

WASHINGTONVILLE CENTRAL SCHOOL DISTRICT

52 West Main Street, Washingtonville, New York 10992

Phone: (845) 497-2200 • Web: www.ws.k12.ny.us

Parent/Guardian Registration Form Student being Registered (Last, First): _____

Parent/Guardian Information			
Mother/Stepmother: Last _____ First _____			Mrs./Ms. Circle
Physical Address of Residence: Street	City	State	Zip
Mailing Address (only if different): Street	City	State	Zip
Home Phone # _____	Work Phone # _____	Other (Cell, Mobil, Pager, etc.) _____	Email _____

Father/Stepfather: Last _____ First _____			
Physical Address of Residence: Street	City	State	Zip
Mailing Address (only if different): Street	City	State	Zip
Home Phone # _____	Work Phone # _____	Other (Cell, Mobil, Pager, etc.) _____	Email _____

Legal Guardian, if different from above _____		Relationship to Students (i.e. grandparent, uncle, aunt, foster parent, case-worker)	
Home Phone # _____	Work Phone # _____	Other (Cell, Mobil, Pager, etc.) _____	Email _____
Name and location of D.S.S. Agency: _____			

Parent/Guardian Information			
	Place of Birth	Education Level	Occupation
Mother			
Father			

Students Registering or Residing			
Please provide the last and first names and ages of all students residing with you. Please include all children you are registering:			
Name & Birth Date:		Name & Birth Date:	
Name & Birth Date:		Name & Birth Date:	

Emergency Contact Information and Verification			
Local persons who have agreed to care for child(ren) when parents cannot be reached:			
Name _____	Phone # _____	Other (Cell, Mobil, Pager, etc.) _____	Relationship _____
Name _____	Phone # _____	Other (Cell, Mobil, Pager, etc.) _____	Relationship _____
Other information: _____			
Family Physician: _____			
Name, Address, and Phone #			
Dentist: _____			
Name, Address, and Phone #			
In emergency situations, administration will take any action it deems necessary & appropriate, including calling the school physician or taking child(ren) to the hospital.			
I verify that all of the above information is correct.			
Print Name _____	Signature _____	Date _____	