



Mt. Lebanon School District

7 Horsman Drive ~ Pittsburgh ~ Pennsylvania ~ 15228

To Provide the Best Education Possible for Each and Every Student

Enrollment Form

Registration Date	
Start Date	
Grade	Sec
Homeroom	
Counselor	
School	
Student ID	

PLEASE PRINT

Student Information: (Name of student as shown on Birth Certificate or Passport)

Student Last Name _____ Student First Name _____ Middle Name _____ Preferred Name _____

Street Address _____ City, State _____ Zip _____ Grade Entering _____

Date of Birth (MM/DD/YY) _____ Gender _____ Age _____ City & State of Birth _____ Primary Phone # _____

Parent/Guardian Information:

Parent/Guardian 1

Last Name _____ First Name _____ Middle Name _____

Address: _____

City _____ State _____ Zip _____ Email _____

Home Phone _____ Cell Phone _____

Relationship to Student _____ Custodial Non-Custodial Active Duty Military Member

Parent/Guardian 2

Last Name _____ First Name _____ Middle Name _____

Address: _____

City _____ State _____ Zip _____ Email _____

Home Phone _____ Cell Phone _____

Relationship to Student _____ Custodial Non-Custodial Active Duty Military Member

If parents reside at different addresses: Check if non custodial parent would like copies of mailings.

Ethnicity:

Is the student Hispanic or Latino? Yes No

Race: (Please check all that apply)

- Asian Black or African American American Indian or Alaska Native
 White Native Hawaiian / Other Pacific Islander

(OVER)

Revised 2/2020

Proof of Residence Provided

Non-Custodial Parent/Guardian Information: (Complete only if applicable)

Non-Custodial
Parent/Guardian _____

(Attached is a copy of the Court Order indicating limitations for non-custodial parent) Yes No

***Complete for Non-Resident Student:**

Student residence Foster Home Group Home Host Family

Contact Name

Address

City

State

Zip

Contact Phone Number

Name of Placing Agency:

Agency Phone Number:

School Previously Attended:
(if applicable) _____

Grade: _____

Previous School Address

City

State

Zip

For Students Who Receive Special Services:

Please bring any current special education records with you for enrollment.

My child has a current IEP

My child has a current GIEP

My child has a current 504 Service Agreement

English as a Second Language (ESL)

Date entered US _____ / _____ / _____ (MM/DD/YY)

Date entered US school _____ / _____ / _____ (MM/DD/YY)

Last year entered US school (K-12 only) _____ / _____ / _____ (MM/DD/YY) Grade _____

Other (Please explain) _____

Parent/Guardian Signature

Date