

NEWARK VALLEY CENTRAL SCHOOLS- REGISTRATION FORM
NV HIGH SCHOOL P O BOX 547 NEWARK VALLEY NY 13811

Completed by school

Student's Legal Name _____ Today's Date _____

Name or Nickname to be used _____ Social Security# _____

Birth Date _____ Birth Place _____ USA Citizen Y/N

Mailing Address _____ State _____ Zip _____

Home Phone _____

Home Location _____ between _____ and _____
 (Road/Street) (Road/Street) (Road/Street)

Home Description
 (include where you live _____
 on your Rd/St & color,
 style, & trim of home) _____

Bus **PICK-UP** location (please circle) Home Alternate **DROP-OFF** Home Alternate
 If Alternate:
 Name _____ Phone _____

Address & Description _____

SNR _____ New ___ Re ___
Age _____ Sex M/F
Date Enrolled _____
Grade _____
Bldg _____
Bus# AM _____ PM _____
Pick up time _____
Drop off time _____

Copies distributed:
___ CSE
___ Lunch Dept
___ Bus Garage
___ Nurse

Please complete this information so the school can contact you (e.g. emergencies, conferences):

Please list all persons currently living at the above address and write in their relationship to the above student, such as: (natural, step, half, adopted, or foster) parent/brother/sister, aunt/uncle, grandparent, friend, etc.

Full name	Sex	Relationship to Student	Birth Date	Grade

Please list those who have legal custody for the above student:

Custodial Parent/ Guardian/Adult Name _____	Custodial Parent/ Guardian/Adult Name _____
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Work Place _____ Phone _____	Work Place _____ Phone _____
Email address _____	Email address _____
Cell Phone No. _____	Cell Phone No. _____
Best time and number to reach you during the day: _____	Best time and number to reach you during the day: _____

In case of emergency and parents/guardians/adults cannot be reached, person(s) to call:

_____ Phone _____	Relationship to student _____
_____ Phone _____	Relationship to student _____