

Please Print

PARKLAND SCHOOL DISTRICT – Student Registration Form

Did you previously attend Parkland School District? Yes / No What School? _____

Student #1	First Name	Middle Name	Last Name	Jr. / II / III / IV (circle one)	Nickname
Sex (circle one) Male / Female	Birth date	Grade	Building	Residency (circle one) Foster Student / Resident	

Ethnicity (circle one) Hispanic/Latino or Not Hispanic/Latino
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Race (choose 1 or more, regardless of ethnicity) 1-Alaskan/Am. Indian, 9-Asian, 3-Black, 10-Native Hawaiian/Pacific Islander 5-White
--

Was the student retained? Yes / No What Grade? _____

Previous school(s) or Kindergarten/Daycare	Address of school	Phone/fax	Enrolled	Withdrew
			/	/

Did you attend any school in Pennsylvania that is not listed above? Yes / No If yes, please list: _____

ACADEMIC / EXTRA CURRICULAR INFORMATION

Has the student participated in any of the following special programs? (Check all that apply)

_____ Gifted (GIEP) _____ Speech Therapy (IEP) _____ Remedial Reading
_____ Learning Support (IEP) _____ Project Connect/Early Intervention _____ Remedial Mathematics
_____ English as a Second Language (ESL) Other: _____

Student presently participates in Band, Strings, or Chorus (circle). Instrument: _____

Has the student previously participated on and/or plan to participate on a high school/middle school athletic team(s): Yes / No If yes, what team _____

Does student have any special needs or health problems? _____

STUDENT'S HOME ADDRESS

*If the address is a PO Box number, a physical residence must also be indicated.

(street) *(PO Box) (apt. #) (apartment complex)

(city) (state) (zip) (township) Home Phone: (____) _____

FOR OFFICE USE ONLY

Proof of Residence (2)	Calendar (R, A, P)	Registration Date
Multiple Occupancy?	Homeroom	Entry Date
Immunization	Homeroom Teacher	State Enrollment Date
Birth Certificate/Passport	Counselor	US Enrollment Date
Home Lang. Survey	Graduation Year	Records Req./Records Rec'd /
Parental Statement	VT Session	Custody Agreement
Rapid Msg. System Form	Bus #	Entrance Cert. (Foster)
Custody Order Letter	Bus Stop	
Consent to Exchange	Home Access Ctr.	Student Access Ctr
Guardianship *Approval by Asst. Superintendent		Connect Ed Updated

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PARENT / GUARDIAN INFORMATION (*with whom student resides*)

Parents / Guardians are: (circle one) Married / Divorced* / Separated* / Single

Father / step-father / guardian / other (circle one)			Mother / step-mother / guardian / other (circle one)		
Name:			Name:		
First name	Middle initial	Last name	First name	Middle initial	Last name
Employer:			Employer:		
Home phone			Home phone		
Work phone:			Work phone:		
Cell phone:			Cell phone:		
Email:			Email:		
Other:			Other		

***If there is a custody agreement, a copy must be submitted with this form.**

OTHER PARENT / GUARDIAN INFORMATION (*student not residing with:*)

Father / step-father / guardian / other (circle one)			Mother / step-mother / guardian / other (circle one)		
Name:			Name:		
First name	Middle initial	Last name	First name	Middle initial	Last name
Street Address:			Street Address:		
City, State, Zip:			City, State, Zip:		
Employer:			Employer:		
Home Phone:			Home Phone:		
Work phone:			Work phone:		
Cell phone:			Cell phone:		
Email:			Email:		
Other:			Other:		
Should this person receive district mailings? YES / NO			Should this person receive district mailings? YES / NO		

EMERGENCY INFORMATION

Emergency Contact (friend or relative) first| middle |last name _____

Home Phone#: _____ **Cell Phone#:** _____ **Work Phone#:** _____

Name of family physician: _____ **Physician's phone number:** _____

Name of family dentist: _____ **Dentist phone number:** _____

Hospital preference: _____

SIBLING NAMES	SEX (circle one)	BIRTHDATE	SCHOOL ATTENDING
	M / F		
	M / F		
	M / F		
	M / F		
	M / F		

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PARKLAND SCHOOL DISTRICT – Student Registration Form

Did you previously attend Parkland School District? Yes / No What School? _____

Student #2	First Name	Middle Name	Last Name	Jr. / II / III / IV (circle one)	Nickname
Sex (circle one)	Birth date	Grade	Building	Residency (circle one)	
Male / Female				Foster Student / Resident	

Ethnicity (circle one)
Hispanic/Latino or Not Hispanic/Latino

Race (choose 1 or more, regardless of ethnicity)
1-Alaskan/Am. Indian, 9-Asian, 3-Black, 10-Native Hawaiian/Pacific Islander 5-White

Was the student retained? Yes / No What Grade? _____

Previous school(s) or Kindergarten/Daycare	Address of school	Phone/fax	Enrolled	Withdrew
			/	/

Did you attend any school in Pennsylvania that is not listed above? Yes / No If yes, please list: _____

ACADEMIC / EXTRA CURRICULAR INFORMATION

Has the student participated in any of the following special programs? (Check all that apply)

_____ Gifted (GIEP) _____ Speech Therapy (IEP) _____ Remedial Reading
_____ Learning Support (IEP) _____ Project Connect/Early Intervention _____ Remedial Mathematics
_____ English as a Second Language (ESL) Other: _____

Student presently participates in Band, Strings, or Chorus (circle). Instrument: _____

Has the student previously participated on and/or plan to participate on a high school/middle school athletic team(s): Yes / No If yes, what team _____

Does student have any special needs or health problems? _____

STUDENT'S HOME ADDRESS

*If the address is a PO Box number, a physical residence must also be indicated.

(street) *(PO Box) (apt. #) (apartment complex)

(city) (state) (zip) (township) Home Phone: (____) _____

FOR OFFICE USE ONLY

Proof of Residence (2)	Calendar (R, A, P)	Registration Date
Multiple Occupancy?	Homeroom	Entry Date
Immunization	Homeroom Teacher	State Enrollment Date
Birth Certificate/Passport	Counselor	US Enrollment Date
Home Lang. Survey	Graduation Year	Records Req./Records Rec'd /
Parental Statement	VT Session	Custody Agreement
Rapid Msg. System Form	Bus #	Entrance Cert. (Foster)
Custody Order Letter	Bus Stop	
Consent to Exchange	Home Access Ctr.	Student Access Ctr
Guardianship *Approval by Asst. Superintendent		Connect Ed Updated

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PARKLAND SCHOOL DISTRICT – Student Registration Form

Did you previously attend Parkland School District? Yes / No What School? _____

Student #3	First Name	Middle Name	Last Name	Jr. / II / III / IV (circle one)	Nickname
Sex (circle one)	Birth date	Grade	Building	Residency (circle one)	
Male / Female				Foster Student / Resident	

Ethnicity (circle one)
Hispanic/Latino or Not Hispanic/Latino

Race (choose 1 or more, regardless of ethnicity)
1-Alaskan/Am. Indian, 9-Asian, 3-Black, 10-Native Hawaiian/Pacific Islander 5-White

Was the student retained? Yes / No What Grade? _____

Previous school(s) or Kindergarten/Daycare	Address of school	Phone/fax	Enrolled	Withdrew
			/	/

Did you attend any school in Pennsylvania that is not listed above? Yes / No If yes, please list: _____

ACADEMIC / EXTRA CURRICULAR INFORMATION

Has the student participated in any of the following special programs? (Check all that apply)

_____ Gifted (GIEP) _____ Speech Therapy (IEP) _____ Remedial Reading
_____ Learning Support (IEP) _____ Project Connect/Early Intervention _____ Remedial Mathematics
_____ English as a Second Language (ESL) Other: _____

Student presently participates in Band, Strings, or Chorus (circle). Instrument: _____

Has the student previously participated on and/or plan to participate on a high school/middle school athletic team(s): Yes / No If yes, what team _____

Does student have any special needs or health problems? _____

STUDENT'S HOME ADDRESS

*If the address is a PO Box number, a physical residence must also be indicated.

(street) *(PO Box) (apt. #) (apartment complex)

(city) (state) (zip) (township) Home Phone: (____) _____

FOR OFFICE USE ONLY

Proof of Residence (2)	Calendar (R, A, P)	Registration Date
Multiple Occupancy?	Homeroom	Entry Date
Immunization	Homeroom Teacher	State Enrollment Date
Birth Certificate/Passport	Counselor	US Enrollment Date
Home Lang. Survey	Graduation Year	Records Req./Records Rec'd /
Parental Statement	VT Session	Custody Agreement
Rapid Msg. System Form	Bus #	Entrance Cert. (Foster)
Custody Order Letter	Bus Stop	
Consent to Exchange	Home Access Ctr.	Student Access Ctr
Guardianship *Approval by Asst. Superintendent		Connect Ed Updated

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PARKLAND SCHOOL DISTRICT – Student Registration Form

Did you previously attend Parkland School District? Yes / No What School? _____

Student #4	First Name	Middle Name	Last Name	Jr. / II / III / IV (circle one)	Nickname
Sex (circle one) Male / Female	Birth date	Grade	Building	Residency (circle one) Foster Student / Resident	

Ethnicity (circle one) Hispanic/Latino or Not Hispanic/Latino
--

Race (choose 1 or more, regardless of ethnicity) 1-Alaskan/Am. Indian, 9-Asian, 3-Black, 10-Native Hawaiian/Pacific Islander 5-White
--

Was the student retained? Yes / No What Grade? _____

Previous school(s) or Kindergarten/Daycare	Address of school	Phone/fax	Enrolled	Withdrew
			/	/

Did you attend any school in Pennsylvania that is not listed above? Yes / No If yes, please list: _____

ACADEMIC / EXTRA CURRICULAR INFORMATION

Has the student participated in any of the following special programs? (Check all that apply)

_____ Gifted (GIEP) _____ Speech Therapy (IEP) _____ Remedial Reading
_____ Learning Support (IEP) _____ Project Connect/Early Intervention _____ Remedial Mathematics
_____ English as a Second Language (ESL) Other: _____

Student presently participates in Band, Strings, or Chorus (circle). Instrument: _____

Has the student previously participated on and/or plan to participate on a high school/middle school athletic team(s): Yes / No If yes, what team _____

Does student have any special needs or health problems? _____

STUDENT'S HOME ADDRESS

*If the address is a PO Box number, a physical residence must also be indicated.

(street) *(PO Box) (apt. #) (apartment complex)

(city) (state) (zip) (township) Home Phone: (____) _____

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Proof of Residence (2)	Calendar (R, A, P)	Registration Date
Multiple Occupancy?	Homeroom	Entry Date
Immunization	Homeroom Teacher	State Enrollment Date
Birth Certificate/Passport	Counselor	US Enrollment Date
Home Lang. Survey	Graduation Year	Records Req./Records Rec'd /
Parental Statement	VT Session	Custody Agreement
Rapid Msg. System Form	Bus #	Entrance Cert. (Foster)
Custody Order Letter	Bus Stop	
Consent to Exchange	Home Access Ctr.	Student Access Ctr
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PARKLAND SCHOOL DISTRICT – Student Registration Form

Did you previously attend Parkland School District? Yes / No What School? _____

Student #5	First Name	Middle Name	Last Name	Jr. / II / III / IV (circle one)	Nickname
Sex (circle one)	Birth date	Grade	Building	Residency (circle one)	
Male / Female				Foster Student / Resident	

Ethnicity (circle one)
Hispanic/Latino or Not Hispanic/Latino

Race (choose 1 or more, regardless of ethnicity)
1-Alaskan/Am. Indian, 9-Asian, 3-Black, 10-Native Hawaiian/Pacific Islander 5-White

Was the student retained? Yes / No What Grade? _____

Previous school(s) or Kindergarten/Daycare	Address of school	Phone/fax	Enrolled	Withdrew
			/	/

Did you attend any school in Pennsylvania that is not listed above? Yes / No If yes, please list: _____

ACADEMIC / EXTRA CURRICULAR INFORMATION

Has the student participated in any of the following special programs? (Check all that apply)

_____ Gifted (GIEP) _____ Speech Therapy (IEP) _____ Remedial Reading
_____ Learning Support (IEP) _____ Project Connect/Early Intervention _____ Remedial Mathematics
_____ English as a Second Language (ESL) Other: _____

Student presently participates in Band, Strings, or Chorus (circle). Instrument: _____

Has the student previously participated on and/or plan to participate on a high school/middle school athletic team(s): Yes / No If yes, what team _____

Does student have any special needs or health problems? _____

STUDENT'S HOME ADDRESS

*If the address is a PO Box number, a physical residence must also be indicated.

(street) *(PO Box) (apt. #) (apartment complex)

(city) (state) (zip) (township) Home Phone: (____) _____

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Proof of Residence (2)	Calendar (R, A, P)	Registration Date
Multiple Occupancy?	Homeroom	Entry Date
Immunization	Homeroom Teacher	State Enrollment Date
Birth Certificate/Passport	Counselor	US Enrollment Date
Home Lang. Survey	Graduation Year	Records Req./Records Rec'd /
Parental Statement	VT Session	Custody Agreement
Rapid Msg. System Form	Bus #	Entrance Cert. (Foster)
Custody Order Letter	Bus Stop	
Consent to Exchange	Home Access Ctr.	Student Access Ctr
Guardianship *Approval by Asst. Superintendent		Connect Ed Updated

