

GREENVILLE AREA SCHOOL DISTRICT

9 Donation Road, Greenville, PA 16125

PH:724-588-2500 FAX 724-588-5024

REGISTRATION FORM

(OFFICE USE) GREH __ ELEM __		PS __ Tech __ SpEd __ Anderson __ Bus __ NK __	
Start Date: _____	Student ID: _____	PA ID: _____	
Grade: _____	Homeroom: _____	Locker: _____	Bus AM _____ (_____) PM _____
Immunization Record: _____	Birth Certificate: _____	Proof of Residency: _____	Custody Papers: _____ Lunch App: _____ Visa/Passport _____

STUDENT INFORMATION

Did STUDENT ATTEND GASD before? Y__ N__ (If Yes what grade _____)

Name (Last, First, Middle) _____ **Current GRADE** _____

Address (street, city, zip) _____

Date of Birth: _____ Male__ Female__ Social Security No.: _____

Primary CONTACT Phone: _____ **Email Address:** _____

FEDERAL ETHNICITY AND RACE

Ethnicity: Is the student Hispanic or Latino? Y__ N__

Race: (W) White__ (I) American Indian or Alaska Native__ (A) Asian__ (B) Black or African American__ (P) Native Hawaiian/Other Pacific Islander__

PREVIOUS SCHOOL INFORMATION

Preschool/School LAST attended _____
School Name

_____ School Address _____ School Phone

Was Student ever tested by a school psychologist? Y__ N__
Does Student receive special education service? Y__ N__ If yes: Gifted__ Learning Support__ Speech__
Does Student receive Title Services? Y__ N__ If Yes: Title Math__ Title Reading__

PARENT/GUARDIAN INFORMATION

Student Lives with: Parents__ Mother__ Father__ M/Stepfather__ F/Stepmother__ Grandparent__ Self__
Foster__

Parents are: Married__ Divorced__ Separated__ Widow/Widower__ Live in Same household__

Name of Father/Guardian

Name of Mother/Guardian

Address of Father/Guardian (street, city, zip)

Address of Mother/Guardian (street, city, zip)

Primary Phone

Primary Phone:

Work Phone:

Work Phone:

Employer:

Employer:

Guardian (notarized or court guardianship required) _____

Foster Parent _ (agency placing student _____)

SIBLINGS (include those who live in same house as student)

Name	Birthdate	M/F	Name	Birthdate	M/F
1) _____	_____	___	5) _____	_____	___
2) _____	_____	___	6) _____	_____	___
3) _____	_____	___	7) _____	_____	___
4) _____	_____	___	8) _____	_____	___

EMERGENCY CONTACT INFORMATION (for medical/discipline emergencies)

1: _____

Name	Relationship	Phone No.
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2: _____

Name	Relationship	Phone No.
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3: _____

Name	Relationship	Phone No.
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DOCTOR _____ Phone: _____

DENTIST _____ Phone: _____

ALLERGY INFORMATION (please indicate any allergies student may have)

In the event that the parent/guardian cannot be reached, I authorize the Greenville Area School District to take whatever action is deemed necessary in their judgment for the health of the student. I will not hold the school district financially responsible for the emergency care and/or transportation for this student.

Parent/Guardian signature: _____

Date: _____