

GLOVERSVILLE ENLARGED SCHOOL DISTRICT
REGISTRATION CHECKLIST

STUDENT NAME

DATE OF BIRTH _____

STUDENT ID# _____

COMPLETED FORMS ATTACHED:

GENERAL REGISTRATION
 HEALTH REGISTRATION
 TRANSPORTATION

NEW STUDENT FORM
 EMERGENCY CARD
 REQUEST FOR RECORDS

PROOF OF RESIDENCE:**

LEASE
 SERVICE BILL

HOMEOWNERS INS
 OTHER

AUTO INS

PROOFS OF BIRTH:

ORIGINAL BIRTH CERTIFICATE
 PASSPORT

SOCIAL SECURITY
 OTHER

PROOFS OF PARENTAL RELATIONSHIP:

COURT CUSTODY PAPERS
 DIVORCE DECREE
 AFFIDAVITS OF CUSTODY
 OTHER

COURT GUARDIANSHIP PAPERS
 AFFIDAVITS OF PARENT/GUARDIAN
AND RESIDENT
 AFFIDAVITS OF EMANCIPATION

PROOF OF IMMUNZATION AND RECENT DR'S PHYSICAL:

3 POLIO 3 DPT 2MMR 3HBV 1 VARICELLA (1/1/1998)
 DR'S PHYSICAL IMMUNIZATION WAIVER

PROOF OF PRIOR SCHOOLING:

TRANSFER CARD

NAME AND ADDRESS OF PRIOR SCHOOL

HOME SCHOOL

DATE
