

Bradford Area School District

REGISTRATION FORM

Office Use Only	
Grade _____	Homeroom _____ Locker _____
School Start Date _____	
Student ID _____	Gr 9 Entry Date _____
PA Secure ID _____	
___ Age/Name Verified _____	
___ Proof of Residency _____	
___ Parental Registration	___ Driver's License
___ Immunizations	___ Home Language Survey
___ ESL Student	___ IEP Student
Administrator Signature: _____	

Household Information			
Household Physical Address:		Household Surname:	
PO Box:	City:	State:	Zip:
Household Phone #:		Household E Mail:	

Student Information – <u>Must Match Birth Certificate</u>		
First Name:	Middle Name:	Last Name:
Date of Birth:	Grade:	Gender: ___ Male ___ Female
Student E Mail:		Student Cell Phone #:
Ethnicity: (Choose one) ___ Hispanic/Latino ___ Non-Hispanic Latino		Language Spoken in Home:
Race: (Choose one or more) ___ White ___ American Indian/Alaskan ___ Asian ___ Black/African American ___ Hawaiian/Pacific Islander		
Birth City:	Birth State:	Birth Country:
Date Entered the U.S.:	<u>Most Recent PA Entry Date:</u>	Student's 1 st Language:
Has this student ever attended Bradford Area Schools? YES NO	Has this student ever attended a Pennsylvania School? YES NO	Resident of BASD: YES NO Non-Resident 1306 Student _____

School History		
Name of previous school attended:		City: State:
Name/Address of previous school district:		City: State:
Has this student ever repeated any grade? YES NO	If yes, what grade(s):	
Does this student have Special Placement or Special Education? YES NO If Yes, Please Specify:	Individualized Education Program (IEP - Per PA Department of Education Guidelines, this includes Speech): Gifted IEP (GIEP) or Section 504 Service Agreement	
Does this student receive ESL Services? (English as Second Language) YES NO	If yes, what date did services begin:	

FATHER/Guardian/Foster Father – Is parent/guardian currently <u>active</u> military? Yes No		
Guardianship a Court Order or Notarized Statement Required ___ 1302 ___ 1305		
First Name: Mr. Dr. Rev.	Middle Name:	Last Name:
DOB:	Address:	Permission to pick student up from school. YES NO
Phone: Cell #:	City, State, Zip Code	
E Mail:	Relationship to Student:	Resides in Household? YES NO
Mailings requested? YES NO	Custodial Parent? YES NO	Legal Custody? YES NO
Employer Name:		Employer Phone:

MOTHER/Guardian/Foster Mother – Is parent/guardian currently active military? Yes No
Guardianship a Court Order or Notarized Statement Required _____ 1302 _____ 1305

First Name: Ms. Mrs. Dr. Rev.		Maiden Name:	Last Name:
DOB:		Address:	Permission to pick student up from school. YES NO
Phone:	Cell #:	City, State, Zip Code	
E Mail:		Relationship to Student:	Resides in Household? YES NO
Mailings requested? YES NO		Custodial Parent? YES NO	Legal Custody? YES NO
Employer Name:			Employer Phone:

Emergency Contact (In addition to parents/guardians already listed)

Mr. Mrs. Ms. Dr. Rev.		First Name:	Last Name:
Gender		Relationship to Student:	Permission to pick student up from school. YES NO
Street Address:			
City:		State:	Zip:
Home Phone:		Cell Phone:	Workplace:
		Work Phone:	

Your response to the question below will help to determine what residency documents are necessary for enrollment of your child. Additionally, if determination is made that you qualify for additional services, a School District Liaison will contact you to gather more information and discuss services available for your child.

In what type of setting is the Student now living?

Domestic Abuse Emergency Shelter
 Sharing housing of other due to loss of housing, economic hardship, or similar reasons
 In a motel/hotel/campsite/car due to lack of alternative adequate accommodations
 Other places not designed for, or ordinarily used as, a regular sleeping accommodation for human being
 NONE OF THE ABOVE

Other Children and Adults Living in Household

Name:	Gender:	DOB/Grade:	Relationship to Student:
Name:	Gender:	DOB/Grade:	Relationship to Student:
Name:	Gender:	DOB/Grade:	Relationship to Student:
Name:	Gender:	DOB/Grade:	Relationship to Student:
Name:	Gender:	DOB/Grade:	Relationship to Student:

Are there any Legal Records that Bradford Area School District should have on file regarding a custody agreement for this child?
 If yes, please provide a copy for adequate protection of your rights. YES _____ NO _____

Registered by: _____
 Signature Relationship to Student Date

HOUSEHOLD INCOME	
Total number of people in the household. Include all children and adults. _____	<i>Combined</i> annual income of all people in the household. Include all income before any deductions (such as taxes, insurance, child support, etc). Income includes monies from work, welfare, child support, alimony, pension, retirement, social security, SSI, VA benefits, etc. \$ _____