JOHNSONBURG AREA ELEMENTARY SCHOOL
STUDENT REGISTRATION FORM

Date: _____ **Grade Entering:** _____ **Sex:** ☐ Male ☐ Female

Student Name: _____ **Date of Birth:** _____/_____/_____
Last Name First Name Middle Name

Address: _____ **Birth City & State:** _____

_____ **Country of Origin**: _____

Date of State Entry: _____/_____/_____ **Date of Initial US Entry:** _____/_____/_____

Has student previously been enrolled in the Johnsonburg Area School District: _____ Date(s): _____

PREVIOUS SCHOOLS and GRADE LEVEL:

_____
School Name City State Grade(s) School Year Attended

_____
School Name City State Grade(s) School Year Attended

_____
School Name City State Grade(s) School Year Attended

_____
School Name City State Grade(s) School Year Attended

Number of Years in US Schools: _____

Student lives with (Check all that apply.)

- ☐ Biological Parents
- ☐ Father
- ☐ Stepfather
- ☐ Guardian (Male)
- ☐ Foster Father
- ☐ Grandfather
- ☐ Grandparents
- ☐ Mother
- ☐ Stepmother
- ☐ Guardian (Female)
- ☐ Foster Mother
- ☐ Grandmother

Ethnicity: ☐ Hispanic/Latino ☐ NOT Hispanic/Latino

Race (Choose one or more regardless of ethnicity.)

- ☐ American Indian
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or other Pacific Islander
- ☐ White

Other Children in family/household:

_____
Last Name First Name Birthdate

_____
Last Name First Name Birthdate

_____
Last Name First Name Birthdate

Health Information (Check all that apply.)

- ☐ Asthma
- ☐ Bee sting sensitivity
- ☐ Diabetes
- ☐ Hearing issues
- ☐ Seizures
- ☐ Glasses/Contacts
- ☐ Takes medications regularly
- ☐ Mental health diagnosis
- ☐ Other health/personal problems

Please turn over and continue on other side.

Custodial Restrictions: Yes _____ No _____ (Affidavit _____ Custody Order _____ Foster Child _____)

If child is placed in your custody by an agency, please give name and address of agency: _____

_____

Please explain: _____

***Documentation is required to support information provided in this section.**

FATHER/Guardian Name: _____

Address: _____

Employer: _____

Cell Phone #: _____ Home Phone #: _____

Work #: _____ Marital Status: _____

MOTHER/Guardian Name: _____

Maiden Name: _____

Address: _____

Employer: _____

Cell Phone #: _____ Home Phone #: _____

Work #: _____ Marital Status: _____

SPECIAL EDUCATION / SUPPORT SERVICES (Check **ALL** that apply.)

- ☐ Instructional Support (IST)
- ☐ Title I Math
- ☐ Physical Support
- ☐ Speech/Language Support
- ☐ Occupational Therapy
- ☐ Life Skills Support
- ☐ Family Based Services
- ☐ Other _____
- ☐ Student Assistance Programs (SAP)
- ☐ Adapted Physical Education
- ☐ Learning Support
- ☐ Emotional Support
- ☐ Physical Therapy
- ☐ Autistic Support
- ☐ Drug & Alcohol
- ☐ Title I Reading
- ☐ Deaf/Hearing Support
- ☐ Gifted Support
- ☐ Behavioral Support
- ☐ Vision Support
- ☐ Child Study/RTI
- ☐ Chapter 15 Service Agreement

Your signature below indicates that the above provided information is true and accurate.

Parent Signature: _____ Date: _____

OFFICE USE ONLY:

Entry Date: _____ Grade: _____

Student ID#: _____ HR: _____

PA Secure ID#: _____ Bus #: _____