

## South Middleton School District Registration Form

TODAY'S DATE: \_\_\_\_\_

School:  W.G. Rice Elementary  Iron Forge Educational Center  Yellow Breeches Middle School  Boiling Springs High School

Student's Legal Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Last Name First Name Middle Name

Residence: \_\_\_\_\_  
Street Address City State Zip

Gender:  Male  Female Date of Birth: \_\_\_\_\_ City, State of Birth: \_\_\_\_\_ PA Entry Date: \_\_\_\_\_  
mm/dd/yyyy mm/yyyy

School District Last Attended: \_\_\_\_\_ School Building: \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_ Zip: \_\_\_\_\_ Grade: \_\_\_\_\_ 9<sup>th</sup> grade entry date: \_\_\_\_\_

Has your child previously attended South Middleton School District?  Yes  No  
 If "Yes", specify the last year the child attended South Middleton School District: \_\_\_\_\_ Grade: \_\_\_\_\_

The following information is required by the Pennsylvania Department of Education for child accounting purposes. Please be as accurate as possible.

If your child was born outside the U.S., specify the Country: \_\_\_\_\_ Initial U.S. Entry Date: \_\_\_\_\_

Years attending school in the U.S.: \_\_\_\_\_ Primary Language spoken in the home:  English  Other: \_\_\_\_\_

Your child's race:  Hispanic  Non Hispanic

Ethnicity: *(Please, check all ethnic groups that are appropriate):*  Caucasian  African American  
 American Indian/Alaskan Native  Asian  Native Hawaiian or other Pacific Islander  Multi-Racial

Are you placing any documents regarding custody on file with the School District?  Yes  No *(If yes, please attach)*

With whom does this child legally reside? *(check all that apply):*  Father  Mother  Other: *specify* \_\_\_\_\_

Marital status of the adults with whom the student resides *(please check one):*

Single  Married  Separated  Divorced  Widowed  Other: \_\_\_\_\_

In case of emergency, the first person contacted should be:  Father  Mother  Other: *specify* \_\_\_\_\_

CONTACT #1  Father  Mother  Step Father  Step Mother  Other \_\_\_\_\_

Title:  Mr.  Mrs.  Ms.  Miss  Other: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_

Residence: \_\_\_\_\_  
Street Address City State Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

CONTACT #2  Father  Mother  Step Father  Step Mother  Other \_\_\_\_\_

Title:  Mr.  Mrs.  Ms.  Miss  Other: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_

Residence: \_\_\_\_\_  
Street Address City State Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

**CONTACT #3** (Optional)  Father  Mother  Step Father  Step Mother  Other \_\_\_\_\_

Title:  Mr.  Mrs.  Ms.  Miss  Other: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_

Residence: \_\_\_\_\_  
Street Address City State Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

**CONTACT #4** (Optional)  Father  Mother  Step Father  Step Mother  Other \_\_\_\_\_

Title:  Mr.  Mrs.  Ms.  Miss  Other: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_

Residence: \_\_\_\_\_  
Street Address City State Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Sitter's Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Residence: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street Address City

Does your child have any health concerns, require medication, or require other physical accommodations?

Yes  No (If yes, please specify and/or attach records)

Does your child have an IEP?  Yes  No (If yes, check all that apply)

Learning Support  Life Skills  Emotional Support  Speech & Language  Gifted  Other \_\_\_\_\_

Does your child receive remedial services?  Yes  No (If yes, check all that apply)  Remedial Math  Remedial Reading

Does your child participate in an ESL/ELL program?  Yes  No

Has your child ever participated in an alternative education or juvenile detention program?  Yes  No

Is there an Internet-connected computer in your home that your child can use for homework?  Yes  No

**FOR OFFICE USE ONLY**

Student ID Number: \_\_\_\_\_ Homeroom/Teacher: \_\_\_\_\_

Entry Code: \_\_\_\_\_ Entry Date: \_\_\_\_\_

District Login: \_\_\_\_\_ Verification of Residency: \_\_\_\_\_

Bus #: \_\_\_\_\_ Bus Stop: \_\_\_\_\_

Please specify bus stop other than home address: \_\_\_\_\_

Sitter's Name: \_\_\_\_\_ Phone: \_\_\_\_\_