

Lakeview School District – Registration Form

2482 Mercer Street, Stoneboro, PA 16153

(724) 376-7911

Today's Date _____

Entering Grade _____

Start Date _____ as soon as possible OR _____ specific date _____

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

Home Address – Proof of Residency Required _____

Age _____

Birth Date _____

City _____ State _____ Zip _____ Place of Birth – City/State/Country _____

Student Ethnic Information (Required by the Pennsylvania Department of Education):

Choose one: ☐ American Indian/Alaskan Native ☐ Asian ☐ Black /African American ☐ Native Hawaiian/Pacific Islander
☐ White ☐ Multi-Racial (for Multi-Racial, please mark all Ethnic Codes that apply above)

Is the student Hispanic, Latino or of Spanish origin? ☐ Yes or ☐ No (please check one)

Mother's Name _____

Father's Name _____

Mother's Street/Mailing Address (include PO Box) _____

Father's Street/Mailing Address (include PO Box) _____

City/State/Zip _____

City/State/Zip _____

Home Phone/Cell Phone _____

Home Phone/Cell Phone _____

Email address (please provide if this a means of contact) _____

Email address (please provide if this is a means of contact) _____

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

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

Child Resides with (circle):

Both Parents ☐ Mother ☐ Father ☐ Foster Parents ☐ Other _____

**If there are custody papers that cover issues that the school should be aware of - please furnish a copy*

Has the child been placed in your home by an Agency? ☐ Yes ☐ No

If yes: Name of Placing Agency: _____

Address/Phone #: _____

Did student have 6 or more unexcused absences during the school year at their former school (please circle): Yes No

Has student previously been enrolled in Lakeview School District (please circle): Yes No

If yes, when: _____ Grade/Building: _____

Please list TWO Emergency Contacts

Phone Number

Relationship to Child

_____	_____	_____
_____	_____	_____

List all children residing at this address:

First Name

Last Name

Birthdate

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Last School Attended _____

Phone number: _____

Complete Address _____

Please circle the appropriate response:

1. Does your child have an IEP-Individual Education Plan (not gifted)? Yes No

If yes to #2, your child's primary disability is (circle those that apply):

Autism	Orthopedic Impairment
Deafness	Other Health Impairment
Deaf-blindness	Specific Learning Disability
Emotional Disturbance	Speech or Language Impairment
Hearing Impairment	Traumatic Brain Injury
Intellectual Disability	Visual Impairment including Blindness
Multiple Disabilities	

2. Does your child have a GIEP (Gifted)? Yes No

3. Does your child have a 504 Plan under Chapter 15? Yes No

4. Does your child receive any mental health services? Yes No

(i.e. individual counseling, wrap around/TSS, mobile therapy or other)

If yes, Agency's name: _____

Phone number: _____

Interests (MS/HS only)

Please circle the activities that you wish to participate in:

Band Baseball Basketball Cheerleading Chorus Cross Country Football
Golf Softball Track Volleyball Wrestling

_____ VoTech Program (HS only) Course Name: _____

To be completed by Office Personnel

Registration Date	Entry Date	ID #	Teacher	Grade	School Year	Bus #