

****PLEASE ENTER THE PRIVATE / PAROCHIAL SCHOOL YOUR CHILD ATTENDS:** _____

Wallkill Central School District
Student Registration Form 2026 – 2027

For Office Use Only
Student ID# _____

Date ____/____/____

DOB ____/____/____

Student's NAME _____
Last First Middle

GENDER (check one) ☐ M ☐ F

SPECIAL EDUCATION SERVICES (check one) ☐ Yes ☐ No [If Yes, Please Provide IEP]

ETHNICITY (check one)

- ☐ Hispanic/Latino
☐ Not Hispanic/Latino

Home Phone _____

RACE (check one)

- ☐ American Indian or Alaskan Native
☐ Asian
☐ Native Hawaiian or Other Pacific Islander
☐ Black or African American
☐ White

Cell Phone _____

Email _____

FAMILY INFORMATION

Languages spoken at home _____

Student's language _____

The student's ability to speak English is: (Check One) ☐ Fluent ☐ Good ☐ Fair ☐ Not at all

Student's place of birth _____
City State

Custodial Papers (check one) ☐ Yes ☐ No [If Yes, Please Provide]

Does Student share households? ☐ Yes ☐ No [If Yes, Provide Information on Emergency Card]

Foster home placement? (check one) ☐ Yes ☐ No

Agency Name/Address _____

Agency Telephone Number _____

Is child living in any of the following situations (please check)

- ☐ living in a shelter
☐ living with relatives or others due to lack of housing
☐ living in a motel/hotel/campground/car/bus/train station/due to lack of adequate housing
☐ living in an alternative situation awaiting OCFS permanent foster care placement

To Be Completed by School District
Cohort Year Entering 9th Grade) _____

**PLEASE ENTER THE PRIVATE / PAROCHIAL SCHOOL YOUR CHILD ATTENDS: _____

Student Name _____

Last

First

Middle

Grade _____ Date of Birth ____/____/____ Home Telephone # _____

Street Address _____ City _____ Zip _____

Mailing Address _____ City _____ Zip _____

Name of Primary Household Parent/Guardian _____

Home Telephone # _____ Work Telephone # _____ Cell Telephone # _____

Name of Secondary Household Parent/Guardian _____

Home Telephone # _____ Work Telephone # _____ Cell Telephone # _____

Siblings living in household:

Name _____ DOB ____/____/____ School _____ \ Name _____ DOB ____/____/____ School _____

Name _____ DOB ____/____/____ School _____ \ Name _____ DOB ____/____/____ School _____

Name _____ DOB ____/____/____ School _____ \ Name _____ DOB ____/____/____ School _____

**Relationship and name of person(s) with whom student resides: ** _____

**Name and Address of Parent NOT Residing with Student: ** _____

Home Telephone # _____ Work Telephone # _____ Cell Telephone # _____

#2 Street Address _____ City _____ Zip _____

#2 Mailing Address _____ City _____ Zip _____

**List persons other than yourself who will assume temporary care of your child for an illness or emergency.

**Please advise these individuals you are listing them for emergency care. [ID will be requested].

Name _____ Relationship _____ Telephone # _____

Name _____ Relationship _____ Telephone # _____

Where will the bus pick up and drop off your child? **For Elementary Use Only**

Morning Pick-Up (check one) ☐ Home ☐ Sitter's Afternoon Drop-Off (check one) ☐ Home ☐ Sitter's☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

If your child is picked up or dropped-off at Child-Care Giver (Babysitter)

Name _____ Telephone # _____

Apartment/Street _____ City _____

Signature Primary Household Parent /Guardian _____ Date ____/____/____

Signature Secondary Household Parent /Guardian _____ Date ____/____/____