



Pierceland Central School

Registration Form

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Last Name

First Name

Second Name

Grade: _____ BIRTHDAY: _____
Day Month Year

Hospitalization No. _____

NOTE: If parents are separated or if student lives with someone other than his/her parents, please indicate information pertaining to the parent/guardian with whom student resides.

Mother/Female Guardian: _____

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Occupation Home Phone Number Work/Cell Phone Number

Email address: _____

Father/Male Guardian: _____

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Occupation Home Phone Number Work/Cell Phone Number

Email address: _____

EMERGENCY CONTACT

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Name

Relationship

Phone/Cell Number(s)

LAST SCHOOL ATTENDED

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Name

Address of School

Phone Number