

Student #: _____

Date Registered: ____/____/____

**REGISTRATION INFORMATION
PENN-TRAFFORD SCHOOL DISTRICT**

School: PENN MIDDLE

Date Enrolled: ____/____/____

Code: _____

Last Name First Name Middle Initial Name Entering Grade Male / Female Race – Be Specific

Birthdate. Month / Day / Year Place of Birth Phone #: _____ / _____
Home / Emergency

Connect Ed Number: () _____ *(Number used for school-to-parent automated communication system)*

Emergency Cell Number for Text Alert: () _____

Mailing address (If PO Box, please give street name and # for transportation purpose: _____

Family Information:

Number of children in household: Total: ____ Girls: ____ Boys: ____ Older: ____ Younger: ____

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

Father's Occupation and Co.: _____ Business Phone: _____

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

Mother's Occupation and Co.: _____ Business Phone: _____

Parents separated / divorced: Yes ____ No ____ If yes, specify which parent has custody of student: _____

Foster: Yes ____ No ____ Ward of the State: Yes ____ No ____

| Guardian/Foster Name | Relationship | Address | Phone |
|----------------------|--------------|---------|-------|
| | | | |
| | | | |

List the last school which the student attended:

| School Name | District | Address | Phone |
|-------------|----------|---------|-------|
| | | | |
| | | | |

Place an "X" next to the service(s) or program(s) the child receives:

- | | |
|---|---------------------------|
| 1. CTC Education _____ | 6. Hearing _____ |
| 2. Learning Support _____ | 7. Remedial Reading _____ |
| 3. Gifted _____ | 8. Remedial Math _____ |
| 4. Socially Emotionally Disturbed _____ | 9. Speech _____ |
| 5. Vision _____ | 10. Other _____ |

OFFICE CHECKLIST:

- | | |
|-----------------------------------|------------------------------------|
| Census complete: _____ | Permanent Record Card filed: _____ |
| Records sent for: _____ | Records received/filed: _____ |
| Proof of Residence: _____ | Immunization compliance: _____ |
| Act 26: _____ | Health History _____ |
| Home Language Survey: _____ | Legal Custody Papers: _____ |
| Homeroom #: _____ Locker #: _____ | Birth Certificate (original) _____ |

I understand this is a tentative placement until records are received and reviewed by the administration.