

**Millbrook Central School District
Student Registration Form
Family Information (Parents/Guardians *NOT* living with student):**

Relationship to Student: _____	Last Name:	First Name:	
Residence (911) Street Address:		Mailing Address:	
Home Phone: () <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Work Phone: ()	Cell Phone/Pager: ()	Email Address: _____ Serving in Military? <input type="checkbox"/> Yes <input type="checkbox"/> No
Occupation:		Employer:	

Special Services:

Has student ever qualified for or been enrolled in a Special Ed. program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has student ever qualified for or had a 504 plan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has student ever participated in:	
Title I/LAP? <input type="checkbox"/> Yes <input type="checkbox"/> No	OT/PT <input type="checkbox"/> Yes <input type="checkbox"/> No
IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No	Speech Therapy <input type="checkbox"/> Yes <input type="checkbox"/> No
Gifted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Other <input type="checkbox"/> Yes <input type="checkbox"/> No (Specify): _____
Has student ever been enrolled in a Second Language Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please list any other schools student has attended:

<u>School Name</u>	<u>Teacher</u>	<u>Address</u>	<u>Phone</u>	<u>Dates Attended</u>

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Sibling Information:**

Full Name	Gender	Birth date	Grade in School

EMERGENCY CONTACT INFORMATION

In case of emergency and parents are ***not*** available, contact:

Name: _____ Relationship: _____ Phone: () _____
 Name: _____ Relationship: _____ Phone: () _____
 Name: _____ Relationship: _____ Phone: () _____
 Name: _____ Relationship: _____ Phone: () _____

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to contact the local rescue squad for support.

Parent/Guardian Signature: _____ **Date:** _____

School Information: (office use only)

<input type="checkbox"/> Elm Drive Elementary (K-2) <input type="checkbox"/> Alden Place Elementary (3-5)
<input type="checkbox"/> Millbrook Middle School (6-8) <input type="checkbox"/> Millbrook High School (9-12)
School ID: _____ Bus Route: _____ Home: _____ Other: _____ Grade: _____ Homeroom: _____ Teacher: _____
Transportation: <input type="checkbox"/> Bus To <input type="checkbox"/> Bus From <input type="checkbox"/> Walker <input type="checkbox"/> Parent Pick-Up <input type="checkbox"/> Student Driving