

Mount Union Area School District Student Registration Form

STUDENT INFORMATION:

Last Name: _____ First Name: _____ Middle: _____ Gender: Male or Female _____

Street Address: _____ Mailing Address: (PO Box) _____

City: _____ State: _____ Zip: _____ Borough/Township: _____ County: Huntingdon (31) or Mifflin (44) _____

Home Phone: _____ Grade: _____ Date of Birth: _____ Country of Birth: _____ Social Security Number: _____
(Optional – used for transcripts)

Ethnic Code: (Check 1) 1 American Indian/Alaskan(Not Hispanic)____ 3 Black(Not Hispanic)____ 4 Hispanic____ 5 White(Not Hispanic)____ 6 Multi-Race(Not Hispanic)____ 9 Asian(Not Hispanic) 10 Native Hawaiian/Pacific Islander(Not Hispanic)____

Federal Ethnicity: (may check more than one) Hispanic____ Latino____ Asian____ American Indian/Alaskan____ White____ Black or African American____ Native Hawaiian//Pacific Islander____

Child Lives with: Both Parents____ Mother____ Father____ Step____ Guardian____ If Guardian relationship to child _____
If Guardian, please provide paperwork Affidavit____ Custody Papers____ Agency Documentation____

If Foster Student, Court Placed, Group Home etc, need school name and district child would attend if with biological parents. School _____ District _____

Agency Name: _____ Address: _____ Phone: _____ Name of Caseworker: _____

Last School Attended: _____ Address: _____ Phone: _____

Last Date Attended: _____

Are there custody papers which limit the child from being picked up at school by the non-custodial parent? If yes, please furnish a copy of the custody papers. Papers received? _____ Yes _____ No

HEALTH:

Physician: _____ Phone: _____ Dentist: _____ Phone: _____

Health Concerns: _____ Allergies: _____

Medications: _____

PARENT/GUARDIAN INFORMATION:

Father: Last Name: _____ First Name: _____ Middle _____ Phone: _____ Cell: _____

Employer: _____ Phone: _____ Date of Birth: _____ Place of Birth: _____

Education Level: _____ Martial Status: _____ Never Married____ Married____ Separated____ Divorced____ Remarried____ Deceased____

Mother: Last Name: _____ First Name: _____ Middle _____ Phone: _____ Cell: _____

Employer: _____ Phone: _____ Date of Birth: _____ Place of Birth: _____

Education Level: _____ Martial Status: _____ Never Married____ Married____ Separated____ Divorced____ Remarried____ Deceased____

Guardian: Last Name: _____ First Name: _____ Middle _____ Phone: _____ Cell: _____

Employer: _____ Phone: _____ Date of Birth: _____ Place of Birth: _____

Education Level: _____ Martial Status: _____ Never Married____ Married____ Separated____ Divorced____ Remarried____ Deceased____

BROTHERS & SISTERS: (List all children living the household)

Name	Date of Birth	Age	Grade	Name	Date of Birth	Age	Grade
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

EMERGENCY: Please list persons that may be contacted in case of an emergency when a parent(s) cannot be reached

Last Name: _____ First Name: _____ Address: _____

Phone: _____ Cell: _____ Relationship to Child: _____

Last Name: _____ First Name: _____ Address: _____

Phone: _____ Cell: _____ Relationship to Child: _____

PARENT SIGNATURE _____ **DATE** _____

TO BE COMPLETED BY OFFICE PERSONNEL: Copies Made for File: Birth Certificate _____ Social Security _____ Proof of Residency _____ Immunizations _____

Place of Birth _____ State _____ Birth Certificate Number: _____ Item used to verify Date of Birth: Birth Certificate _____ Hospital Certificate _____

Resident Code: 0 Resident _____ 1 Foster (1305) _____ 2 Ward of State (1306) _____ 3 Non-Resident Tuition Paid District _____ 4 Non-Resident – Tuition Paid Parent _____ 5 Waiver _____

If Non-Resident – List Home School District and Address of Natural Parents _____

Verification of Residence: Utility Bill _____ Lease _____ Mortgage _____ Other - List _____

District Entry Date: (First date student entered our district) _____ School Entry Date: (Most recent date student entered) _____

If student is transferring from out of State – State Entry Date: _____

If student is transferring from out of the country – Country Entry Date: _____

Guardian Relationship: _____ Minor (PDE considers a student a minor until the age of 21) _____ Adult _____ Emancipated Minor

IEP: Yes _____ Exited < 2years _____ No IEP or exited >2years _____ **504:** Yes _____ No _____ **GIEP:** Yes _____ No _____

ESL: Current _____ Exited 1st year _____ Exited 2nd year _____ Former _____ Never _____ **Home Language Code:** _____

Economic Status: Free _____ Reduced _____ Neither _____ **Homeless:** Yes _____ No _____ Doubled Up _____

Foreign Exchange: Yes _____ No _____ **Migrant:** Yes _____ No _____

Immigrant Indicator: Yes _____ (has not been attending school in the US for more than 3 full academic years, between the ages of 3 & 21) No _____
Number of years attending US based schools _____

Student ID: _____ PA Secure ID: _____ Entry Code: _____

School: _____ Transportation: _____ Elementary Teacher: _____