

Tioga Central School District  
Kindergarten Preregistration Form



Parent(s) Name:

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Address:

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Street	City	Zip Code
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Phone:

\_\_\_\_\_ (home) \_\_\_\_\_ (work/other)

Child's Name:

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First	M.I.	Last
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Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Male \_\_\_\_ Female \_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Office Use Only

Date Received: \_\_\_\_\_

Physical: \_\_\_\_

Birth Certificate: \_\_\_\_

Bus # \_\_\_\_\_

Immunization Record: \_\_\_\_

Notes: \_\_\_\_\_

Proof of Residence: \_\_\_\_

\_\_\_\_\_