

## RIDGWAY AREA SCHOOL DISTRICT Student Registration Form

Date: \_\_\_\_\_ Grade: \_\_\_\_\_ Starting Date: \_\_\_\_\_ Circle One:    Male        Female

Student's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Last                      First                      Middle                      MM/DD/YYYY

Address: \_\_\_\_\_ Birth Place: \_\_\_\_\_  
City                      State

Country of Origin: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Date of State Entry: \_\_\_\_\_

Access Card #: \_\_\_\_\_ Date in Initial US Entry: \_\_\_\_\_

Has the student previously been enrolled in the Ridgway School District? : \_\_\_\_\_ Date: \_\_\_\_\_

Previous School(s)/Address(es): 1. \_\_\_\_\_  
(Begin with most recent and list year(s) of attendance)  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

Number of Years in US Schools: \_\_\_\_\_ Date of Grade 9 Entry (High School Only) \_\_\_\_\_

Are the student's parents and or guardians an active duty member of a branch of the armed forces (Army, Navy, Air Force, Marine Corp, Coast Guard) including fulltime National Guard duty? \_\_\_\_\_

Parent / Guardian Information	Birthdate	Occupation/Employed By	Business Telephone
Mother's Name w/ Maiden Name (if applicable)  Address:  Cell Phone:  E-Mail:			
Father's Name  Address:  Cell Phone:  E-Mail:			

**Student is living with (Check all that apply)**

<input type="checkbox"/> Biological Parents	<input type="checkbox"/> Grandparents
<input type="checkbox"/> Father	<input type="checkbox"/> Mother
<input type="checkbox"/> Stepfather	<input type="checkbox"/> Stepmother
<input type="checkbox"/> Guardian (male)	<input type="checkbox"/> Guardian (female)
<input type="checkbox"/> Foster Father	<input type="checkbox"/> Foster Mother
<input type="checkbox"/> Grandfather	<input type="checkbox"/> Grandmother
<input type="checkbox"/> _____	<input type="checkbox"/> _____

**Ethnicity** (choose one):  
 Hispanic/Latino                       Not Hispanic/Latino

**Race** (choose one or more, regardless of ethnicity):

American Indian or Alaskan Native  
 Asian  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 White

**Other Children in Family**

<small>Last</small>	<small>First</small>	<small>Middle</small>	<small>Birthdate</small>	
<small>Last</small>	<small>First</small>	<small>Middle</small>	<small>Birthdate</small>	
<small>Last</small>	<small>First</small>	<small>Middle</small>	<small>Birthdate</small>	

**Health Information (Check)**

<input type="checkbox"/> Asthma	<input type="checkbox"/> Bee sting sensitivity
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hearing problem
<input type="checkbox"/> Seizures	<input type="checkbox"/> Wears glasses
<input type="checkbox"/> Takes medicine regularly (list): _____	
<input type="checkbox"/> Mental Health Diagnosis: _____	
<input type="checkbox"/> Other health or personal problems: _____	

Use back of form if additional space is needed.

**Support Services/Special Education Services/Related Services**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Child Study/RTI                    | <input type="checkbox"/> Deaf or Hearing Support      | <input type="checkbox"/> Gifted Support                |
| <input type="checkbox"/> Family Based Services              | <input type="checkbox"/> Vision Support               | <input type="checkbox"/> Multiple Disabilities Support |
| <input type="checkbox"/> Student Assistance Program (SAP)   | <input type="checkbox"/> Physical Support             | <input type="checkbox"/> Emotional Support             |
| <input type="checkbox"/> Title I Reading                    | <input type="checkbox"/> Life Skills Support          | <input type="checkbox"/> Behavior Support              |
| <input type="checkbox"/> Title I Math                       | <input type="checkbox"/> Learning Support             | <input type="checkbox"/> Occupational Therapy          |
| <input type="checkbox"/> Adapted Physical Education         | <input type="checkbox"/> Autistic Support             | <input type="checkbox"/> Physical Therapy              |
| <input type="checkbox"/> Mobile Therapy/Therapeutic Support | <input type="checkbox"/> Speech and Language Support  | <input type="checkbox"/> Probation                     |
| <input type="checkbox"/> Drug & Alcohol                     | <input type="checkbox"/> Chapter 15 Service Agreement | <input type="checkbox"/> Other _____                   |

**IMPORTANT:**  In the event of separation or divorce, check box if you have primary physical custody.

List name and address of non-custodial or shared custodial parent.

NAME: \_\_\_\_\_

ADDRESS : \_\_\_\_\_

PHONE #: \_\_\_\_\_ Does the person listed have shared custodial rights?  Yes  No

If the person listed is non-custodial, does s/he continue to have legal rights concerning this child?  Yes  No

**Documentation is required to support information provided in this section, such as a court order or a notarized affidavit.**

**NOTICE: Except as required by law or allowed under express written policy of this School District, no nonresident may be enrolled as a pupil in this School District (SD). The parent or guardian of any nonresident child who is enrolled as a pupil of this SD in violation of this policy shall be liable for payment of tuition on account of such unlawful attendance. Any non-resident adult who unlawfully enrolls as a pupil of this SD also shall be liable for payment of tuition. In addition, such persons shall be responsible for payment of all costs and expenses incurred in the collection of tuition, including reasonable attorneys' fees. Violations of this policy shall be reported to the appropriate authorities for possible prosecution whenever false or misleading information has been given during the school enrollment process, or where the facts of nonresidence otherwise have been misrepresented or concealed. If guilty, additional fines may be levied.**

**YOUR SIGNATURE BELOW INDICATES THAT THE ABOVE PROVIDED INFORMATION IS TRUE AND ACCURATE.**

**Parent/Guardian Signature/Date:**

**SCHOOL USE ONLY**

**The following documents have been secured:**

- |   |                  |
|---|------------------|
| 1. Birth Certificate/Verification:                                  | _____ (initials) |
| 2. Releases for appropriate agencies (list):                        |                  |
| _____   |                  |
| _____   | _____ (initials) |
| 3. Signed and notarized Act 26 of 1995 Registration Form:           | _____ (initials) |
| 4. Court documents (in event of custody issues, foster care, etc.): | _____ (initials) |
| 5. Proof of immunization:   | _____ (initials) |

Student ID #: \_\_\_\_\_  
 PA Secure ID # \_\_\_\_\_  
 Date Enrolled: \_\_\_\_\_  
 Homeroom Teacher: \_\_\_\_\_  
 Homeroom #: \_\_\_\_\_  
 Grade: \_\_\_\_\_  
 Bus #: \_\_\_\_\_