

**PLEASE PRINT PLAINLY - LOYALSOCK TOWNSHIP SCHOOL DISTRICT REGISTRATION FORM - PLEASE PRINT PLAINLY**

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

HR Teacher: \_\_\_\_\_

HR No. \_\_\_\_\_

PA Secure ID \_\_\_\_\_

New Stop  AM  PM Hazardous Route

School:  DES  MS  HS  Other \_\_\_\_\_

Homeless Grade 9 Entry Date \_\_\_\_\_

Gifted  504  IEP  Migrant  Immigrant  Foreign Exchange  ESL  AM Bus No. \_\_\_\_\_

Demographic Form  FARM App  Time/Location \_\_\_\_\_

STUDENT 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 LEVEL:
BIRTH CITY, STATE, 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 (SELECT ALL THAT APPLY)			

**RESIDENCY AND LIVING ARRANGEMENTS**

STUDENT LIVES WITH  MOTHER  FATHER  STEP PARENT  FOSTER PARENT(S)  LEGAL GUARDIAN  SELF  OTHER (PLEASE DESCRIBE) \_\_\_\_\_

LEGAL RESTRICTIONS:  Yes  No  PLACEMENT/COURT ORDER  LEGAL GUARDIANSHIP COURT ORDER  CUSTODY AGREEMENT

**HOUSEHOLD - PARENT / GUARDIAN INFORMATION - MARITAL STATUS OF PARENTS (CHECK ONE)  MARRIED  SEPARATED  DIVORCED  WIDOWED  SINGLE**

PARENT/GUARDIAN NAME:		RELATIONSHIP TO STUDENT:	
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
PLACE OF EMPLOYMENT:	WORK STREET ADDRESS:	WORK CITY, STATE, ZIP:	
EMAIL ADDRESS:			
PARENT/GUARDIAN 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
PLACE OF EMPLOYMENT:	WORK STREET ADDRESS:	WORK CITY, STATE, ZIP:	
EMAIL ADDRESS:			

**PARENT/GUARDIAN LIVING OUTSIDE THE HOUSEHOLD - Should this person receive school mailings?  YES  NO** If YES, MUST PROVIDE MAILING ADDRESS.

PARENT/GUARDIAN NAME:		RELATIONSHIP TO 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
PLACE OF EMPLOYMENT:	WORK STREET ADDRESS:	WORK CITY, STATE, ZIP:	
EMAIL ADDRESS:			

**FAMILY INFORMATION - LIST ALL SCHOOL-AGE SIBLINGS/OTHER HOUSEHOLD MEMBERS LIVING IN THE HOUSEHOLD**

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		

**TRANSPORTATION REQUEST - Transportation is ONLY provided to and from the home address. Requests for an alternate address requires approval by Transportation Office.**

INDICATE TRANSPORTATION NEED <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> REQUESTED ALTERNATE ADDRESS: _____	<input type="checkbox"/> AM <input type="checkbox"/> PM
ALTERNATE ADDRESS CONTACT 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 ( ) -

**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, EARLY INTERVENTION)?  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?  Yes  No IF YES, PLEASE PROVIDE NAME OF FACILITY: \_\_\_\_\_

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

Does your child receive special education / gifted education or other specialized services?  Yes  No  PREVIOUSLY EXITED - DATE \_\_\_\_\_

IEP PLEASE EXPLAIN TYPE OF IEP SERVICES \_\_\_\_\_  GIEP – GIFTED

COPY PROVIDED  COPY PROVIDED

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

PHYSICAL THERAPY  OCCUPATIONAL THERAPY  INSTRUCTIONAL SUPPORT (IST)  TSS/MOBILE THERAPIST  TITLE I SERVICES

**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 AND WEAPONS –**  I HAVE RECEIVED A COPY OF THE SCHOOL DISTRICT SUBSTANCE AND WEAPONS POLICIES OVERVIEW IN MY PACKET. 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 my 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 TEAM  DATA ENTRY DATE \_\_\_\_\_ DATA ENTRY STAFF SIGNATURE \_\_\_\_\_

RECORDS INFORMATION: - DATE REQUESTED \_\_\_\_\_ 2ND REQUEST \_\_\_\_\_ 3RD REQUEST \_\_\_\_\_ 4TH REQUEST \_\_\_\_\_

HEALTH FOLDER RECEIVED  ACADEMIC FOLDER RECEIVED 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.**