Today's Date: _____

STUDENT REGISTRATION Moravia Central School District

Grade En	tering:
Gender:	M F
	(Circle One)

Student Information

Child's Legal Name:	First	Middle
Street Address:		
Street	City	Zip Code
Mailing Address: Include Post Office Box	City	Zip Code
Home Phone #:	Child's Cell Phone #:	
Date of Birth:	Place of Birth:	
If born outside the United States, please provide the date the ch	nild entered the country:	
Check one:Parents togetherParents separated	i	
If parents are separated, check one:Joint custody *Parents/Guardians: please provide proof of custody (ex. court of the structure of the separated provide proof of custody (ex. court of the separated provide parameter) Both Parents Father Mother Restriction of Contact and/or Information: (must provide parameter) Custody restrictions Restriction of the separated provide parameter of the separated provide provide provide parameter of the separated provide proof of custody (ex. court of the separated provide proof of custody (ex. court of the separated provide proof of custody (ex. court of the separated provide proof of custody (ex. court of the separated provide proof of custody (ex. court of the separated provide proof of custody (ex. court of the separated provide provide proof of custody (ex. court of the separated provide p	order, parental affidavit, DSS-2999Legal GuardianFoster Paperwork)	arentsOther:
	dian Information	
Mothers Name: Last	First	
Address (if different): Street	City	Zip Code
Home Phone:	O . II Di	,
Email address:	Place of Employment:	
Employer's Address:		
Street	City	Employer's Phone Number
Fathers Name:		
Address (if different): Street	City	Zip Code
Home Phone:	Cell Phone:	
Email address:	Place of Employment:	
Employer's Address: Street	City	Employer's Phone Number
Step Parent/Other Adult	First	Relationship to Child
Home Phone:	Cell Phone:	•
Email address:	Place of Employment:	
Employer's Address: Street	- City	Employer's Phone Number

CHILD CARE PROVIDER'S IN	FORMATION:		
Name:		Phone Number:	
Address:			
EMERGENCY CONTACT: If	none of the above are available, perso	on to call in case of an emerge	ncy:
Name:		Phone Number:	
Relationship to child:			
CHILD'S FORMER SCHOOL:	School's Name		
School's Address:	City		
Grade Last Attended:	Phone Number:	Fax Number:	
Reason for Transferring:			
	ource Room		
Self-	-contained Special Ed Classr	oom (15:1:1, 12:1:1, 8:1	:1)
PLEASE LIST OTHER CHILD	REN AND/OR ADULTS IN HOUS	EHOLD:	
Child's Name		Birth Date	Grade
Adult's Name		Relationship to child	
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