

# Middletown Area School District

## Student Enrollment Form

(For Office Use Only)			
District Start Date _____	Student Number _____		
Enrollment Code _____	<input type="checkbox"/> New Entry	<input type="checkbox"/> Re-enroll	Building _____ Grade _____
<input type="checkbox"/> Special Education	<input type="checkbox"/> ELL	<input type="checkbox"/> Foreign Exchange Student	<input type="checkbox"/> Cyber
		Homeroom _____	

(Please print clearly)

### STUDENT INFORMATION (Proper Name as on birth certificate or legal document)

Name \_\_\_\_\_  
First Name Middle Name Last Name

Home Address \_\_\_\_\_  
Street Apt # City Zip Code

Mailing Address (if different) \_\_\_\_\_  
Street or PO Box Apt # City Zip Code

Home Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Social Security Number \_\_\_\_\_

Is student Hispanic or Latino?  Yes  No Gender  Male  Female

Ethnicity (check all that apply)  American Indian  Asian  Black  Native Hawaiian or Other Pacific Islander  White

Date of Birth \_\_\_\_\_ City of Birth \_\_\_\_\_ State of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_

State Entry Date \_\_\_\_\_ US Entry Date (If not born in US) \_\_\_\_\_  
(First day child entered PA or attended school in PA) (First day child entered US or attended school in US)

Have you previously attended the Middletown Area School District?  Yes  No

Does student have a current IEP?  Yes  No  
(Individualized Education Plan)

If yes, please contact: Special Education at 948-3300, ext 1005

Does student have a Chapter 15/Section 504 Plan?  Yes  No

If yes, please contact: Special Education at 948-3300, ext 1005

Does student have a current GIEP?  Yes  No  
(Gifted Individualized Education Plan)

If yes, please contact: Marie Drazenovich at 948-3300, ext 1008

### PREVIOUS SCHOOL INFORMATION

School Name \_\_\_\_\_ School District \_\_\_\_\_

School Address \_\_\_\_\_ School Phone \_\_\_\_\_

### HOME LANGUAGE SURVEY

1. What was the first language your child learned to speak? \_\_\_\_\_
2. What language(s) does your child speak most often at home? \_\_\_\_\_
3. What language(s) is spoken most often by family members in your home? \_\_\_\_\_
4. What language(s) does your child speak with friends and neighbors? \_\_\_\_\_

### OTHER CHILDREN LIVING IN THE HOME UNDER AGE 18

NAME	RELATIONSHIP	GRADE	SCHOOL
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PARENT/GUARDIAN INFORMATION** (Parent/legal guardian should be listed in the order that we should call you in the case of an emergency)

1. Name of Parent/Guardian \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
Address (if different than student's) \_\_\_\_\_  
Street Apt # City Zip Code  
Primary Phone\* ( ) \_\_\_\_\_ Type  Home  Cell  Work  
E-mail Address \_\_\_\_\_

2. Name of Parent/Guardian \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
Address (if different than student's) \_\_\_\_\_  
Street Apt # City Zip Code  
Primary Phone\* ( ) \_\_\_\_\_ Type  Home  Cell  Work  
E-mail Address \_\_\_\_\_

\*These number will be automatically imported into and used by our Parent Notification System in the event of a school delay or closing. For more information regarding our Parent Notification System, please visit our website at [www.raiderweb.org/ParentNotification](http://www.raiderweb.org/ParentNotification)

Pertaining to the custody of the student is there an Agreement or Court Order?  Yes  No (if yes, please attach a copy of the agreement or court order)  
If yes, specify document type:  Custody Agreement  PFA  Guardianship Papers  Court Order  Affidavit  
Physical Custody (Student resides with):  Both Parents  Mother  Father  Step-mother  Step-father  
(Check each that applies)  
 Other(specify) \_\_\_\_\_

Legal custody?  Both Parents  Mother only  Father only  Childcare Agency  Legal guardian w/custody

Custodial Restrictions: \_\_\_\_\_

Is student in Foster Court Placement?  Yes  No

(If yes, please attach copy of agency letter.)

If any individuals, other than Parent/Guardian 1 or 2, have physical or legal custody please list their names and specify the type of custody below.

Name: \_\_\_\_\_  Physical  Legal Name: \_\_\_\_\_  Physical  Legal

**EMERGENCY CONTACT INFORMATION**

Please list three persons the district may contact in the event we are unable to reach the Parent/Guardian listed above. The persons listed should be individuals the district may release your student to in the event of an emergency/evacuation.

ORDER	NAME	PHONE NUMBER	TYPE	RELATIONSHIP
1.	_____	( ) _____ ext _____	home/cell/work _____	_____
2.	_____	( ) _____ ext _____	home/cell/work _____	_____
3.	_____	( ) _____ ext _____	home/cell/work _____	_____

**ACCURACY STATEMENT**

I/We acknowledge that all the information provided in this registration form is accurate and factual.

Signature of Parent(s)/Guardian 1 \_\_\_\_\_ Date \_\_\_\_\_  
(Required)

Signature of Parent(s)/Guardian 2 \_\_\_\_\_ Date \_\_\_\_\_  
(Optional)