STUDENT REGISTRATION

Student Name______________________________

I verify that I am a resident of the Avella Area School District, and that all the information I have provided is accurate.

Parent/Guardian Signature____________________________Date________

For official use only:

Building____________________________ Grade__________________

Enrollment Date________________________ Student Number______________

Student Information

Full Name of Student

____

(Last Name) *(First Name)* *(Middle Name)*

Student's Address ____

____

If you (or child) have lived at this address for less than one year, please list previous address:

____

Home Phone ________-________-__________

Date of Birth _____/_____/________
(month) *(day)* *(year)*

Age ____________________

Grade ____________________

Birthplace ____
(City, State, Country)

Ethnicity:
(Choose only one)

- ☐ Native American Indian or Alaskan Native
- ☐ Asian or Pacific Islander
- ☐ African American
- ☐ Hispanic
- ☐ White/Caucasian
- ☐ Multi-racial (2 or more ethnicities)

Gender:

- ☐ Male
- ☐ Female

Student Resides with:
(Check only one)

- ☐ Father and Mother
- ☐ Father
- ☐ Mother
- ☐ Father and Stepmother
- ☐ Mother and Stepfather
- ☐ Other____________________

If parents live apart, do you share custody? ☐ Yes ☐ No

If shared custody are you both requesting that school information is mailed to both parents? ☐ Yes ☐ No

Is the child adopted? ☐ Yes ☐ No

Is the child a Foster child? ☐ Yes ☐ No
(If yes, please attach court order)

Is the child a Non-Resident? ☐ Yes ☐ No

IF STUDENT IS A NON-RESIDENT, LIST THE NAME, ADDRESS AND RESIDENT DISTRICT ON THE FOLLOWING PAGE. IF THE NAME AND ADDRESS OF THE PARENT IS NOT AVAILABLE, REPORT NAME OF THE SCHOOL DISTRICT WHERE THE CUSTODIAL PARENT RESIDES. THIS INFORMATION SHOULD BE OBTAINED FRO THE PLACING AGENCY AT THE TIME THE STUDENT IS ENROLLED.

****PLEASE PROVIDE PROOF OF RESIDENCY (rent receipt, tax bill, utility bill)**

Custodial Parent **Information:**____

Name:____

Address:____

School **District:**____

Placing Agency Name and **Address:**____

____

Parent/Guardian/Sibling Information

Student Name ______________________________

Father's Name ______________________________
☐ Deceased ☐ Divorced ☐ Remarried
Address (if different from student)______________________________
____

Home Phone ______-______-________ Cell Phone ______-______-________

Email Address ______________________________

Employer's Name ______________________ Occupation______________________

Work Address ______________________________

Work Phone ______-______-________

If remarried, please give stepmother's name ______________________________

Mother's Name ______________________________
☐ Deceased ☐ Divorced ☐ Remarried
Address (if different from student)______________________________
____

Home Phone ______-______-________ Cell Phone ______-______-________

Email Address ______________________________

Employer's Name ______________________ Occupation______________________

Work Address ______________________________

Work Phone ______-______-________

If remarried, please give stepfather's name ______________________________

Siblings:

Sibling's Name	Sex	Sibling's Date of Birth	If school age, Sibling's School and Grade	Relationship to Student Enrolling

Guardian Information: *Complete this section ONLY if the student is living with a guardian and NOT their parent(s).*
Guardian's Name:______________________________
Relationship to student:______________________________

Name:______________________________

Home Phone ______-______-________ Cell Phone ______-______-________

Email Address ______________________________

Employer's Name ______________________ Occupation______________________

Work Address ______________________________

Work Phone ______-______-________

Education Information

Last School/Preschool Attend: ______________________________

Address: ______________________________

____

Phone: ______________________________

Fax: ______________________________

Date of Grade 9 Entry: (If student is a transfer student entering into the High School) ______________

Does this child have a current IEP for Special Education? ☐ Yes ☐ No

If your child currently has an IEP, please check area/areas of exceptionality.

- ☐ Autistic Support
- ☐ Learning Disability
- ☐ Gifted
- ☐ Vision
- ☐ Physical Disability
- ☐ Mental Retardation
- ☐ Speech/Language
- ☐ Hearing
- ☐ Physical Therapy
- ☐ Occupational Therapy
- ☐ Special Transportation Needs (related to disability)
- ☐ Emotionally Disturbed
- ☐ Neurological Impairment
- ☐ Other Health Impairment
- ☐ Other (Please specify)______________

Has the child been retained? ☐ Yes ☐ No

If retained, at what Grade Level?______________

Avella Area School District

Home Language Survey

The office of Civil Rights (OCR) requires that school district/charter schools/full day AVTS identify limited English proficient (LEP) students in order to provide appropriate language instructional programs for them. Pennsylvania has selected the Home Language Survey as the method for the identification.

Student's Name____ Date__________________________

1. What is/was the student's first language?____

2. Does the Student speak a language(s) other than English? € Yes € No
   (Do not include languages learned in school.)

   If yes, specify the language(s):____

3. What language(s) is/are spoken in your home? ____

4. What is the primary language used for communication in your home? ______________________________

5. Country of Birth ____

6. Has the student attended any United States school in any 3 years during his/her lifetime?

   € Yes € No

   If yes, complete the following:

Name of School	State	Dates Attended

Person completing this form (if other than parent/guardian): ____

Parent/Guardian Signature:____

* The school district/charter school/full day AVTS has the responsibility under the federal law to serve students who are limited English proficient and need English instructional services. Given this responsibility, the school district/charter school/ full day AVTS has the right to ask for the information it needs to identify English Language Learners (ELLs). As part of the responsibility to locate and identify ELLs, the school district/charter school/full day AVTS may conduct screenings or ask for related information about students who are already enrolled in the school as well as from students who enroll in the school district/charter school/full day AVTS in the future.

Avella Area School District
Student Medical History

Name________________________________ Date of Birth________________________
Mother________________________________Father________________________________
Legal Guardian____________________________
Physician________________________________Phone #______________________________

1. Check if you child has had or been diagnosed with:

_____Measles	_____chicken Pox	_____Seizures
_____Mumps	_____Epilepsy	_____Diabetes
_____Rubella	_____Meningitis	_____Asthma
_____Scarlet Fever	_____Reyes Syndrome	_____Encephalitis
_____Bleeding Disorders	_____Rheumatic Fever	_____Ear Infections

2. Any complications from above illnesses?____

3. Does your child have any other medical or physical problems? (Ex: allergies, handicaps, high blood pressure)____

4. Has your child had any condition which required emergency treatment or hospitalization?
____

5. Is your child presently under a physician's care?__________________________
If yes, please explain:____

6. List any medication and dosage your child is taking:____

7. Does a relative or anyone in the home have tuberculosis, diabetes, or any other illness?
____

8. Does your child have any problems with hearing/tubes, etc?______________________

9. Does your child have any problems with vision/wears glasses or contacts?____________

10. Has your child had a dental exam? ____________When?______________________

11. Do you have any concerns about your child's development?______________________
If yes, please explain:____