

Tri-Valley Central School

34 Moore Hill Rd.

Grahamsville, NY 12740 **PLEASE PRINT IN INK**

For Office Use Only:
 Grade _____ Homeroom _____ Bus # _____ ID# _____
 Date of Entry _____ Proof of Residency Supplied
 Proof of Birth: Birth Cert. Baptism Cert Physician's Cert Hospital Cert.

STUDENT'S NAME: _____
First *Middle* *Last*

Mailing Address: _____
Street

_____ *City* *State* *Zip*

911 Address (if different from above): _____
Street

_____ *City* *County* *State* *Zip*

Home Telephone: _____ **County of Residence:** _____

Gender: _____ (M/F) **Birth Date:** _____

Place of Birth: _____
City *State/Province* *Country*

Child Resides With:
 Both Parents: _____
 Mother: _____ Father: _____
 Other: _____

TRANSPORTATION INFORMATION (Transportation can only be provided within the Tri-Valley district)

Please Circle: My child will be transported to school from: HOME or BABYSITTER
 At dismissal my child will be transported to: HOME or BABYSITTER

Babysitter's Name: _____ Phone Number: _____

Babysitter's 911 Address: _____
Street(not P.O. Box) *City*

If LEGAL CUSTODY has been established, then fill in this portion.

Custody Type: Sole Joint 50/50 Temp Foster Visitation

_____ *(when established)*

(person(s) with legal custody or guardianship)

(person(s) with right to make educational decisions)

Special considerations/visitations/restrictions: _____

Mother/Guardian: (should receive mailings)

Full Name: _____

Salutation: _____

Relationship to Student: _____

Employer: _____

Work Phone: _____ Cell: _____

E-mail: _____

Address*: _____

(*If different from student) Emergency Contact Pick-up Rights

Father/Guardian: (should receive mailings)

Full Name: _____

Salutation: _____

Relationship to Student: _____

Employer: _____

Work Phone: _____ Cell: _____

E-mail: _____

Address*: _____

(*If different from student) Emergency Contact Pick-up Rights

Others living in the child's household:

Name	Age (if child)	Grade (if child)	Gender	Relationship to Child
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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Previous School: _____ Telephone for Previous School: _____

Dates Attended: _____ Grades Attended: _____ Fax for Previous School: _____

Language Spoken in Home? _____

Is your child Hispanic, Latino, or of Spanish origin? YES, Hispanic ____ NO, not Hispanic ____

Child's Ethnicity: American Indian ____ Asian ____ Black ____ Native Hawaiian/Pacific Islander ____
White ____

Health Comments: Glasses ____ Hearing ____ Seizures ____ Asthma ____ Allergies _____

DEVELOPMENTAL HISTORY: Do you have concerns about your child's development in any of the following areas?

Speech or Language? Yes No Physical Development? Yes No
Ability to Learn? Yes No Social or Emotional? Yes No

If you answered yes to any of the questions above, please explain: _____

Any Previous Special Education Programs? _____ In which grades? K-6 7-12

Any Previous Remedial Programs? _____ Any Previous Retention? _____

OTHERS TO BE CONTACTED IN CASE OF EMERGENCY (other than parent, in the order to be called)

Name	Salutation	Home Phone	Cell Phone	Work Phone	Relationship to Child	Emergency Contact	Authorized Pick-up
1) _____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2) _____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3) _____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4) _____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
5) _____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
6) _____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
7) _____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Physician to be called in an emergency: _____ Tel.# _____

Hospital to be called in an emergency: _____ Tel.# _____

AUTHORIZED RELEASE FROM SCHOOL: I authorize the Tri-Valley School District to release my child during school hours to the individuals selected for "authorized pick-up" above.

(Signature of Parent)

(Date)