



MT. PLEASANT BLYTHEDALE U.F.S.D.

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www.mpbschools.org

REGISTRATION FORM

STUDENT INFORMATION (please print)

Student's Full Legal Name: _____
Last First Middle

Birth Date: _____ Ethnicity: _____
Month/Day/Year

Electronic Device Needed: Yes _____ No _____

Grade: _____ Grade 9 Entry Date: _____ Gender: _____ Male _____ Female

Home Address: _____ Apt./Bldg.: _____

City: _____ State: _____ Zip Code: _____ Home Phone: _____

Email Address: _____

If not born in USA: City/Country of Birth: _____ Date Entered USA: _____

Years in US: _____

Is your child registered in a New York State Public School: _____ Yes _____ No

Has your child been vaccinated for COVID19 _____ Yes _____ No

CURRENT SCHOOL INFORMATION:

School: _____ Grade: _____ School Year: _____

District: _____

SPECIAL SERVICES INFORMATION:

Has your child received special education services? _____ Yes _____ No

Parent/Guardian Name: _____ Date: _____
(Please Print)

Parent/Guardian Signature: _____