

**Wynantskill Union Free School District
2026-2027 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.

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| FOR OFFICE USE ONLY | |
| 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