

For Office Use Only:

REGISTRATION & HEALTH INFORMATION FORM

I.D. Number _____ Registration Date: _____ Start Date: _____ MALONE CENTRAL SCHOOL DISTRICT MALONE, NEW YORK 12953 Grade/School: _____ Bus # (IN) _____ Homeroom#: _____ Bus # (OUT) _____

Name of Pupil: Last First Middle D.O.B.: / / Birth Place: Mo Da Yr Sex: M F

Home Address (911 Address): Route, Box or Street # Road or Street Name Town State ZIP

Mailing Address (if different): Route, Box or Street # Road or Street Name Town State ZIP

[] Check here is you reside in a temporary home that you do NOT own, lease, rent, or sublet (shelter, with relatives or others, abandoned apartment/building, motel/hotel, camping ground, car, train/bus station)

Home Phone: _____ Cell Phone: _____ Email Address: _____

Has the child ever attended the Malone Central Schools before? Yes No School Attended: _____

Transferred from: School Name (phone number or Fax number if available) Town State ZIP

Does your child have an IEP or 504 Plan No Parent on Active Duty in the Armed Forces Yes No

Ethnic Origin: [] Asian [] American Indian/Alaskan Native [] Black [] Hispanic [] Pacific Island [] White

Home Language (Language spoken in home if not English): _____

**PLEASE SUBMIT A COPY OF THE CUSTODY AGREEMENT. THE SCHOOL IS BOUND BY LAW TO ADHERE TO THIS DOCUMENT.

Are there any legal custody arrangements? Yes No Non-Custodial Parent: _____

Should the non-custodial parent receive school mailings? Yes No May the non-custodial parent pick the child up from school? Yes No

Non-Custodial Parent Mailing Address: Route, Box or Street # Road or Street Name Town State ZIP Phone Number (indicate home or cell)

Custodial Parent/Guardian Information:

Parent/Guardian: Last First Middle (Relationship to Child) Cell Phone Number

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Additional Adult(s) in Household _____

Siblings or other children in the household:

Last	First	Middle	Date of Birth

Emergency Information
(Please fill out any applicable information)

Parent/Guardian Work Info: _____
Name Placement of Employment Work Phone Number

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Emergency Contact: _____
Contact Name Relationship Phone Number (indicate home or cell)

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Contact Name Relationship Phone Number (indicate home or cell)

Please list the people who are authorized to pick your child at school: Provide Relationship to child and phone # if available.

In the event of an emergency school closing where would do you want your child/children to go? (If other than home address above.)

Name of Adult at this location: _____ Phone # _____
(Indicate home phone or cell phone)

Address: _____
Route, Box or Street # Road or Street Name Town State ZIP