

Bradford Area School District

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"No member of our team is more important than the students we serve."

STUDENT ENTRY FORM

**WHEN REGISTERING PROOF OF AGE, SHOT RECORD, PROOF OF RESIDENCY,
AND PARENT REGISTRATION STATEMENT* MUST BE PRESENTED**

*PARENTAL REGISTRATION STATEMENT IS NOT REQUIRED IF STUDENT HAS NOT PREVIOUSLY BEEN ENROLLED IN A PUBLIC OR PRIVATE SCHOOL

DATE OF ENTRY _____ SCHOOL _____ SOCIAL SECURITY # OPTIONAL (OVER)

STUDENT'S NAME _____ STUDENT ID # _____

STUDENT'S ADDRESS _____

HOME PHONE # _____ EMERGENCY PHONE # _____

GRADE _____ BIRTHDATE _____ PROOF OF AGE DOCUMENT _____

STATE & CITY OF BIRTH _____ DATE PA RESIDENT _____

PA SECURE ID # _____ ETHNICITY _____ HOMEROOM _____ LOCKER _____

MALE ___ FEMALE ___ SPEC ED IEP ___ 504 ___ RESIDENT OF DISTRICT: YES _____ NO _____

HAS CHILD ATTENDED SCHOOL IN THE DISTRICT BEFORE: YES _____ NO _____

**PLEASE CIRCLE APPROPRIATE CLASSIFICATION FOR PERSON/S WITH WHOM THE STUDENT RESIDES:
CUSTODIAL PARENT/S OR GUARDIAN/S* OR FOSTER PARENT/S
*GUARDIAN/S MUST PROVIDE COURT ORDER OR SWORN STATEMENT**

FATHER _____ MOTHER _____

ADDRESS _____ ADDRESS _____

HOME PHONE # _____ HOME PHONE # _____

PARENT/GUARDIAN SIGNATURE: _____

**ARE THERE ANY LEGAL RECORDS THAT WE SHOULD HAVE ON FILE REGARDING CUSTODY
AGREEMENT FOR THIS STUDENT? YES _____ NO _____
IF YES, PLEASE PROVIDE A COPY FOR ADEQUATE PROTECTION OF YOUR RIGHTS.**

SCHOOL & DISTRICT ENTERING FROM _____

ADDRESS _____ CITY _____ STATE _____

SPECIAL CLASSES _____

SCHOOL ADMINISTRATOR SIGNATURE: _____

FOSTER PLACEMENT INFO: AGENCY MUST PROVIDE SUPPORTING LETTER OF PLACEMENT

BIOLOGICAL FATHER _____ BIOLOGICAL MOTHER _____

ADDRESS _____ ADDRESS _____

DATE OF PLACEMENT _____ PLACING AGENCY _____

GG BLAISDELL ELEMENTARY (PREK-2)
SCHOOL STREET ELEMENTARY (3-5)
FLOYD C. FRETZ MIDDLE SCHOOL (6-8)
BRADFORD AREA HIGH SCHOOL (9-12)

265 CONSTITUTION AVE, BRADFORD, PA
76 SCHOOL STREET, BRADFORD, PA
140 LORANA AVENUE, BRADFORD, PA
81 INTERSTATE PKWY, BRADFORD, PA

DAVID JONES, PRINCIPAL
SARAH TINGLEY, PRINCIPAL
TINA SLAVEN, PRINCIPAL
KENNETH COFFMAN, PRINCIPAL

REQUEST FOR SOCIAL SECURITY NUMBER:

I understand that providing the Social Security Number of my child/children is voluntary on my part. The Bradford Area School District does not use social security numbers as identifiers for its student. However, many colleges, secondary learning institutions and the military services do ask for the social security number when requesting information on students.

To Provide Information - Complete Below

OR

I chose to not provide the Social Security Number for my child

Student Name

Student Name

Social Security Number

Parent/Guardian Signature

Parent/Guardian Signature

Date

Date

PLEASE COMPLETE SECTION "A" OR "B" BELOW

REQUEST FOR STUDENT RESIDENCY:

The McKinney-Vento Act, as amended by the No Child Left Behind Act of 2001 defines homelessness and outlines the rights of homeless students. Your response to the question below will help staff to determine what residency documents are necessary for enrollment of your child. Thank you for your cooperation.

IN WHAT TYPE OF SETTING IS THE STUDENT NOW LIVING?

Check **One** selection that best applies from Section "A" **OR** Section "B"

SECTION "A"
<input type="checkbox"/> In an Emergency Shelter
<input type="checkbox"/> Sharing the housing of other persons due to loss of housing, economic hardship, or similar reasons
<input type="checkbox"/> In a motel, hotel, campsites, or cars due to a lack of alternative adequate accommodations
<input type="checkbox"/> In a car, park, public spaces, abandoned building, substandard housing, bus or train stations, or similar settings
<input type="checkbox"/> Other places not designed for, or ordinarily used as, a regular sleeping accommodations for human beings.
IF YOU HAVE CHOSEN A SELECTION IN SECTION "A" PLEASE REVIEW INFORMATION BELOW

SECTION "B"
<input type="checkbox"/> None of the choices in Section A apply.
IF YOU CHECKED SECTION "B" THE BELOW DOES NOT APPLY.

The school will contact Bradford Area School District's Homeless Liaison to review the information in Section "A". If homelessness is verified, the Homeless Liaison will contact you to gather additional information and discuss services available for your child. Please make sure the student information, parent/guardian information, and address and phone number on the reverse side of this Student Entry Form are complete.

NOTE TO SCHOOLS: ALL FORMS CHECKED IN "SECTION A" ARE TO BE FAXED IMMEDIATELY TO THE HOMELESS LIAISON FOR REVIEW (362-1741).

