

# ARMSTRONG SCHOOL DISTRICT

## Registration Form School Year 20\_\_ - 20\_\_

**SCHOOL:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

<b>The following items MUST be present at time of registration:</b>
<b>At least one (1) of the following proofs of residency MUST be present at time of registration:</b> <input type="checkbox"/> Current Driver's License <input type="checkbox"/> Current Utility Bill <input type="checkbox"/> Lease Agreement <input type="checkbox"/> Deed of Ownership <input type="checkbox"/> Automobile Registration <input type="checkbox"/> Auto Insurance Card <input type="checkbox"/> Tax Statement <input type="checkbox"/> Public Assistance Documents
<b>Original Birth Certificate of student MUST be present at time of registration</b> <input type="checkbox"/> Received Birth Certificate Number: _____ Birth Place: _____
<b>Immunizations needed prior to registering:</b> <input type="checkbox"/> Diphtheria/Tetanus <input type="checkbox"/> Polio <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Measles, Mumps, Rubella <input type="checkbox"/> Varicella <input type="checkbox"/> Nurse/Initial

<b>All Kindergarten students must be 5 and all First Grade students must be 6 on or before August 31.</b>
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<b>STUDENT'S LEGAL NAME</b> (Last, First, Middle, Suffix):		<b>Birthdate:</b> (Month/Day/Year) ____/____/____	
<b>Ethnicity:</b> (Mark all that apply) <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)			
<b>911 STREET ADDRESS:</b> _____ _____		<b>SEX</b> (Circle One): Male      Female	
<b>MAILING ADDRESS</b> ( <u>ONLY</u> if DIFFERENT from the 911 Street Address): _____ _____		<b>Township/Borough:</b>  <b>County:</b>	
<b>FATHER'S NAME</b> (Last, First, Middle):		<b>Birthdate:</b>	<b>Living With Child?</b> Y    N <b>Responsible for Child?</b> Y    N
<b>ADDRESS</b> ( <u>ONLY</u> if living in a different household than student)		<b>Home Phone:</b> <b>Cell Phone:</b>	
<b>Email:</b>	<b>Employer:</b>	<b>Work Phone:</b> <b>Occupation:</b>	
<b>MOTHER'S NAME</b> (Last, First, Middle):		<b>Birthdate:</b>	<b>Living With Child?</b> Y    N <b>Responsible for Child?</b> Y    N
<b>ADDRESS</b> ( <u>ONLY</u> if living in a different household than student)		<b>Home Phone:</b> <b>Cell Phone:</b>	
<b>Email:</b>	<b>Employer:</b>	<b>Work Phone:</b> <b>Occupation:</b>	
<b>LEGAL GUARDIAN'S NAME</b> (Last, First, Middle): Ex: Foster or Step-parent		<b>Relationship:</b>	<b>Living With Child?</b> Y    N <b>Responsible for Child?</b> Y    N
<b>ADDRESS</b> ( <u>ONLY</u> if living in same household as student)		<b>Home Phone:</b> <b>Cell Phone:</b>	
<b>Email:</b>	<b>Employer:</b>	<b>Work Phone:</b> <b>Occupation:</b>	
<b>BROTHERS</b> (Legal Name):	<b>BIRTHDATE:</b>	<b>SISTERS</b> (Legal Name):	<b>BIRTHDATE:</b>
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 9<sup>TH</sup> 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

Act 26 Suspension/Expulsion Notarized Form (1<sup>st</sup>-12<sup>th</sup> grade)  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: \_\_\_\_\_

