GLOVERSVILLE ENLARGED SCHOOL DISTRICT
REGISTRATION – ITEMS NEEDED

***All students entering GESD are registered by the District Registrar- located in the Central Administration Office (Middle School Building). No appointment is necessary, office hours are 7:30 am – 3:30 pm M-F. Phone 775-5700 Ext. 9722**

__REGISTRATION FORM (can be downloaded from the website (gloversvilleschools.org)
__RESIDENCY QUESTIONNAIRE (can be downloaded from the website (gloversvilleschools.org)

****Applications for free or reduced lunch can be found under "School Nutrition Services" in our website****

***Please bring to registration or provide within 3 business days of initial enrollment the following:

***PROOF OF RESIDENCY*:**
__LEASE OR STATEMENT FROM LANDLORD, OWNER OR TENANT FROM WHOM YOU LEASE OR LIVE WITH
__DEED OR COPY OF PURCHASE CONTRACT WITH LETTER FROM ATTORNEY (including date/time of closing)
__STATEMENT FROM A THIRD PARTY ESTABLISHING THE PHYSICAL PRESENCE OF THE PARENT/GUARDIAN IN THE SCHOOL DISTRICT
Other items that may be considered:
__HOMEOWNERS INSURANCE __AUTO INSURANCE __CURRENT UTILITY BILL
__INCOME TAX FORM __PAY STUB (e.g. electric, water, phone)
__VOTER REGISTRATION DOCUMENT(S)
__DOCUMENTS ISSUED BY FEDERAL, STATE, OR LOCAL AGENCIES
__DRIVER'S LICENSE/NON-DRIVER ID/PERMIT (issued within 30 days)
__MEMBERSHIP DOCUMENTS BASED UPON RESIDENCY (e.g., library cards)

***PROOF OF BIRTH*:**
__ORIGINAL BIRTH CERTIFICATE (from department of health and vital statistics)
__PASSPORT __BAPTISMAL RECORD
Alternate forms (if above are not available)
__STATE OR OTHER GOVERNMENT ISSUED ID __OFFICIAL DRIVER'S LICENSE
__HOSPITAL OR HEALTH RECORDS __NATIVE AMERICAN TRIBAL DOCUMENTS
__MILITARY DEPENDENT ID CARD __CONSULATE ID CARD
__SCHOOL PHOTO ID WITH DATE OF BIRTH __COURT ORDER OR COURT-ISSUED DOC.
__DOCUMENTS ISSUED BY FEDERAL, STATE, OR LOCAL AGENCIES
__RECORDS FROM NON-PROFIT INTERNATIONAL AID AGENCIES & VOLUNTARY AGENCIES

PROOF OF IMMUNIZATION AND RECENT DR'S PHYSICAL:

__3 POLIO __3 DPT __2MMR __3HBV __1VARICELLA **(1/1/1998)**
__DR'S PHYSICAL __IMMUNIZATION WAIVER

COURT CUSTODY PAPERS OR CUSTODIAL AFFIDAVITS (If applicable)

_____ _____
STUDENT NAME **DATE**