

Non-Registration Form
SCOTIA-GLENVILLE CENTRAL SCHOOLS
Scotia, NY 12302

Please P R I N T

SCHOOL _____ GRADE at Entry _____

1. Student's Name _____
last first middle
Did this child ever attend S-G Schools before? Yes ___ No ___
2. DOB:
Date: Month _____ Day _____ Year _____ Country of Birth _____ Gender: M ___ F ___
City/State _____
3. Name and address of school last attended _____ Grade _____
4. Previous Address _____
5. Student's Home Address _____ Phone # _____
Email Address _____
6. Mother's/Stepmother's Name _____ Occupation _____
Home Address _____ Home Phone# _____
Email Address _____ Cell Phone # _____
Father's/Stepfather's Name _____ Occupation _____
Home Address _____ Home Phone# _____
Email Address _____ Cell Phone # _____
- Guardian/Foster's Name _____ Occupation _____
Home Address _____ Home Phone# _____
Email Address _____ Cell Phone # _____
7. Names & Dates-of-Birth of Other Children Residing at Residence, (if 21 years of age or younger):
- | Name | Date-of-Birth | Name | Date-of-Birth |
|-------|---------------|-------|---------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____