First Branch Unified District
Tunbridge Central School
Tunbridge, VT 05077
889-3310 or 889-9408
Fax 889-3214

Principal – Joanne Melanson
Administrative Assistant – Tracy Vesper

STUDENT ENROLLMENT FORM

Pupil Name _____
First Middle Last

Parent's/Guardian's 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_____

Legal Registrar's Signature_____

Tlv. 07/27/28