



Student Registration Form

Student Information

Name: First _____ Full Middle _____ Last _____

Street Address _____ City, State, Zip _____

Main Contact Phone Number _____ Township or Borough _____

Current Grade _____ Date of Birth ____/____/____ Gender: ____ Male ____ Female

Please √ all that apply: ____ Resident ____ Non-Resident ____ Foster ____ Homeless ____ Emancipated Minor

Ethnicity: Please √ one: ____ White, Non Hispanic ____ Hispanic ____ Multiracial

____ Asian/Pacific Islander ____ Black, Non Hispanic ____ American Indian/Alaskan Native

Student was born in: City _____, State _____, Country _____

If Student was born in another country – Month/Day/Year student entered school in USA _____

Has the student previously attended school in PA? ____ Yes ____ No

If YES: Month/Day/Year student entered school in PA _____

(Name of Previous PA School)

(Address)

(Dates Attended)

Has the Student previously attended Rockwood Area School District? ____ Yes ____ No

If YES: Please list grade(s) and dates attended _____

Family Information

Person with whom the child resides with: ____ Both Parents ____ Mother ____ Father ____ Other (Specify) _____

Parents are: ____ Married ____ Separated ____ Divorced ____ Single ____ Remarried

If parents are separated or divorced, a copy of custodial papers must be submitted to the school at registration

Mother/Guardian Name _____ Phone Number _____
(First) (Last)

Address (if different than student) _____
(Street) (City) (State / Zip)

Email _____ Cell Phone Number _____

Employment _____ Occupation _____

Work Number _____

Father/Guardian Name _____ Phone Number _____
(First) (Last)

Address (if different than student) _____
(Street) (City) (State / Zip)

Email _____ Cell Phone Number _____

Employment _____ Occupation _____

Work Number _____

Active Military Family ____ Yes ____ No

Directions to your home from school _____

Student's Brothers and Sisters:

Name	Date of Birth	Name	Date of Birth

Previous School Information

Name of Previous school: _____

Street Address: _____ City: _____ State / Zip _____

Phone Number of School: _____ FAX: _____

Date Student entered ninth grade: _____ Date exited previous school _____

Student received the following services: (Check all that apply)

Special Services

Please check any additional Services the student receives:

____ Special Education (Has an IEP) IF checked list type of support received _____

____ Service Agreement (504 Plan) ____ Gifted (Has A GIEP) ____ TSS

Attended a Vo-tech Program ____ Yes ____ No IF YES, type of program _____

Other information which may be helpful to the staff _____

Emergency Contact

Primary Contact _____ Contact Phone _____ Relationship to Student _____

Contact #2 _____ Contact Phone _____ Relationship to Student _____

Contact #3 _____ Contact Phone _____ Relationship to Student _____

I have read and signed the Act 26 ____ Yes ____ No

I Certify that the information that I have provided for admission into the Rockwood Area School District is correct.

Parent/Guardian Signature: _____ Date _____

I give permission for my child to be photographed/videotaped by the Rockwood Area School District for instructional purposes; and/or by the newspaper or television stations for community projects or awards give, and/or by yearbook staff for pictures to appear in the school yearbook. I understand that my child's name may appear along with his/her picture.

Parent/Guardian Signature _____ Date _____

For Office Use Only

Date of Registration: _____

____ Birth Certificate ____ Immunizations ____ Custodial papers (If Necessary) ____ Career 339 Evidence

Proof of Residency: (Circle two) Lease/Rental agreement Current Utility Bill Property tax stmt/home ownership title
Two forms needed Driver's License Car Registration/Insurance Current pay stub/welfare statement
Current Income tax return/W2's Current Bank Statement Military leave & earnings statement

Student ID _____ Building _____ Grade _____ Home Room _____

Entry Date _____ Entry Code _____ Bus # _____ Stop # _____

PA Secure ID # _____