

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

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

Custodial Parent Can Receive Correspondence

\_\_\_\_\_  
Father's Name: Last, First, Middle

\_\_\_\_\_  
Address (If different from above)

\_\_\_\_\_  
Mother's Name: Last, First, Middle

\_\_\_\_\_  
Address (If different from above)

\_\_\_\_\_  
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 \_\_\_\_\_

White Copy – Building (Principal/Guidance Office)

Yellow Copy – Transportation Office

Pink Copy – Technology Office

Please Press Firmly