

**South Western School District**  
Office Use ONLY

**Circle One – REGISTRATION – WITHDRAWAL – TRANSFER – CURRICULUM CHANGE – OTHER:** \_\_\_\_\_

Effective Date: \_\_\_\_\_ Building: \_\_\_\_\_ Grade: \_\_\_\_\_ Homeroom: \_\_\_\_\_ Student ID: \_\_\_\_\_

Insert Code#: \_\_\_\_\_ Registration: \_\_\_\_\_ Re-Entry: \_\_\_\_\_ Move Within: \_\_\_\_\_ Withdrawal: \_\_\_\_\_

*Re-Entries, Moves Within, and Withdrawals require explanation on reverse side under CHANGES*

Is student currently living in the district? **YES**  **NO**  (If NO, make specific notations on back of form)  
If NO, will student be living in the district on first day of attendance? **YES**  **NO**

Name: \_\_\_\_\_ M  F   
(Last Name) (First Name) (Middle Name)

Current Address: \_\_\_\_\_  
(Street) (City) (State) (Zip) (Township) (County)

Home Phone: \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Birth Certificate #: \_\_\_\_\_  
(City and State)

Contact Order# \_\_\_\_\_ Marital Status: \_\_\_\_\_ Custody Papers: Yes  No  Date: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

Current Address: \_\_\_\_\_  
(Street) (City) (State) (Zip) (Township) (County)

\_\_\_\_\_  
(Place of Employment) (Occupation) (Work Phone)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Voice  Text (SMS)  Voice  Text (SMS)

Does guardian receive compensation as a foster parent? Yes  No  (check one, do not enter amount)

Contact Order# \_\_\_\_\_ Marital Status: \_\_\_\_\_ Custody Papers: Yes  No  Date: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial) (Maiden Name)

Current Address: \_\_\_\_\_  
(Street) (City) (State) (Zip) (Township) (County)

\_\_\_\_\_  
(Place of Employment) (Occupation) (Work Phone)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Voice  Text (SMS)  Voice  Text (SMS)

Does guardian receive compensation as a foster parent? Yes  No  (check one, do not enter amount)

Step-father/mother: \_\_\_\_\_  
(Circle one) (Last Name) (First Name) (Middle Initial)

\_\_\_\_\_  
(Place of Employment) (Occupation) (Work Phone)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Voice  Text (SMS)  Voice  Text (SMS)

**Brothers and Sisters by age sequence:**

Name (First, Middle, Last)	Grade	DOB	Name (First, Middle, Last)	Grade	DOB

Do other adults live with the family? Yes  No  If yes, indicate relationship \_\_\_\_\_

Order of Contact	Emergency contacts ONLY when parent/guardian unable to be reached - Maximum 4	Home Phone	Work Phone	Cell Phone

# CHILD'S PREVIOUS EDUCATIONAL HISTORY

\_\_\_\_\_  
(School Last Attended)

\_\_\_\_\_  
(Date Last Attended)

\_\_\_\_\_  
(School Address)

\_\_\_\_\_  
(Grade at Withdrawal)

Has student attended school outside Pennsylvania: Yes  No

If yes, when did student first enroll in Pennsylvania school: \_\_\_\_\_

Date student started 9<sup>th</sup> grade: \_\_\_\_\_ Date student first enrolled in US school: \_\_\_\_\_

Has student previously lived in South Western School District: Yes  No

List below all public and non-public schools with corresponding grades where student attended while living in SWSD:

School Attended in SWSD	Grade Level

## CHANGES

Public transfer Within the District: from \_\_\_\_\_ to \_\_\_\_\_  
(Name of SW school) (Name of SW school)

Private transfer to SW school: from \_\_\_\_\_ to \_\_\_\_\_  
(Name of Private school) (Name of SW school)

Transfer from SW to Private School: from \_\_\_\_\_ to \_\_\_\_\_  
(Name of SW school) (Name of Private school)

Vo-Tech School Information: \_\_\_\_\_  
(Dated Entered) (Date Withdrew)

## OTHER NOTES

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*The following section is a federal requirement. Ethnicity needs to be completed.*

**Ethnicity:** Please choose one:

- American Indian / Alaskan Native
- Asian
- Black or African American
- Hispanic / Latino
- Multi - Racial
- Native Hawaiian or other Pacific Islander
- White

**Special Education**

- IEP Yes  No
- GIEP Yes  No
- 504 Plan Yes  No
- Reading Support Yes  No
- Math Support Yes  No
- Speech Yes  No
- Other: \_\_\_\_\_

**Language (ESL/ELL)**

- Primary Language: \_\_\_\_\_
- Home Language: \_\_\_\_\_
- First Language: \_\_\_\_\_
- Country of Origin: \_\_\_\_\_
- Need Translator: Yes  No
- Need Material Translated: Yes  No

*All items shall be handled in accordance with the district policy dealing with the collection, maintenance, and dissemination of records. This policy is based on respect for the rights of individuals.*

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

\_\_\_\_\_  
 Principal's Signature (required) Date

\_\_\_\_\_  
 Secretary's Signature Date

### Office Use Only – Transportation (BUSING)

AM Bus # \_\_\_\_\_ Bus Stop \_\_\_\_\_ PM Bus # \_\_\_\_\_ Bus Stop \_\_\_\_\_

Address for bus stop if different than residence \_\_\_\_\_ AM PM Both Phone# \_\_\_\_\_  
Circle one of the above

One copy of each side to:  Student Cum Folder  Child Acct. Dept.  Transportation Dept.  
 Food Services  File Folder  Data/Help Desk