

Upper Adams School District – Student Enrollment Profile

For Office Use Only:

School: _____
Grade: _____ Homeroom: _____ Student ID: _____
Registration Date: _____ Entry Date: _____ YOG: _____
Verification of Residency: _____
Administrator Authorization: _____

Student's Legal Full Name (last, first, middle): _____

Student's Preferred Name: _____ Gender: _____

Street Address: _____ Date of Birth: _____

City, State, Zip Code: _____ Place of Birth: _____

Mailing Address (Please include PO Box): _____

City, State, Zip Code: _____

Township/Borough: _____ Home Phone: _____ Unlisted: Yes ☐ No ☐

Is the parent or guardian full-time, active military? Yes ☐ No ☐

Ethnicity: ☐ Am. Indian/Alaskan Native ☐ Black ☐ Hispanic ☐ Asian ☐ Pacific Islander ☐ Multi-racial ☐ Caucasian

Is the student Hispanic/Latino? Yes ☐ No ☐

Student lives with: ☐ Both parents ☐ Mother ☐ Father ☐ Step: _____ Guardian: _____

Parents are: ☐ Married ☐ Separated* ☐ Divorced* ☐ Other _____

*If separated or divorced, who has primary physical custody? _____

*Are there custody/guardianship papers? Yes ☐ No ☐ If yes, please furnish the school with a copy.

If the student was placed in your custody by an agency, please provide the name, address, and phone # of that agency?

PARENT or GUARDIAN (if applicable) INFORMATION

Father's Name: _____

Father's Address: _____

City, State, Zip Code: _____

Father's Place of Work: _____

Home Email Address: _____

Mother's Name: _____

Mother's Address: _____

City, State, Zip Code: _____

Mother's Place of Work: _____

Home Email Address: _____

Guardian's Name: _____

Guardian's Address: _____

City, State, Zip Code: _____

Guardian's Place of Work: _____

Home Email Address: _____

Home Phone Number: _____

Cell Phone Number: _____

Work Time: ____ Daytime ____ Evenings

Work Phone Number: _____

Work Email Address: _____

Home Phone Number: _____

Cell Phone Number: _____

Work Time: ____ Daytime ____ Evenings

Work Phone Number: _____

Work Email Address: _____

Home Phone Number: _____

Cell Phone Number: _____

Work Time: ____ Daytime ____ Evenings

Work Phone Number: _____

Work Email Address: _____

Please continue on reverse side.

PREVIOUS SCHOOL INFORMATION

(Last School Attended)

Name of School: _____

Contact Person: _____

School District: _____

School Phone Number: _____

Mailing Address: _____

School Fax Number: _____

City, State, Zip: _____

School Email Address: _____

Has the student ever been in an advanced or special program?

☐

Yes

☐

No

If yes, mark the appropriate programs below.

☐
☐

Hearing
OT/PT

☐
☐
☐

Speech
504 Plan
Other _____

☐
☐

Gifted
IST

☐
☐

Learning Support
ESL

☐
☐

Emotional Support
Reading/Title I

☐

Vision

IMPORTANT CONTACT INFORMATION

The Upper Adams School District utilizes an automated telephone and email message system to notify parents/guardians of weather-related delays and cancellations, school events and alerts. This system is only used to send school-related messages. Telephone numbers and email addresses are not shared with anyone or any company outside the school district. **Please list the phone numbers and/or email addresses that you would like the school to utilize for these communications:**

Phone 1 - _____

Phone 2 - _____

Phone 3 - _____

Email 1 - _____

Email 2 - _____

Email 3 - _____

Members in Household

Please list all members in your household, the relationship of that household member to the student, and, if they are 18 years of age or under, their date of birth.

Name	Relation to Student	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby verify that the information set forth above is correct and should be included in my student's school record.

Parent/Guardian Signature: _____

Date: _____