



**BENTON AREA SCHOOL DISTRICT
Pupil Registration**

Registration Date _____

Start Date _____

Office Use Only

(updated 10/2017)

Elem. or MS/HS ID # _____

Grade _____ Hm Rm _____

Bus # _____ Driver _____

PROOF OF IMMUNIZATIONS AND RESIDENCY MUST BE PRESENTED PRIOR TO ENTRY

Student's Last Name _____ Birthplace: _____ First Name _____ Middle Name _____

Sex: M or F Birthdate: ____/____/____
Month Day Year City State Country Date Entered USA
(if born outside US only)

Student's Home Telephone Number _____ Grade _____

STUDENT'S HOME ADDRESS
Street _____ Apt # _____
PO Box _____ Township _____
City _____ PA Zip _____

The Pennsylvania Department of Education requires an applicant to identify a student's ethnicity based on the following.
Please Circle:
01 - American Indian/Alaskan Native
02 - Asian
03 - Black or African American
04 - Multiracial (*circle all that apply*)
05 - Native Hawaiian or Pacific Islander
06 - White

Marital status of adults with whom the child resides: (Circle one)
Married Single Common Law Divorced Widow Living Together

Is the student Hispanic, Latino or of Spanish origin?
____ Yes ____ No

Has student ever attended school in this district? ____ Yes ____ No Grade(s) _____ Year(s) _____
Has student ever attended school in PA? ____ Yes ____ No If Yes, which school: _____
Grade(s) _____ Year(s) _____

Child Lives With: Both Parents Father Mother Grandparents Other, please specify _____
If separated or divorced, who has legal custody? _____
Court documents will be provided by parent/guardian within one week. _____ Signature of Parent/Guardian

FAMILY INFORMATION

Is the student's parent/guardian an active duty member of a branch of the armed forces? ____ Yes ____ No

Father	Mother	Step-parent/Guardian
Last Name _____ First _____ (Address if different than pupil) _____	Last Name _____ First _____ (Address if different than pupil) _____	Last Name _____ First _____ (Address if different than pupil) _____
Home Phone _____ Cell Phone _____ Home email _____ Employer _____ Work Phone _____ Work email _____ Date Moved into BASD _____	Home Phone _____ Cell Phone _____ Home email _____ Employer _____ Work Phone _____ Work email _____ Date Moved into BASD _____	Home Phone _____ Cell Phone _____ Home email _____ Employer _____ Work Phone _____ Work email _____ Date Moved into BASD _____
<i>If this child lives with you partially throughout the week, please identify when:</i> _____	<i>If this child lives with you partially throughout the week, please identify when:</i> _____	<i>If this child lives with you partially throughout the week, please identify when:</i> _____

Name of Siblings/Other Residents at Pupil's Address	Relationship to Pupil	

Persons to be called in case of emergency if neither parent can be contacted:

CONTACT #1	CONTACT #2	CONTACT #3
Name	Name	Name
Relationship	Relationship	Relationship
City, State	City, State	City, State
Home Phone	Home Phone	Home Phone
Cell Phone	Cell Phone	Cell Phone
Work Phone	Work Phone	Work Phone

Has your child received regular education interventions? Yes No **(If yes, please check all that apply.)**
 ESL Title I Remedial Reading Remedial Math Reading Recovery
 Other: _____

Does your child receive specialized services? Yes No **(If yes, please check all that apply.)**
Special Education (IEP): Emotional Support Learning Support Psychological OT/PT
 504 Life Skills Speech/Language Gifted Physically Impaired
 Other Services, please explain _____

Has your child received interventions/services that have been discontinued? _____ Type: _____

Is your child limited in his/her physical ability? Yes No If yes, please explain _____

Other medical concerns: _____

SCHOOL LAST ATTENDED (Include pre-school or Head Start): _____ Name of School _____ Address of School _____ School Phone # _____ School Fax # _____	Office Use: VERIFICATION OF BIRTH: (birth certificate, hospital certificate) _____ Student's name as it appears on certificate
	_____ Date of Birth Sex Documentation

Note: All residents must provide proof of residency in the BASD. Proof of home ownership, utility bill, vehicle registration, paycheck stub with name and address and other acceptable forms with name and address.
All information regarding proof of residency is complete and correct to the best of my knowledge. I understand that false information will result in the immediate removal of the student and will make me personally liable for the annual tuition rate.

Signature of Parent/Guardian _____ **Date** _____

*** OFFICE USE ONLY ***

<p align="center"><i>NON-PARENT REGISTRATION</i></p> <p><i>If pupil is not living with parents, list name of person with whom the student lives</i></p> <p>_____</p> <p><i>Relationship:</i> _____</p> <p>_____ <i>Preliminary application completed for anyone desiring to register other than their own child.</i></p>	<p align="center"><i>FOSTER PLACEMENT 1305</i></p> <p>_____</p> <p><i>Agency Name</i></p> <p>_____</p> <p><i>Agency Address</i></p> <p><i>Case Worker:</i> _____</p> <p>_____ <i>Placement letter forwarded to Child Accounting</i></p>
<p><i>Home Language Survey Completed?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Residency Verification</i> _____ <i>Immunizations Received</i> _____</p>	