

Middleburgh Elementary School Middleburgh, New York

Kindergarten Registration Form

Student's Name: _____ Sex: _____ Birth Date: _____

Mailing Address: _____

Residence Address: _____

Birthplace: _____ Home Language: _____

Social Security Number (Optional): _____ Home Phone: _____

Has child had any prior schooling: Yes No

If yes, please specify school name and address: _____

Parent Information	Full Name:	Birth Year:	Birth Place:	Education:	Employer:
Parent/Guardian					
Parent/Guardian					
Step Parent					

Brothers' Name:	Date of Birth:	Grade:	Residence
Sisters' Names:	Date of Birth:	Grade:	Residence

Parent(s) is/are:	<input type="checkbox"/> Married <input type="checkbox"/> Domestic Partners	<input type="checkbox"/> Single	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced
If Separated or Divorced, Legal Custody with:	<input type="checkbox"/> Joint <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Partner <input type="checkbox"/> Foster Care <input type="checkbox"/> Guardian	RACE: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black (not Hispanic origin) <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> White (not Hispanic origin)		

Signature: _____ Date: _____

Relationship to Child: _____

MIDDLEBURGH ELEMENTARY SCHOOL
Middleburgh, New York

Additional Student Information

Student Name: _____

Grade: _____

Previous School District:	
School:	
Address:	
Phone:	

Regular Ed:	<input type="checkbox"/>			
Reading Level:	<input type="checkbox"/> Above	<input type="checkbox"/> At	<input type="checkbox"/> Below	
Math Level:	<input type="checkbox"/> Above	<input type="checkbox"/> At	<input type="checkbox"/> Below	
Remedial:	<input type="checkbox"/> Reading	<input type="checkbox"/> Math	<input type="checkbox"/> Writing	
Special Ed/BOCES	<input type="checkbox"/>	Date of Last Evaluation:		
*Describe Program:				
Speech:	<input type="checkbox"/>			
OT:	<input type="checkbox"/>			
PT:	<input type="checkbox"/>			