

Middletown Public Schools

FAMILY REGISTRATION FORM

Please complete one Family Registration Form per family.

RESIDENT ADDRESS INFORMATION:

Number/Street _____ Unit # _____ City _____ State _____ Zip _____ Home Phone _____

Mailing Address (if different): _____

HEAD OF HOUSEHOLD INFORMATION:

(Parent/Guardian living in home ONLY)

Contact 1: (Parent/Guardian easiest to contact)

<i>Relationship</i>	<i>Title</i>	<i>Last</i>	<i>First</i>	<i>MI</i>	<i>Marital Status</i>
					S / M
					Yes No
<i>Gender</i>	<i>Language</i>	<i>Cell Phone #</i>	<i>E-Mail Address</i>	<i>Add to District E-Mail List</i>	

Employer _____ *Street Address* _____ *City State Zip* _____ *Phone Number* _____ *Extension* _____

Please check One: (If military please provide Branch of Service – Foreign Officers please provide Country)

_____ *Military Branch of Service* _____ Active Military Living on Federal Property _____ Active Military Living in Civilian Housing

_____ Foreign Officer _____ *Country* _____ Civilian Working on Federal Property _____ Non Military Employment

Contact 2:

<i>Relationship</i>	<i>Title</i>	<i>Last</i>	<i>First</i>	<i>MI</i>	<i>Marital Status</i>
					S / M
					Yes No
<i>Gender</i>	<i>Language</i>	<i>Cell Phone #</i>	<i>E-Mail Address</i>	<i>Add to District E-Mail List</i>	

Employer _____ *Street Address* _____ *City State Zip* _____ *Phone Number* _____ *Extension* _____

Please check One: (If military please provide Branch of Service – Foreign Officers please provide Country)

_____ *Military Branch of Service* _____ Active Military Living on Federal Property _____ Active Military Living in Civilian Housing

_____ Foreign Officer _____ *Country* _____ Civilian Working on Federal Property _____ Non Military Employment

EMERGENCY CONTACT INFORMATION: (other than above NOT living in the home)

Contact 1:

<i>Relationship</i>	<i>Title</i>	<i>Last</i>	<i>First</i>	<i>Home Phone</i>	<i>Cell Phone</i>
					M / F
					Yes No
<i>Number/Street</i>	<i>Unit #</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Work Phone</i>

Contact 2:

<i>Relationship</i>	<i>Title</i>	<i>Last</i>	<i>First</i>	<i>Home Phone</i>	<i>Cell Phone</i>
					M / F
					Yes No
<i>Number/Street</i>	<i>Unit #</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Work Phone</i>

PRESCHOOL CHILDREN: (Please list any children that will eventually be entering Kindergarten in Middletown Public Schools)

<i>Last</i>	<i>First</i>	<i>MI</i>	<i>Gender</i>	<i>D O B</i>
M / F				
Yes No				
<i>Last</i>	<i>First</i>	<i>MI</i>	<i>Gender</i>	<i>D O B</i>
M / F				
Yes No				
<i>Last</i>	<i>First</i>	<i>MI</i>	<i>Gender</i>	<i>D O B</i>
M / F				
Yes No				