

ORANGE-WINDSOR SUPERVISORY UNION REGISTRATION FORM
Chelsea Public School, Newton Elementary School, Sharon Elementary School, South Royalton School,
& Tunbridge Central School

Student Information

Last Name: _____ First Name: _____ Middle Name: _____ Grade _____

Male: _____ Female: _____ Date of Birth: Mo _____ Day _____ Year _____ School Year _____

In English your primary language? _____ If not, what is your primary language? _____

Parent/Guardian #1

Last Name: _____ First Name: _____ Male: _____ Female: _____

Father _____ Steppather _____ Legal Guardian _____ Grandparent _____
Mother _____ Stepmother _____ Foster Parent _____

Address _____ Apt# _____

City _____ State _____ Zip _____

Home phone _____ Cell phone _____

Work Phone _____ Email _____

Parent/Guardian #2

Last Name: _____ First Name: _____ Male: _____ Female: _____

Father _____ Steppather _____ Legal Guardian _____ Grandparent _____
Mother _____ Stepmother _____ Foster Parent _____

Address _____ Apt# _____

City _____ State _____ Zip _____

Home phone _____ Cell phone _____

Work Phone _____ Email _____

Is there anyone forbidden access to your child? (If yes, we must have a name and a copy of the court order)

YES _____ NO _____ Name _____

Please indicate if student lives between two households and which days the student lives there.

Student lives with _____

During the YEAR before Kindergarten my child was in: **(Check all that apply)**

Head Start:	YES _____	NO _____	Name of center _____
Childcare Center:	YES _____	NO _____	Name of center _____
Public Preschool:	YES _____	NO _____	Name of program _____
Home-based Care:	YES _____	NO _____	Family childcare - Babysitter - Parent/Relative (circle all that apply)

Is your child on any specialized plan: IEP, 504, EEE, EST, or other? _____

BlackBoard Connect Automated Notification (School closing/emergency notification) What phone number(s) would you like called (up to 3)?

1. Phone number: _____ Location: _____
2. Phone number: _____ Location: _____
3. Phone number: _____ Location: _____

Emergency School Closing - Occasionally it is necessary to close school due to an emergency. In the event that school must be closed early, we need the following information to assure that your child arrives home safely. **(Check only one)**

My child should do the following: _____ **Take the bus as usual,** _____ **Walk as usual,**

Take the bus to _____ **Other** _____

LOCAL EMERGENCY CONTACT (Other than Parent or Guardian) #1

Last Name: _____ First Name: _____ Male: ___ Female: ___

Relationship to child _____

Home phone _____ Cell phone _____

Work Phone _____ Email _____

LOCAL EMERGENCY CONTACT (Other than Parent or Guardian) #2

Last Name: _____ First Name: _____ Male: ___ Female: ___

Relationship to child _____

Home phone _____ Cell phone _____

Work Phone _____ Email _____

Parent Signature: _____ Date: _____

****If any of this information changes, please update it immediately.****