



JOHNSONBURG AREA ELEMENTARY SCHOOL REGISTRATION FORM



PLEASE PRINT

Student Name: _____
Last Name First Name Middle Name

Address: _____
Street/Mailing Address (include apartment information)

_____ City

Sex: _____ Date Of Birth: ____/____/____ Grade: _____
Male/Female

PARENT/GUARDIAN INFORMATON

Child lives with: Both Parents _____ Mother _____ Father _____ Guardian _____ Other _____

Custodial Restrictions: Yes _____ No _____

Affidavit _____ Custody Order _____ Foster Child _____

Please explain: _____

***If "Yes," please furnish a copy of custody papers to the office.**

MOTHER/Guardian Name: _____

Address: _____

Employer: _____

Cell Phone #: _____ Home Phone #: _____

Work #: _____ Marital Status: _____

FATHER/Guardian Name: _____

Address: _____

Employer: _____

Cell Phone #: _____ Home Phone #: _____

Work #: _____ Marital Status: _____

Other Household Members (Include all adults and children in the home.)

Last Name	First Name	Date of Birth	Relationship
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Last Name	First Name	Date of Birth	Relationship
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Last Name	First Name	Date of Birth	Relationship
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Last Name	First Name	Date of Birth	Relationship
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Last Name	First Name	Date of Birth	Relationship
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PREVIOUS SCHOOLS and GRADE LEVEL:

School Name	City	State	Grade(s)
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School Name	City	State	Grade(s)
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School Name	City	State	Grade(s)
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School Name	City	State	Grade(s)
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SPECIAL EDUCATION / SUPPORT SERVICES (Check ALL that apply.)

Instructional Support (IST) _____	Assistance Programs (SAP) _____	Title I Reading _____
Title I Math _____	Adapted Physical Education _____	Deaf/Hearing Support _____
Physical Support _____	Learning Support _____	Gifted Support _____
Speech/Language Support _____	Emotional Support _____	Behavioral Support _____
Occupational Therapy _____	Physical Therapy _____	Vision Support _____
Life Skills Support _____	Autistic Support _____	Other _____

Parent Signature: _____ Date: _____

OFFICE USE ONLY:

Entry Date: _____ Grade: _____

Student ID#: _____ HR: _____

PA SecureID#: _____