

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: <input type="checkbox"/> Male <input type="checkbox"/> Female	Grade: _____		
Date of Birth: _____	Place of Birth: _____		
State Entry Date: _____	(City)	(State)	
<i>(Most recent date student entered PA/most recent date enrolled in a PA school)</i>			
Ethnicity/Race Subgroup (check ALL that apply):			
What is this student's ethnicity?		<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> 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.			
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> White/Caucasian (not Hispanic)	<input type="checkbox"/> Black/African American	
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> 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):		
<input type="checkbox"/> Both parents	<input type="checkbox"/> Mother	<input type="checkbox"/> Father
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Custody (orders attached)	<input type="checkbox"/> Custody (no orders)
<input type="checkbox"/> Guardian (papers attached)	<input type="checkbox"/> Foster Care Placement (court order attached)	<input type="checkbox"/> Tuition Responsibility

(over)

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	Active Military	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.

