

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 _____	Drivers 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: <input type="checkbox"/> Male <input type="checkbox"/> Female
Student E Mail:		Student Cell Phone #:
Ethnicity: (Choose one) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic Latino		Language Spoken In Home:
Race: (Choose one or more) <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hawaiian/Pacific Islander		
Birth City:	Birth State:	Birth Country:
Date Entered the U.S.:	Most Recent PA Entry Date:	Student's 1 st Language:
Has this student ever attended Bradford Area Schools? <input type="checkbox"/> YES <input type="checkbox"/> NO	Has this student ever attended a Pennsylvania School? <input type="checkbox"/> YES <input type="checkbox"/> NO	Resident of BASD: <input type="checkbox"/> YES <input type="checkbox"/> NO Non-Resident 1306 Student <input type="checkbox"/>

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 <input type="checkbox"/> NO <input type="checkbox"/>	If yes, what grade(s): _____	
Does this student have Special Placement or Special Education? <input type="checkbox"/> YES <input type="checkbox"/> 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) <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, what date did services begin: _____	

FATHER/Guardian/Foster Father Information – Guardianship a Court Order or Notarized Statement Required <input type="checkbox"/> 1302 <input type="checkbox"/> 1305		
First Name: Mr. Dr. Rev.	Middle Name:	Last Name:
DOB:	Address:	Permission to pick student up from school. <input type="checkbox"/> YES <input type="checkbox"/> NO
Phone: _____ Cell #: _____	City, State, Zip Code	
E Mail:	Relationship to Student:	Resides in Household? <input type="checkbox"/> YES <input type="checkbox"/> NO
Mailings requested? <input type="checkbox"/> YES <input type="checkbox"/> NO	Custodial Parent? <input type="checkbox"/> YES <input type="checkbox"/> NO	Legal Custody? <input type="checkbox"/> YES <input type="checkbox"/> NO
Employer Name:		Employer Phone:

MOTHER/Guardian/Foster Mother Information – 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:	Work Phone:

Homeless – Your response to the question below will help staff to determine what residency documents are necessary for enrollment of your child. If Homeless, the School District’s Homeless Liaison will contact you to gather additional 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 accommodations 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. _____	Combined 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. \$ _____
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