

**Millbrook Central School District  
Student Registration Form  
(PLEASE PRINT LEGIBLY)**

**Student Information:**

Legal Last Name:		Legal First Name:		Legal Middle Name:	
Residence (911) Street Address:		Mailing Address:		Home Phone:  <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	
Birthdate: (Month/Day/Year)		Gender: F      M	Birthplace: City		State
Student born in the U.S. ?      Yes <input type="checkbox"/> No      If No: What is his/her residency status? _____ Birth country? _____      Date Moved to US? _____					
Student lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother only <input type="checkbox"/> Father only <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Guardian: _____			Ethnic Information: Hispanic? <input type="checkbox"/> Yes <input type="checkbox"/> No Race (check all that apply) <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaskan native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian		
Primary Language spoken by child:			Primary Language spoken by Parent/Guardian (other than English):		

**Family Information (Parents/Guardians *WITH* whom the student lives):**

(1) Relationship to Student: _____		Last Name:		First Name:	
Do you: <input type="checkbox"/> Rent <input type="checkbox"/> Own	Home Phone: _____		Work Phone: _____		Cell Phone: _____
Occupation:		Employer:			
Email Address: _____		Serving in Military? <input type="checkbox"/> Yes <input type="checkbox"/> No			
(2) Relationship to Student: _____		Last Name:		First Name:	
Do you: <input type="checkbox"/> Rent <input type="checkbox"/> Own	Home Phone: _____		Work Phone: _____		Cell Phone: _____
Occupation:		Employer:			
Email Address: _____		Serving in Military? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Family Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Other		Is there a custody or parenting plan in effect? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, plan must be on file with the school for enforcement.			
Is there an order of protection/restraining order in effect? <input type="checkbox"/> No <input type="checkbox"/> Yes    Against <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____ (if yes, legal papers must be on file with the school for enforcement)					

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Family Information Parents/Guardians *NOT* living with student):**

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

**Special Services:**

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