

# LOYALSOCK TOWNSHIP SCHOOL DISTRICT REGISTRATION FORM - PLEASE PRINT PLAINLY

Entry Code \_\_\_\_\_

School:  DES  MS  HS  Other

Student ID \_\_\_\_\_

**For office use only:** Enrollment Date \_\_\_\_\_

- Immunizations Provided  Birth Verification  Residency Verification  Homeless  1302  1305  1306  
 ESL  Foreign Exchange  Immigrant  Migrant  IEP  504  Act 26 Notification  Giftd  Policies  No Photo  
 Bus Form Received  Transportation Requested  Parent Provide or  Student Walks  FARM App Received  Demographic Form Created  District Calendar  Handbook  Online  Distributed  
 PA Secure ID

STUDENT'S LEGAL LAST NAME		FIRST NAME	MIDDLE NAME	NICKNAME
HOME ADDRESS				
CITY, STATE & ZIP CODE				
DATE OF BIRTH	STUDENT'S SOCIAL SECURITY NUMBER (OPTIONAL)		<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	ENTERING GRADE
BIRTHPLACE CITY AND STATE		BIRTH COUNTRY	DATE FIRST ENTERED UNITED STATES	DATE FIRST ENTERED PENNSYLVANIA
RACE: <input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK <input type="checkbox"/> HISPANIC <input type="checkbox"/> NATIVE HAWAIIAN OR PACIFIC ISLANDER <input type="checkbox"/> WHITE <input type="checkbox"/> IF MULTI-RACIAL (PLEASE INDICATE RACES)				

**HOUSEHOLD - PARENT / GUARDIAN INFORMATION - MARITAL STATUS OF PARENTS (CHECK ONE)**  MARRIED  SEPARATED  DIVORCED  WIDDED  NEVER MARRIED

NAME		RELATIONSHIP		
ADDRESS (IF DIFFERENT FROM STUDENT ADDRESS)				
CITY, STATE & ZIP CODE				
PHONE 1 - (PARENT LINK NUMBER) <input type="checkbox"/> HOME <input type="checkbox"/> CELL	PHONE 2 <input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK		PHONE 3 <input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK	
PLACE OF EMPLOYMENT:	WORK STREET ADDRESS		WORK CITY, STATE & ZIP	
EMAIL ADDRESS		SHOULD THIS PERSON RECEIVE SCHOOL MAILINGS? <input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME		RELATIONSHIP		
ADDRESS (IF DIFFERENT FROM STUDENT ADDRESS)				
CITY, STATE & ZIP CODE				
PHONE 1 <input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK	PHONE 2 <input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK		PHONE 3 <input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK	
PLACE OF EMPLOYMENT:	WORK STREET ADDRESS		WORK CITY, STATE & ZIP	
EMAIL ADDRESS		SHOULD THIS PERSON RECEIVE SCHOOL MAILINGS? <input type="checkbox"/> YES <input type="checkbox"/> NO		

**RESIDENCY AND LIVING ARRANGEMENTS**

STUDENT LIVES WITH  MOTHER  FATHER  STEP PARENT  INSTITUTION\*  SELF  FOSTER PARENT(S)\*  LEGAL GUARDIAN\*\*  OTHER ADULT \_\_\_\_\_

\* PROVIDE COPY OF PLACEMENT/COURT ORDER  \*\* PROVIDE COURT ORDER GRANTING LEGAL GUARDIANSHIP

LEGAL RESTRICTIONS:  YES  NO IF YES, ATTACH  COURT ORDER OR  CUSTODY AGREEMENT. \_\_\_\_\_

**FAMILY INFORMATION - LIST SIBLINGS/OTHER HOUSEHOLD MEMBERS UNDER AGE 19 LIVING AT HOME**

NAME	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	DATE OF BIRTH	GRADE
	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		
	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		
	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		
	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		
	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		

**PARENT/GUARDIAN LIVING OUTSIDE THE HOUSEHOLD - Should this person receive school mailings?**  YES  NO

IF YES, A FULL MAILING ADDRESS IS NECESSARY.

NAME		RELATIONSHIP		
ADDRESS		CITY, STATE & ZIP CODE		
PHONE 1 <input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK	PHONE 2 <input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK		PHONE 3 <input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK	

**EMERGENCY CONTACTS - To be contacted only in the event the parent/guardian cannot be reached.**

NAME	RELATIONSHIP TO STUDENT	PHONE 1 <input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK	PHONE 2 <input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK
NAME	RELATIONSHIP TO STUDENT	PHONE 1 <input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK	PHONE 2 <input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK

<b>STUDENT NAME:</b> _____	<b>GRADE:</b> _____
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**EDUCATIONAL HISTORY (LIST PREVIOUS SCHOOLS ATTENDED, IF APPLICABLE – MOST RECENT FIRST)**

NAME OF DISTRICT	DATES ATTENDED	ADDRESS	CITY, STATE & ZIP CODE
NAME OF SCHOOL	PHONE	FAX	
CONTACT NAME	TITLE	EMAIL	

NAME OF DISTRICT	DATES ATTENDED	ADDRESS	CITY, STATE & ZIP CODE
NAME OF SCHOOL	PHONE	FAX	
CONTACT NAME	TITLE	EMAIL	

DID THIS STUDENT ATTEND A PRE-KINDERGARTEN PROGRAM (PRE-SCHOOL, HEAD START, ETC)?  Yes  No  
 IF YES, PLEASE PROVIDE THE NAME OF THE PRE-KINDERGARTEN PROGRAM: \_\_\_\_\_

HAS THIS STUDENT EVER ATTENDED LOYALSOCK TOWNSHIP SCHOOL DISTRICT?  Yes  No IF YES, PLEASE LIST GRADES: \_\_\_\_\_

HAS THIS STUDENT EVER ATTENDED SCHOOL IN THE COMMONWEALTH OF PA?  Yes  No IF YES, NAME THE DISTRICT: \_\_\_\_\_

DOES STUDENT ATTEND AFTER SCHOOL PROGRAM OR DAY CARE?  Yes  No IF YES, PLEASE PROVIDE NAME OF FACILITY: \_\_\_\_\_

**SPECIAL EDUCATION / GIFTED EDUCATION / SPECIALIZED SERVICES**

**Does your child receive special education / gifted education or other specialized services?**  Yes  No.

IEP – LEARNING SUPPORT     IEP – SPEECH ONLY     IEP – EMOTIONAL SUPPORT     IEP COPY PROVIDED     GIEP – GIFTED     GIEP COPY PROVIDED

IEP – OTHER \_\_\_\_\_

**Please check other specialized services:**     504 SERVICE AGREEMENT     504 COPY PROVIDED     PHYSICAL THERAPY     OCCUPATIONAL THERAPY

INSTRUCTIONAL SUPPORT (IST)     TITLE I SERVICES     TSS/MOBILE THERAPIST     OTHER \_\_\_\_\_

**ACT 26 SWORN STATEMENT** – I AFFIRM THAT (STUDENT'S FULL NAME) \_\_\_\_\_  HAS /  HAS NOT BEEN SUSPENDED OR EXPELLED FROM ANY PUBLIC OR PRIVATE SCHOOL OF THIS COMMONWEALTH OR ANY OTHER STATE FOR AN ACT OR OFFENSE INVOLVING WEAPONS, ALCOHOL OR DRUGS, OR FOR THE WILLFUL INFLICTION OF INJURY TO ANOTHER PERSON, OR FOR ANY ACT OF VIOLENCE COMMITTED ON SCHOOL PROPERTY.

**HOME LANGUAGE SURVEY – THIS SURVEY MUST BE COMPLETED FOR ALL STUDENTS**  NOT APPLICABLE

IF ANY OF THESE STATEMENTS ARE TRUE ABOUT YOUR CHILD, PLEASE CHECK THE BOX TO THE LEFT OF THE TRUE STATEMENT.

- 1. MY CHILD LEARNED TO SPEAK A LANGUAGE OTHER THAN ENGLISH FIRST.
- 2. MY CHILD SPEAKS A LANGUAGE OTHER THAN ENGLISH. (DO NOT INCLUDE A LANGUAGE LEARNED IN SCHOOL.)
- 3. A LANGUAGE OTHER THAN ENGLISH IS SPOKEN IN OUR HOME.

IF TRUE, SPECIFY THE LANGUAGE(S) \_\_\_\_\_ HAS YOUR CHILD RECEIVED ESL SERVICES?  Yes  No **IF YES, INDICATE NUMBER OF YEARS** \_\_\_\_\_

**POLICY 815 - ACCEPTABLE USE OF TECHNOLOGY** – I HAVE RECEIVED AND READ THIS POLICY. I  DO /  DO NOT GIVE MY CHILD PERMISSION TO USE TECHNOLOGY.

**SUBSTANCES & WEAPONS** –  I HAVE RECEIVED A COPY OF THE SCHOOL DISTRICT SUBSTANCE AND WEAPONS POLICIES OVERVIEW. I WILL DISCUSS THEM WITH MY CHILD.

**STUDENT PHOTO RELEASE** – I hereby consent that the Loyalsock Township School District may use the photograph, voice or image of the above student for publication, display and/or broadcast. This consent shall include, but shall not be limited to, local newspapers, district websites, and local television stations.  Yes, I CONSENT     No, I DO NOT CONSENT

**PARENT/GUARDIAN SIGNATURE(S)** – YOUR SIGNATURE VERIFIES THE ACCURACY OF ALL INFORMATION PROVIDED AND PERMITS RELEASE OF ALL EDUCATIONAL RECORDS.

PARENT / GUARDIAN NAME(S) PLEASE PRINT \_\_\_\_\_

PARENT / GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**FOR OFFICE USE ONLY:**     CUMULATIVE FILE FOLDER     STUDENT RECORDS CARD – MS/HS ONLY     EMAIL TO REGISTRATION TEAM    STAFF SIGNATURE \_\_\_\_\_

RECORDS INFORMATION: - DATE REQUESTED \_\_\_\_\_ 2ND REQUEST \_\_\_\_\_     HEALTH FOLDER RECEIVED     ACADEMIC FOLDER RECEIVED

DATE FILE COMPLETE \_\_\_\_\_ COUNSELOR SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

\* Although the social security number is optional, parents should understand that a social security number may be required for college entrance exams.