

# Universal Pre-Kindergarten Required Form Check List

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Registration Form 108	_____
Social History Form	_____
Health Registration Form	_____
Immunization Record	_____
Student Physical Examination Record	_____
Dental Health Certificate	_____
Lead Screening Certificate	_____
Copy of Birth Certificate	_____
Copy of Proof of Residency	_____

Glens Falls City School District  
Administration Offices  
15 Quade Street  
Glens Falls, New York 12801  
Telephone: 792-0107  
Attn: Debbie Robbins