

Ballston Spa Central School District

Home School Information Form

Please complete one form for each student

School Year: _____

Entering Grade: _____

Student Name: _____

Male ☐

Female ☐

Home Address:

Street: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Age: _____

Is this child currently enrolled or has been previously enrolled at a school? Yes ☐ No ☐

Parent's Name: _____ **Male or Female:** _____

Address: (if different from above) _____

Home Phone: _____ Cell Phone: _____ Email: _____

Parent's Name: _____ **Male or Female:** _____

Address: (if different from above) _____

Home Phone: _____ Cell Phone: _____ Email: _____

Sibling Information:

Name: _____ Date of Birth: _____ Male/Female: _____ School: _____

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date