

Otselic Valley Central School District PreK-12 Enrollment Application

Date _____

Grade your child will be in: _____

Child's Full Name _____

Gender _____

Birth Date _____

Birth Place _____

Child's name that you wish him/her to be called in school _____

Ethnicity-(please check all that apply):

Hispanic/Latino _____ Asian _____ Native Hawaiian/Other Pacific Islander _____

Caucasian _____ American Indian or Alaskan Native _____ African American _____ Other _____

Contact Information

Primary Contact-Student residence/Parent(s) contact information:

Name: _____ Relationship to child _____

Mailing Address (physical residence address, PO Box (if you have one):

Home Phone _____ E-Mail _____

Cell/Work Phone _____ Cell/Work Phone _____

Are there any custody issues? No _____ Yes _____ If yes, please provide court documentation.

Names of people living in the home:

Name (first & last)	Relationship to child	Parent Occupation	Age & Date of Birth

Secondary Contact Person (example: parent not living in home):

Name: _____ Relationship to child _____

Physical & Mailing Address:

Home Phone _____ Cell or Work Phone _____