

ORANGE-WINDSOR SUPERVISORY UNION REGISTRATION FORM
 Chelsea Public School, Newton Elementary School, Sharon Elementary School, South Royalton
 School, & Tunbridge Central School

Last Name: _____ First Name: _____ Middle Name: _____

Male: _____ Female: _____ Date of Birth: Mo _____ Day _____ Year _____ Grade _____ Entry Date _____

In English your primary language? _____ If not, what is your primary language? _____

Names and birth dates of siblings: _____

Mailing Address _____

Physical Address _____

Student's Legal Town of Residence _____

Home phone _____ Student's Cell phone _____

Parent/Guardian #1

Last Name: _____ First Name: _____

Father _____ Stepfather _____ Legal Guardian _____ Grandparent _____
 Mother _____ Stepmother _____ Foster Parent _____

Address _____ Apt# _____

City _____ State _____ Zip _____

Home phone _____ Cell phone _____

Work Phone _____ Email _____

Parent/Guardian #2

Last Name: _____ First Name: _____

Father _____ Stepfather _____ Legal Guardian _____ Grandparent _____
 Mother _____ Stepmother _____ Foster Parent _____

Address _____ Apt# _____

City _____ State _____ Zip _____

Home phone _____ Cell phone _____

Work Phone _____ Email _____

Student(s) lives with _____

(Please indicate if student lives between two households and which days the student lives there.)

<p>ALERT NOW Automated Notification (School closing/emergency notification) What phone number(s) would you like called? 1. _____ 2. _____ 3. _____</p>	<p>We protect your privacy by not sharing family information unless we have your permission. Please indicate yes or no for each item which occurs occasionally:</p> <p>1. Child's name published in connection with the school. YES__ NO__ 2. Child's image published in connection with the school. YES__ NO__</p>
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LOCAL EMERGENCY CONTACT (Other than Parent or Guardian) #1

Last Name: _____ First Name: _____

Relationship to child _____

Home phone _____ Cell phone _____

Work Phone _____ Email _____

LOCAL EMERGENCY CONTACT (Other than Parent or Guardian) #2

Last Name: _____ First Name: _____

Relationship to child _____

Home phone _____ Cell phone _____

Work Phone _____ Email _____

Is there anyone forbidden access to your child(ren)? (If yes, we must have a name and a copy of the court order)
YES ___ NO ___ Name _____

Last school attended: _____ Public or Private (circle one)

During the YEAR before Kindergarten my child was in: **(Check all that apply)**

Head Start: YES ___ NO ___ Name of center _____

Childcare Center: YES ___ NO ___ Name of center _____

Public Preschool: YES ___ NO ___ Name of program _____

Home-based Care: YES ___ NO ___ Family childcare - Babysitter - Parent/Relative (circle all that apply)