

PLEASE FILL OUT THIS FORM AND RETURN TO THE GOSHEN HIGH SCHOOL ATTENDANCE OFFICE AS SOON AS POSSIBLE SO THAT YOUR CHILD'S RECORDS CAN BE UP-TO-DATE. THANK YOU FOR YOUR HELP.

**GOSHEN CENTRAL SCHOOLS  
ANNUAL REGISTRATION – 2023/2024**

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **Home Phone #** \_\_\_\_\_

*Street City Zip Code*

**Mailing Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

*Street / P.O. Box*

**Student lives with:** Both Parents \_\_\_\_\_ Mother: \_\_\_\_\_ Father: \_\_\_\_\_ Guardian: \_\_\_\_\_  
Mother & Stepfather: \_\_\_\_\_ Father & Stepmother: \_\_\_\_\_ Other: \_\_\_\_\_

**Name of person above:** \_\_\_\_\_ **Specify relationship:** \_\_\_\_\_

**Work #:** \_\_\_\_\_ **Cell #** \_\_\_\_\_ **Alternate #** \_\_\_\_\_

**Name of person above:** \_\_\_\_\_ **Specify relationship:** \_\_\_\_\_

**Work #:** \_\_\_\_\_ **Cell #** \_\_\_\_\_ **Alternate #** \_\_\_\_\_

**Is there a custody agreement?** \_\_\_\_\_ **Please describe:** \_\_\_\_\_

Are the custody papers on file with the school? \_\_\_\_\_ If not, please submit to Registration Office: 227 Main Street  
Goshen, NY 10924

In case of emergency, when parents cannot be reached, please contact the following person(s):

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Mother's e-mail address** \_\_\_\_\_

**Father's e-mail address** \_\_\_\_\_

**Family Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**If your child is on any medication or has any medical conditions please notify your school nurse.**

**Any additional information that the school should be aware of:** \_\_\_\_\_

**Parent / Guardian Signature**

**Date**