

**TULPEHOCKEN AREA SCHOOL DISTRICT
REGISTRATION FORM**

Student's name _____ Male Female
Last First Middle

Social security # _____ Birthdate _____ Birth Cert. # _____

Ethnic category: (check one) White Black Hispanic American Native Asiatic

Grade _____ *Does your child have an Individualized Education Program? Yes No

Check if your child receives special services: Adaptive phys.ed. Service agreement

Speech Reading IST Gifted Math ESL (within the last 2 years)

Street address _____
Address Apt. # City Zip

Mailing address (P.O. Box) _____
Address City Zip

Phone # (____) _____ Check one: Listed Unlisted No phone

Student lives with: Mother/Father Mother Mother/Step Father
 Father Father/Step Mother

Guardian (Relationship to student) _____
 Name of Step Parent or Guardian _____ Work phone# (____) _____

Father's name _____
 Address (if different than student) _____ Phone# (____) _____
 Employer _____ Phone# (____) _____
 Cell phone # (____) _____
 Email address _____ Marital status: (circle one) Single Married Divorced Separated

Mother's name _____
 Address (if different than student) _____ Phone# (____) _____
 Employer _____ Phone# (____) _____
 Cell phone # (____) _____
 Email address _____ Marital status: (circle one) Single Married Divorced Separate

List all siblings:

Name	Birthdate	Sex	Grade	School	I.E.P.

Parent Signature _____ **Date** _____

FOR SCHOOL USE ONLY

Homeroom _____ Homeroom teacher _____ Guidance counselor _____

School year _____ Building _____ Calendar _____ Grade _____ Year of Grad _____

Enrollment Date _____ (____ day of school) Enrollment Code _____ Curriculum _____ Residency _____

School Official Signature _____ Date _____