

Mercer Middle/High School Registration
545 W. Butler Street, Mercer, PA 16137

Today's Date _____ Entering Grade _____ Previously Mercer Student? _____ Yes _____ No

Student's (Legal) Last Name _____ First _____ Middle _____ Male _____ Female _____

Home Address — **Proof of Residency (2 Required)** _____ Age _____ Birth Date _____

City _____ State _____ Zip code _____ Place of Birth — City/State/Country
Pennsylvania Entry Date: _____

Legal Residence/Township (circle one):

- Mercer Borough
- Coolspring
- East Lackawannock
- Findley
- Jefferson

Ethnicity of Student (circle all that apply):

- American Indian/Alaskan Native
- Asian
- Black (Non-Hispanic)
- Hispanic
- Native Hawaiian/Pacific Islander
- White (Non-Hispanic)

Child Resides With (circle):

- Both Parents
 - Mother
 - Father
 - Other* - _____
- * Provide Custody Agreement or proof of Guardianship*

Mother's Name

Father's Name

Mother's Mailing Address

Father's Mailing Address

City/State/Zip Code

City/State/Zip Code

Home Phone/Cell Phone

Home Phone/Cell Phone

Mother's Work Place/Phone (extension or department)

Father's Work Place/Phone (extension or department)

Mother's Email Address

Father's Email Address

Does the student have a parent/guardian that is an active duty full-time member of a branch of the United States Armed Forces (Army, Navy, Air Force, Marine Corp., Coast Guard, National Guard) or currently deployed? _____ No _____ Yes (If yes, name _____)

Emergency Contact (Other than parent)	Phone Number	Relationship to the Child
_____	_____	_____
_____	_____	_____

Previous School: _____ City/State: _____