



<b>CHILD'S NAME</b>	
<b>DATE OF BIRTH</b>	

<b>PARENT/GUARDIAN</b>	
<b>ADDRESS</b>	
<b>TELEPHONE NUMBER</b>	(      )

**Will your child need transportation?**  
☐ Yes      ☐ No

**If yes, please provide directions for morning pick up and afternoon drop off:**

\_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE** **DATE**

**TO:** Kristen Shearer, Superintendent  
Milford Central School District  
PO Box 237  
Milford, NY 13807