

ARMSTRONG SCHOOL DISTRICT**Registration Form
School Year 2019-20****SCHOOL:** _____ **GRADE:** _____**The following items MUST be present at time of registration:****At least one (1) of the following proofs of residency MUST be present at time of registration:**

Current Driver's License Current Utility Bill Lease Agreement Deed of Ownership
 Automobile Registration Auto Insurance Card Tax Statement Public Assistance Documents

Original Birth Certificate of student MUST be present at time of registration

Received Birth Certificate Number: _____ Birth Place: _____

Immunizations needed prior to registering:

Diphtheria/Tetanus Polio Hepatitis B Measles, Mumps, Rubella Varicella Nurse/Initial

All Kindergarten students must be 5 and all First Grade students must be 6 on or before August 31.

STUDENT'S LEGAL NAME (Last, First, Middle, Suffix):		Birthdate: (Month/Day/Year) ____ / ____ / ____	
Ethnicity: <input type="checkbox"/> Hispanic/Latino (Any Race) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White (not Hispanic)			
911 STREET ADDRESS: _____		SEX (Circle One): Male Female	
MAILING ADDRESS (ONLY if DIFFERENT from the 911 Street Address): _____		Township/Borough: County:	
FATHER'S NAME (Last, First, Middle):		Birthdate:	Living With Child? Y N Responsible for Child? Y N
ADDRESS (ONLY if living in a different household than student)		Home Phone: Cell Phone:	
Occupation:	Employer:	Work Phone:	
MOTHER'S NAME (Last, First, Middle):		Birthdate:	Living With Child? Y N Responsible for Child? Y N
ADDRESS (ONLY if living in a different household than student)		Home Phone: Cell Phone:	
Occupation:	Employer:	Work Phone:	
LEGAL GUARDIAN'S NAME (Last, First, Middle):		Relationship:	Living With Child? Y N Responsible for Child? Y N
ADDRESS (ONLY if living in same household as student)		Home Phone: Cell Phone:	
Occupation:	Employer:	Work Phone:	
BROTHERS (Legal Name):	BIRTHDATE:	SISTERS (Legal Name):	BIRTHDATE:
1. _____	____ / ____ / ____	1. _____	____ / ____ / ____
2. _____	____ / ____ / ____	2. _____	____ / ____ / ____
3. _____	____ / ____ / ____	3. _____	____ / ____ / ____

STUDENT LIVES WITH: Both Parents at same address Both Parents at different address'
 Mother Only Father Only Legal Guardian Foster Parent Group Home

WHO HAS LEGAL CUSTODY OF THE STUDENT? (Custody/guardianship papers must be presented at time of registration)
If custodian is not parent, an Armstrong School District Resident and Right to Free School Privileges Affidavit must be submitted.
If the student lives in a foster or group home, a verification letter from the placing agency or group home must be submitted.

Is there a court order dictating rights? Yes No

Who has physical custody? Both Parent Father Only Mother Only

Other (indicate name and relationship) _____

Who has educational rights? Both Parent Father Only Mother Only

Other (indicate name and relationship) _____

Who has visitation rights? Both Parent Father Only Mother Only

Other (indicate name and relationship) _____

LAST SCHOOL, GRADE, AND DISTRICT ATTENDED:

School: _____

Grade: _____

District: _____

SCHOOL YEAR ENTERED 9TH GRADE _____
(SENIOR HIGH SCHOOL STUDENTS ONLY)

HAS THE STUDENT PREVIOUSLY ATTENDED THE ARMSTRONG SCHOOL DISTRICT?

YES NO

If YES, when: _____

Building: _____

INDIVIDUALIZED EDUCATION PLAN (I.E.P.)

Does your student currently have an I.E.P.? Yes No

Check below for services included in your student's I.E.P.

Learning Support Emotional Support Physical Therapy Hearing Impairment Services
 Speech/Language Support Life Skills Support Occupational Therapy Visual Impairment Support
 Gifted Support Other Services _____
 Early Intervention Program Special Transportation _____

PERTINENT INFORMATION ABOUT THE STUDENT YOU FEEL THE TEACHER SHOULD KNOW:

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

TO BE COMPLETED BY OFFICE PERSONNEL (ANSWER ALL QUESTIONS)

1. Is the student entering from an early intervention program (Kindergarten)? Yes No
2. Does the student have an Individualized Education Program plan and receive special education services? Yes No
3. Does the student require special transportation? Yes No
If yes, explain: _____
4. Is the student in Title I and/or Extended School Day program(s)? Yes No
5. Has the following documentation been supplied? Proof of Residency Proof of Birth Proof of Immunizations
 Custody Papers Resident and Right to Free School Privileges Affidavit
6. Is the student's home language English? Yes No (If no, a Home Language Survey Form ASD 5011 must be completed.)
7. GENERAL COMMENTS: _____

REGISTRATION BY: _____ REGISTRATION DATE: _____

BUILDING: _____ GRADE: _____ ENTRY DATE: _____