



Sharon City School District  
Sharon, PA 16146

## REGISTRATION FORM

Enrolling School: CASE AVENUE ELEMENTARY (Grades K-6)  
PHONE: (724) 983-4015 FAX: (724) 983-1005

### STUDENT INFORMATION

Student's Legal Name \_\_\_\_\_  
Last First Middle

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Mailing Address (if different from above): Postal Box: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_ Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
mo. day year

State Entry Date: \_\_\_\_\_ US Entry Date: \_\_\_\_\_ Military Family (yes)\_\_\_\_(no)\_\_\_\_\_

Sex:  Male  Female Citizenship:  United States  Other City/State of Birth: \_\_\_\_\_

Siblings: \_\_\_\_\_ (name and age) \_\_\_\_\_ (name and age) \_\_\_\_\_ (name and age)

Office Use only:  
Student ID#

Building Assigned

### PARENTS AND/OR GUARDIANS

Father's Name: \_\_\_\_\_ Email address \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Phone #: \_\_\_\_\_ Lives with Student  Yes  No

Mother's Name: \_\_\_\_\_ Email address \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Phone #: \_\_\_\_\_ Lives with Student  Yes  No

Guardian (or Host Family) Name: \_\_\_\_\_ Email address \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Phone #: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Student is considered "independent" (not living at home):  Yes  No

### LAST SCHOOL ATTENDED:

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Has the student attended Sharon Schools previously?  Yes  No

Was the student ever enrolled in another PA school?  Yes  No If so where? \_\_\_\_\_

### CUSTODY:

Please indicate if the school administration should be aware of any Custody/Court Order related to your child.

Yes  No If 'yes', please make arrangements to discuss this situation with the school administration. Legal documentation will be required.

**SPECIAL PROGRAMMING:**

Does this student have needs that require special considerations?

ESL  Psych Evaluation and/or IEP  504 Plan  Behavioral  Physical/Medical  GIEP

Educational  Other

Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE:**

I hereby declare that I have read and understood the information contained on this form and the information I have provided is correct.

Parent/Guardian Signature \_\_\_\_\_

Date of Registration: \_\_\_\_\_

The information requested on this form is being collected pursuant to the School Code, Sections 1301, 1302, 1303, 1304, 1326; HIPPA, FERPA and district policies 200, 201, 202 . Information acquired through this form is kept secure and access is restricted.

OFFICE USE ONLY

Birth Certificate # \_\_\_\_\_ 01 02 03 04 05 06

MA Eligible:  Yes  No

MA# \_\_\_\_\_ Copies to:  Student Services  Access Coordinator/ESC

**Required Documents Received:**

Immunization Record  Social Security Card  Proof of Residency  Birth Certificate