



Mt. Lebanon School District

7 Horsman Drive ~ Pittsburgh ~ Pennsylvania ~ 15228

To Provide the Best Education Possible for Each and Every Student

Enrollment Form

PLEASE PRINT

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

Registration Date	
Start Date	
Grade	Sec
Homeroom	
Counselor	
School	
Student ID	

Student Last Name Student First Name Preferred Name MI

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 Lives with Student	Active Duty Military Member Can Pick Up Student from School Emergency Contact

Parent/Guardian 2			
Last Name		First Name	Middle Name
Address:			
City		State	Zip
		Email	
Home Phone		Cell Phone	
Relationship to Student		Custodial Non-Custodial Lives with Student	Active Duty Military Member Can Pick Up Student from School Emergency Contact

Proof of Residence Provided

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

(OVER)

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

Non-Custodial Parent/Guardian: _____

Address: _____ Phone: _____

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

Complete for Non-Resident Student: (Complete only if applicable)

Student residence Foster Home Group Home Host Family

Contact Name Address

City State Zip Contact Phone Number

Name of Placing Agency: _____ Agency Phone Number: _____

Ethnicity:

Is the student Hispanic or Latino? Yes No

Race: (Please check all that apply)

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

Previous School: (if applicable)

School Previously Attended: _____ 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



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Emergency Contact Information

Emergency Contact (Additional)		
_____	_____	_____
Last Name	First Name	Relationship to Student
_____	_____	
Home Phone	Cell Phone/Work Phone	
_____	_____	
Can Pick Up Student from School	Lives With Student	
_____	_____	

Emergency Contact (Additional)		
_____	_____	_____
Last Name	First Name	Relationship to Student
_____	_____	
Home Phone	Cell Phone/Work Phone	
_____	_____	
Can Pick Up Student from School	Lives With Student	
_____	_____	

*** I understand and agree that any medical information or sudden illness/injury may be shared with the emergency contact(s).**

Parent/Guardian Signature

Date