

**TUNBRIDGE CENTRAL SCHOOL**  
Tunbridge, VT 05077  
889-3310 or 889-9408  
Fax 889-3214

**Principal – Scott C. Farnsworth**  
Administrative Assistant – Tracy Vesper

**STUDENT ENROLLMENT FORM**

Pupil Name \_\_\_\_\_  
                            First                            Middle                            Last

Parent's/Guardians names: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Physical address: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_  
                                                    HOME                                                    WORK

Pupil's age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grades completed \_\_\_\_\_

Name of last school attended \_\_\_\_\_

Address of last school attended \_\_\_\_\_

**Please provide a copy of student's Birth certificate & Immunization record.**

Please explain anything about the student that you feel the school should be aware of concerning health, special classes, strengths or weaknesses as a learner, etc. All information will be kept strictly confidential.

Grade Assigned \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Principal's Signature \_\_\_\_\_