

PENN HILLS SCHOOL DISTRICT
STUDENT REGISTRATION

Student #: _____ Building: _____ Date: _____

STUDENT'S FULL LEGAL NAME (as it appears on the birth certificate):

First: _____ Middle: _____ Last: _____

(Assumed last name if any): _____

Sex: Male Female Date of Birth: _____ Place of Birth: _____
(Month-Day-Year) (City & State)

Race: American Indian/Alaskan Native Asian Black or African American
 Hispanic Pacific Islander White

Has your child ever received Early Intervention, Special Education or Gifted Services? Yes No
**If yes, is your child still in the program and please identify the service being received? Yes No _____
(Service Received)

Current Home Address

Street Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Do you own your home? Yes No OR Do you rent? Yes No

If you rent, please provide the name of your landlord: _____

Previous Home Address (within last 2 years)

Street Address: _____ City: _____ State: _____ Zip Code: _____

Parent Information

Father/Step-Father: _____ Employer: _____ Work/Cell Phone: _____

Mother/Step-Mother: _____ Employer: _____ Work/Cell Phone: _____

Siblings in the household:

NAME	DATE OF BIRTH	GRADE	SEX
1.			Male <input type="checkbox"/> Female <input type="checkbox"/>
2.			Male <input type="checkbox"/> Female <input type="checkbox"/>
3.			Male <input type="checkbox"/> Female <input type="checkbox"/>
4.			Male <input type="checkbox"/> Female <input type="checkbox"/>

FOSTER CHILD

Is student a Foster Child? Yes No If YES, please provide the Foster agency placement letter.

GUARDIANSHIP

Is student under your Guardianship? Yes No

If YES, please provide appropriate legal documents.

*****KINDERGARTEN REGISTRATION*****

Name of Pre-School Attended: _____

Address of Pre-School: Street Address: _____ City: _____ State: _____ Zip Code: _____

School Phone: _____