



Upper Darby School District
Registration Form
(PLEASE PRINT)

Central Registration
601 N. Lansdowne Avenue
Drexel Hill, PA 19026
610-352-2400
www.upperdarbysd.org

School: _____ ID: _____ ☐ In Person ☐ Synchronous ☐ Asynchronous

OFFICE STAFF TO COMPLETE (Type of Registration please check as many as apply)

- ☐ Regular ☐ Multiple ☐ Support ☐ Change of Address ☐ Foster ☐ Charter
☐ Homeless ☐ M/O Renew ☐ S/A Renew ☐ Early Intervention ☐ Re-Registration Project
☐ Transportation Only to: _____ ☐ Re-Entry (Date Last Attended) _____

Student Name

Last: _____ First: _____ Middle: _____

Birth Date: _____ Grade: _____ Age: _____ Sex: ☐ Male ☐ Female

Address: _____ Phone #: _____

Previous Address: _____

Race and Ethnicity Is this student Hispanic/Latino? ☐ yes ☐ no

- ☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African American (not Hispanic) ☐ Hispanic
☐ Multi-Racial ☐ Native Hawaiian or Other Pacific Islander ☐ White/Caucasian (not Hispanic)

Name: _____ ☐ Mother ☐ Stepmother ☐ Guardian

Address: _____ Email: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Name: _____ ☐ Father ☐ Stepfather ☐ Guardian

Address: _____ Email: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Previous School: _____ Reason for Change: _____

Address: _____ Phone Number: _____

Grade _____ Date Last Attended: _____

Has your child ever been in a Special Education Program? ☐ Yes ☐ No IEP presented ☐ Yes ☐ No

Private School/Charter School

If student is requesting transportation to a private school or if you are registering for a charter school:

School Name: _____ Phone Number: _____

School Address: _____

200-AR-3 REGISTRATION DOCUMENTATION

Other Children in Home:

Name

Date of Birth

Current School

_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list two (2) adults likely to be available to assist in the event of an emergency, if the parent or guardian cannot be reached:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Medical Information

Name of Student's Doctor: _____ Phone: _____

Medications the student is currently taking: _____

Health Issue(s) past or current (please include allergies): _____

What else would you like us to know about your child? _____

PLEASE BE ADVISED by completing your registration you are certifying that the information provided is correct and realize tuition is required if the residency information is false. If the District determines that (a) you have supplied false information to the District and/or (b) the information that you provided ceases to be true and you have failed to inform the District of the change in circumstances prior to or at the time the change occurred, then in addition to or in lieu of civil proceedings for collection of nonresidential tuition and/or exclusion proceedings, the District may refer the matter to appropriate law enforcement officials and/or initiate a private criminal complaint against you for unsworn falsification to authorities, theft of services and/or any other applicable criminal offense.

Parent/Guardian Signature: _____

Date: _____

Reviewed by: _____ Date: _____