

STATE OF VERMONT
WINDHAM SOUTHWEST SUPERVISORY UNION
STAMFORD ELEMENTARY SCHOOL

PUPIL REGISTRATION AND TRANSFER FORM

Name: _____ Home Phone: _____
 Last First Middle

Date of Birth: _____ Place of Birth: _____
(Please attach a copy of his/her birth certificate)

Child's Social Security Number: _____

With Whom Does Student Reside:

____ Parents ____ Stepfather
____ Father ____ Stepmother
____ Mother ____ Guardian

Name(s)

Street City/Town State Zip (Physical Address)

Mailing Address if different from above

Do You Have Legal Custody Of The Above Named Person?

(Documentation may be requested)

____ Yes ____ No

Do You Rent, Lease, or Own: _____ If Rent or Lease, Please Indicate Owner:

School Previously Attended: _____

Street City/Town State Zip

Date Left Previous School: _____

I certify that the above information is true and accurate.

Parent's/Guardian's Signature

Date

Grade Entry Level: _____