

Student Educational History

Dear Parent/Guardian:

Would you please complete the following with regard to the school(s) in which your child has been enrolled?

Child's Name: _____

Current Date: _____

Gr	School Year	School/Location	Significant events/Special programs
Pre-Sch			
K			
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

Please list any repeated grades or describe other significant events below or on the back.

New Student Registration Checklist

Pettisville Local Schools

This form is to be completed and filed with the permanent folder.

Are the following present and completed?

- ___ Copy of Birth certificate
- ___ Pettisville Schools Registration Form (blue)
- ___ Emergency Medical Authorization
- ___ Field Trip Permission Form – Elementary only
- ___ Previous School Record Release Authorization
- ___ Copy of Immunization Record
- ___ Free/Reduced Lunch Form
- ___ First Day of Classes ___/___/___
- ___ Food Allergy Form
- ___ AUP – Computer Authorization Form

Student records were requested by _____ on ___/___/___.

Student records were received on ___/___/___.

Notes: