

HERMITAGE SCHOOL DISTRICT
REGISTRATION FORM

Student #: _____

TO NEW STUDENT/PARENT: The information requested on this form provides vital data necessary for enrollment in the Hermitage School District, including class placement and scheduling. Please be as accurate and specific as possible.

DEMOGRAPHIC INFORMATION

ALL STUDENTS MUST BE REGISTERED BY THEIR LEGAL NAME AND LEGAL GUARDIANSHIP

STUDENT NAME _____
(Last) (First) (Middle) (Enroll in Grade)

ADDRESS _____
(Street Address – Include House/Apt #) (City) (State) (Zip Code)

TELEPHONE _____ BIRTHDATE (MM/DD/YYYY) _____ SEX (Circle One) MALE FEMALE

CITY OF BIRTH _____ STATE OF BIRTH _____ COUNTRY OF BIRTH _____

PA State Ethnic Category (Circle One): American Indian/Alaskan Native Asian/Pacific Islander/Native Hawaiian

Black (African American) Hispanic White *Multiracial

*(If you have circled multiracial, please circle ethnic categories that apply)

Student Lives With (Circle all that apply): Father Mother Stepfather Stepmother Guardian (Attach Documentation)

		Custodial Parent	Can Receive Correspondence
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Father's Name: Last, First, Middle	Address (If different from above)		
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Mother's Name: Last, First, Middle	Address (If different from above)		
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Step Parent/Guardian: Last, First, Middle	Address (If different from above)		

*Is there any legal restriction prohibiting contact by any other individual? __Yes __No If yes, please provide documentation

SCHOOL INFORMATION

Name of School Last Attended _____ Phone _____

Address of School _____

Does the student have an Individualized Education Plan (IEP)? (Circle One) YES NO

Was the student ever enrolled in Hermitage Schools prior to this date? (Circle One) YES NO If Yes, Year _____

Kindergarten Only: How many years of Pre-School did the student have? (Circle One) None One Two

Signature of person registering student _____

*****DO NOT WRITE BELOW THIS LINE*****

Student # _____ Bus # _____ Home Room _____ Starting Date _____

Date Schedule Completed _____ Date Records Requested _____ Date Records Received _____

Proof of Residency/Other Info _____