

Berwick Area School District Registration Form

Student Information:

Date Registered: _____

ID#: _____

PA Secure ID#: _____

Name: _____ DOB: _____
Last First Middle

Address: _____

Mailing: Different from Residence: _____

Telephone: _____ Parent Cell Phone: _____ Parent Email Address: _____

Sex: () Male () Female Place of Birth: _____ Proof of Age: _____

Please circle - Optional: Ethnicity: (1) No, not Hispanic or Latino (2) Yes, Hispanic or Latino

Race: (1) Amer Indian/Native Alaskan (2) Asian (3) Black (4) Native Hawaiian/Pacific Islander (5) White (6) Multi-racial

Residency: () Own () Rent () Living with another Family () Homeless

Proof of Residency: () Lease () Utility Bill () Driver's License (with current address) () Other: _____

Township/Boro: () BB () ST () NB () NT () HT () BCB () BCT **County:** () Col () Luz

Resides With: () Both Parents () Mother () Father () Step Mother () Step Father () Foster Parent () Guardian () Self

Parent Information: _____ Married _____ Never Married _____ Separated _____ Divorced

Name Address Date of Birth Place of Birth Employer

Father: _____

Mother: _____

Other: _____

Siblings: (living in household)

Child's Full Name: DOB Birthplace Preschooler Building Grade

Was student previously enrolled in our district: Yes / No

Is student in any special education programs: Yes / No (If Yes) Please Indicate Type of Services Received

(LS; ES; LSS; Speech; Gifted; Title I Rdg or Math; Other) _____

Does student have any medical/physical problems: Yes / No (If Yes) Please Indicate Medical/Physical Problems

Does student take any medication: Yes / No (If Yes) List Medications & Dosage (if applicable)

Primary language spoken in the home: () English () Spanish () German () Russian () Other: _____

Do Parents/Guardian Speak English: () Yes () No Comments: _____

Is family receiving any of the following?

() Social Security () Public Assistance () Medical Assistance () Food Stamps () Access/Medical Card

Does family have health insurance for student thru work: () Yes () No

Previous School Information:

School District: _____ Telephone: _____

School: _____ Fax #: _____

Address: _____

Did student have copies of grades: () Yes () No

Did student have copy of immunizations: () Yes () No

Contact previous school to verify grade, if student was in regular classes, receiving any special services, behavior concerns and shot information (if needed).

Comments from previous school: _____

THE INFORMATION CONTAINED ON THIS FORM IS CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE.

Parent / Guardian Signature

FOR OFFICE USE ONLY:

Building: _____ Grade: _____ HR Tchr: _____ Homeroom: _____

Entry Code: _____ Entry Date: _____ School Day: _____ Days Membership: _____

Busing Information: Bus/Run/Stop: _____

Check Off When Completed:

- () Computer
- () Building Notified
- () Homeroom Count
- () Homeroom List
- () CCR Card
- () Permanent Record Jacket
- () Tracking Done
- () NutriKids
- () Busing Copies of Student Form to:
- () PA Secure ID

Copies of Student Form to: