

**Wynantskill Union Free School District  
2024-2025 Kindergarten Registration  
Gardner Dickinson School**

\_\_\_\_\_ **K**  
**Name of Student** **Grade**

\_\_\_\_\_ **Parent/Legal Guardian Names**

Parent's Address \_\_\_\_\_ As of \_\_\_\_\_

Phone Contact (1) \_\_\_\_\_ H \_\_\_ C \_\_\_

Phone Contact (2) \_\_\_\_\_ H \_\_\_ C \_\_\_

Pre School Last Attended? \_\_\_\_\_

Special Education Services at Previous School? Yes \_\_\_ No \_\_\_

Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sibling(s) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please see instructions for K-12 registration for acceptable proof of residency, the child's age and custody.**

<b>FOR OFFICE USE ONLY</b>	
Approved for: Residency <input type="checkbox"/> Custody <input type="checkbox"/> Attendance: <input type="checkbox"/> Transportation: <input type="checkbox"/>	
Teacher _____	
Bus Schedule: AM _____ PM _____	
Principal: _____	Date: _____
Superintendent: _____	Date: _____

File copy to Transportation Supervisor  
File Copy to Main Office  
Original to Guidance Department