ OTHER PH ______________
PLACE & ADDRESS OF EMPLOYMENT ______________________________

Receive Mailings
YES / NO
Relationship to student
____
Living with Student
YES / NO

OFFICE USE ONLY
DOB INFO
SCHOOL RECORD RELEASE
TENTATIVE RESIDENT FORM
NON RESIDENT FORM
DUPLICATE MAILINGS
CUSTODY FORM

If Student is not living with both parents, who has legal custody? __

If there are any custody restrictions of which we should be made aware, please specify.

(PLEASE TURN OVER AND COMPLETE BACK OF FORM)

Emergency Contact 1

NAME ____
(Sal) (First) (Middle) (Last) (Generation)

APARTMENT __________________ COMPLEX ______________________________

STREET ____

CITY ____________________ STATE ______________ ZIP ______________

HOME PH ______________ WORK PH ______________ WORK PH 2 ______________

MOBILE PH ______________ PAGER ______________ OTHER PH ______________

Relationship to student

____

Emergency Contact 2

NAME ____
(Sal) (First) (Middle) (Last) (Generation)

APARTMENT __________________ COMPLEX ______________________________

STREET ____

CITY ____________________ STATE ______________ ZIP ______________

HOME PH ______________ WORK PH ______________ WORK PH 2 ______________

MOBILE PH ______________ PAGER ______________ OTHER PH ______________

Relationship to student

____

OTHER CHILDREN IN FAMILY

NAME ______________________ BUILDING__________ SEX: _____ DOB __________ AT RESIDENCE ________
(First) (Middle) (Last) (M / F) (MM/DD/YYYY) (Yes /No)

NAME ______________________ BUILDING__________ SEX: _____ DOB __________ AT RESIDENCE ________
(First) (Middle) (Last) (M / F) (MM/DD/YYYY) (Yes /No)

NAME ______________________ BUILDING__________ SEX: _____ DOB __________ AT RESIDENCE ________
(First) (Middle) (Last) (M / F) (MM/DD/YYYY) (Yes /No)

NAME ______________________ BUILDING__________ SEX: _____ DOB __________ AT RESIDENCE ________
(First) (Middle) (Last) (M / F) (MM/DD/YYYY) (Yes /No)

NAME ______________________ BUILDING__________ SEX: _____ DOB __________ AT RESIDENCE ________
(First) (Middle) (Last) (M / F) (MM/DD/YYYY) (Yes /No)

NAME ______________________ BUILDING__________ SEX: _____ DOB __________ AT RESIDENCE ________
(First) (Middle) (Last) (M / F) (MM/DD/YYYY) (Yes /No)

OTHER PERSONS LIVING IN THIS RESIDENCE

NAME ______________________________ RELATIONSHIP ______________________

NAME ______________________________ RELATIONSHIP ______________________

EMERGENCY INFORMATION

PHYSICIAN ______________________ PHONE ______________ HOSPITAL CHOICE ______________

ANY DISABILITES ________ If yes, specify ______________________________ 504__________ CSE __________
(Yes/No) (Yes/No) (Yes/No)

IMMUNIZATION RECORDS

NOTE: Copies of Records are acceptable in place of filling out this section

	DATES RECEIVED				
Triple Vaccine (DPT, DT, DtaP)					
Polio Vaccine (TOPV, IPV					
Measles/Mumps/Rubella Vaccine					
Hepatitis B					
Varivax					
Tuberculin Test for Tuberculosis					
Haempohilus Influenzae Type B					

OFFICE USE ONLY

Emergency Contacts

SIBLING INFO

DISABILITY INFO

IMMUNZATI RECORDS

Please list any medical conditions or allergies that need emergency care (list bee stings, etc.) or health problems the school should be informed of :

____

____

____

____

List all persons who have permission to pickup children from school. Please include self and spouse.

____

____

____

____

____

I hereby give permission for my child to go on all field trips in the coming year. ___Yes ___No

I hereby give permission for my child to be photographed/videotaped for classroom activities. ___Yes ___No

Signature of Parent/Guardian ______________________________ Date ______________

Signature of School Official who registered child ______________________ Date ______________

OFFICE USE ONLY

Pickup Permission

Field Trip Permission

Photograph Permission

Signatures