FOR OFFICE USE ONLY

PENNSBURY SCHOOL DISTRICT • STUDENT REGISTRATION FORM

❑ ELIGIBLE
❑ INELIGIBLE
❑ PROVISIONAL

S.S. _____
Excp. _____

Registration Date _____ Student Number _____ Entry Code _____ Building Name _____

Code _____ Grade _____ First Day Attendance _____ Special Education _____ Original Date _____

❑ Affidavit ❑ 1305 ❑ Tuition ❑ Homebound ❑ Custody issue State Code _____

❑ Male
❑ Female

❑ Asian
❑ Hispanic
❑ Multi-Racial
❑ White, Non-Hispanic
❑ Black, Non-Hispanic
❑ American Indian or Alaskan Native
❑ Native Hawaiian or Pacific Islander

Date of Birth _____ Place of Birth (State) _____ Birth Certificate Number _____

Student's Last Name, First Name, Middle Initial _____ Name of Development, Apartment or Mobile Home Park _____

Street Address _____ Apt or Lot # _____ City _____ Zip Code _____ Primary Phone # _____

Do you own or rent your house? _____ If renting, in whose name is it rented? _____

Are you currently living in Pennsbury? _____ If no, on what date do you expect to move into the district? _____

Is or has your child ever received any of these services? ❑ Yes ❑ No ❑ IEP (past or present) ❑ Speech/Language ❑ 504

Name of Previous School _____ Address of Previous School (street, city, state, zip) _____ Phone # _____

PA Entry: _____ **US Entry:** _____ **9th Entry:** _____

PARENT INFORMATION

Number of Parents in Household (please choose one): ❑ 1 ❑ 2

	Years of Education	*Marital Status*	*Occupation*	*Child Resides With*
Father's Name:				❑
Mother's Name:				❑
Guardian's Name:				❑

Emergency Contact (other than parent) – Name: _____ Phone #: _____

Father's Cell Phone #: _____ Father's Email: _____

Mother's Cell Phone #: _____ Mother's Email: _____

Guardian's Cell Phone #: _____ Guardian's Email: _____

EMPLOYMENT INFORMATION

		Employer's Address	*Phone #*
Father's Employer:			
Mother's Employer:			
Guardian's Employer:			

OTHER ADULTS OR CHILDREN IN RESIDENCE

Name	*Birthdate*	*Grade*	*School*

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1305 INFORMATION ONLY

Name of Placing Agency: _____ Phone: _____ Social Worker: _____

Address: _____ School District of Natural Parents: _____

_____ Signature of Parent or Guardian _____ Date

OWNER/RENTER

PARENT/GUARDIAN MULTI OCC ❑ YES ❑ NO