



REGISTRATION FORM

STUDENT DEMOGRAPHIC INFORMATION:

Date of Registration/District Entry: _____ Date of School Entry: _____

Student Name: _____
 (Last) (First) (Middle) (Suffix/Jr., II, III, etc.)

Preferred Name (if applicable): _____

Sex: Male Female Grade: _____ Social Security Number: _____

Date of Birth: _____ Place of Birth: _____
 (City) (State)

State Entry Date: _____
 (Most recent date student entered PA/most recent date enrolled in a PA school)

Ethnicity/Race Subgroup (check ALL that apply):

What is this student's ethnicity? Hispanic or Latino Not Hispanic or Latino

What is this student's race? Please mark one or more races to indicate what this student considers himself/herself to be.

American Indian/Alaskan Native White/Caucasian (not Hispanic) Black/African American

Native Hawaiian or Other Pacific Islander Asian

School Last Attended: _____

School Address: _____
 (Street) (City) (State) (Zip Code)

School Phone: _____ Date of Last Attendance: _____

POWER ANNOUNCEMENT INFORMATION:

Power Announcement Calling System:

A maximum of three phone numbers per student entry are allowed in our emergency phone calling system, **Power Announcement**. Please indicate which phone numbers would be used for the primary emergency phone number and also phone #2 and #3. Therefore, not every phone number may be a **Power Announcement** number. **Note:** The system cannot dial numbers with extensions required and will dial the first two numbers only, then default to the third if no answer.

Call Phone #1: _____ Call Phone #2: _____

Call Phone #3: _____

PARENT/GUARDIAN INFORMATION:

Student resides with (check all that apply):

Both parents Mother Father

Other: _____ Custody (orders attached) Custody (no orders)

Guardian (papers attached) Foster Care Placement (court order attached) Tuition Responsibility

PRIMARY RESIDENCE/CONTACT INFORMATION:

Address: _____ Township/Borough: _____

PO Box/Apt. #: _____ City: _____ Zip Code: _____

Residence Phone Number: _____ Check box if unlisted

Own Home Rent Landlord's Name: _____

When did student's residency begin at this address? Month: _____ Year: _____

Student at address: All Week Monday Tuesday Wednesday Thursday Friday

Name(s) of Parent/Guardian: _____ Relationship: _____

Phone 1: _____ Home Cell Work

Phone 2: _____ Home Cell Work

Phone 3: _____ Home Cell Work

Name of Employer: _____ Work Hours: _____

Email Address: _____ to _____

OPTIONAL CONTACT #2:

Additional Mailing

Student at address: All Week Monday Tuesday Wednesday Thursday Friday

Name(s): _____ Relationship: _____

Address: _____ PO Box/Apt. #: _____

City: _____ Zip Code: _____

Phone 1: _____ Home Cell Work

Phone 2: _____ Home Cell Work

Phone 3: _____ Home Cell Work

Name of Employer: _____ Work Hours: _____

Email Address: _____ to _____

OPTIONAL CONTACT #3:

Additional Mailing

Student at address: All Week Monday Tuesday Wednesday Thursday Friday

Name(s): _____ Relationship: _____

Address: _____ PO Box/Apt. #: _____

City: _____ Zip Code: _____

Phone 1: _____ Home Cell Work

Phone 2: _____ Home Cell Work

Phone 3: _____ Home Cell Work

Name of Employer: _____ Work Hours: _____

Email Address: _____ to _____

OTHER RESIDENTS/CENSUS INFORMATION (LIST ALL OCCUPANTS RESIDING AT RESIDENCE):

	Name (Last, First Middle)	Date of Birth (Mo/Day/Yr)	Sex	Social Security #	Relationship to Head of Household	School Attending	Grade
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							

ACADEMIC INFORMATION:

Has the student repeated a grade? No Yes If yes, which grade? _____

Did the student receive Title I/remedial service? No Yes

 If yes, for what subject areas? Reading Mathematics Both

Has the student received special education services? No Yes

 Does the student have a current IEP? No Yes

 If yes, disability category:

Specific Learning Disability Reading Mathematics Written Expression

Speech/Language

Sensory Support Issues Hearing Impaired Vision Impaired

Physical Support

Autistic Support

Emotional Support

Is student on a 504 Plan? No Yes

Is student enrolled in a gifted program? No Yes

HIGH SCHOOL STUDENTS ONLY:

When did the student enter 9th grade for the FIRST time? (Month/year) _____



SCHOOL USE ONLY

Student ID #: _____ Family ID #: _____

Homeroom #: _____ Library #: _____

Bus #: _____ Locker #: _____

PA Secure ID #: _____

(over)

HOME LANGUAGE SURVEY:

The Civil Rights Law of 1964, Title VI, requires that school districts/charter schools identify limited English proficient (LEP) students. Pennsylvania has selected the Home Language Survey as the method for the identification.

School: _____

Student's Name: _____ Grade: _____

1. What was the student's first language? _____

2. Does the student speak a language other than English? No Yes
(Do NOT include languages learned in school.)

If yes, what language? _____

If yes, complete the following:

Date of entry into the United States: _____

Date first enrolled in a United States school: _____

Number of years in United States based schools: _____

3. What language(s) is/are spoken in your home? _____

4. Has the student attended any U.S. school in any 3 years during his/her lifetime? No Yes

If yes, complete the following:

<u>Name of School</u>	<u>State</u>	<u>Dates Attended</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Was the student enrolled in an ESL program at a prior school? No Yes

If yes, name of school: _____

Person completing this form (if other than parent or guardian): _____

Parent/Guardian Signature

Date

* The General McLane School District has the responsibility under the federal law to serve students who are limited English proficient and need English instructional services. Given this responsibility, the school district has the right to ask for the information it needs to identify English Language Learners (ELL). As part of the responsibility to locate and identify ELL, the school may conduct screenings or ask for related information about students who are already enrolled in the district as well as from students who enroll in the school district in the future.

Mission Statement: Meeting students where they are to empower them to become all they are capable of being.

Pennsylvania school districts shall not discriminate in their educational programs, activities or employment practices based on race, color, national origin, sex, disability, age, religion, ancestry or any other legally protected classification. This policy is in accordance with state and federal laws, including Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, the American with Disabilities Act of 1990 and the Pennsylvania Human Relations Act. Information relative to special accommodation, grievance procedure, and the designated responsible official for compliance with Title VI, Title IX and Section 504 may be obtained by contacting the school district.

