

EAST MONTPELIER ELEMENTARY SCHOOL

EAST MONTPELIER, VERMONT

REGISTRATION FORM PreK-6

Child's Full Name _____

Date of Birth _____ Place of Birth _____

Home Telephone No. _____ Cell Phone No. _____

Mailing Address _____

Town Zip

Name of Road or Area in Town/911 Address _____

Parent(s) or Guardian _____

Place of Work _____ Work Phone No. _____

Names and Birthdates of Siblings _____

Name and Relationship of Other People living in the home _____

Please List All Schools Previously Attended, Listing Most Recent School Last:

Grade or Level Which The Child Will Enter _____

Is Your Child Receiving Special Ed. Services _____

Is Your Child Receiving 504 Services _____

Date: _____

Signature of Parent/Guardian _____