

# Juniata County School District

## NEW STUDENT REGISTRATION FORM

Registration Date: \_\_\_\_\_ Township or Borough of Residence: \_\_\_\_\_

Building \_\_\_\_\_ Grade \_\_\_\_\_

Student Name: \_\_\_\_\_  
Last Name First Name Middle Name

Sex: M F Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthplace: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
Mo. Day Yr. City State Unlisted? Y N

**Home Address**

House Number \_\_\_\_\_ Apartment Number \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 P.O. Box \_\_\_\_\_  
 City \_\_\_\_\_ Zip Code \_\_\_\_\_

**Ethnicity – Please Check ( ) one:**

- American Indian/Alaskan Native  Black  
 Asian/Pacific Islander  Hispanic  
 White  
 Other \_\_\_\_\_

**LANGUAGE SURVEY**

**Did the child ever attend school in this District?** Y N

Which school? \_\_\_\_\_ Grades? \_\_\_\_\_

**Who has legal custody of the student?**

Both Parents  Mother  Father  Childcare Agency  
 Guardian  Other: \_\_\_\_\_

What was the first language spoken by your child? \_\_\_\_\_  
 What language do you use when speaking to your child? \_\_\_\_\_  
 What language does your child use when speaking at home? \_\_\_\_\_  
 What language(s) is spoken most often at home? \_\_\_\_\_  
 Does your child understand but not speak a language other than English?  
 Yes \_\_\_ No \_\_\_ If yes, please list language(s) \_\_\_\_\_  
 What language(s) does your child speak most often? \_\_\_\_\_  
 Do you read English? \_\_\_\_\_ Do you speak English? \_\_\_\_\_  
 Country of Origin \_\_\_\_\_  
 Other countries of residence (please list) \_\_\_\_\_

**Marital Status** of adults with whom child resides:

Married  Single  Common Law  Separated  
 Divorced  Widow

**Parent/Guardian signature** \_\_\_\_\_

Survey conducted /completed by \_\_\_\_\_

Was the child in any of the following programs at their previous school? \_\_\_\_\_ ESL \_\_\_\_\_ Gifted \_\_\_\_\_ Title I Reading \_\_\_\_\_ Title I Math  
 \_\_\_\_\_ Chorus \_\_\_\_\_ Band \_\_\_\_\_ Hearing Impaired \_\_\_\_\_ Alternative Educ. \_\_\_\_\_ Special Education (IEP) \_\_\_\_\_ Speech

FATHER	MOTHER	STEP PARENT/GUARDIAN
Name _____	Name _____ Maiden Name _____	Name _____
Address _____ <small>(If different than child)</small>	Address _____ <small>(If different than child)</small>	Address _____ <small>(If different than child)</small>
Education Degree _____ Place of Employment _____	Education Degree _____ Place of Employment _____	Education Degree _____ Place of Employment _____
Occupation _____ Home Phone (if different than child) _____	Occupation _____ Home Phone (if different than child) _____	Occupation _____ Home Phone (if different than child) _____
Work Phone _____ Ext. _____	Work Phone _____ Ext. _____	Work Phone _____ Ext. _____
Cell Phone _____	Cell Phone _____	Cell Phone _____
Pager _____	Pager _____	Pager _____
Email _____	Email _____	Email _____

**Names of all other children at child's address      Relationship to child      Age/School/Grade      Date of Birth**

Names of all other children at child's address	Relationship to child	Age/School/Grade	Date of Birth

**TRANSPORTATION**

Is Child a  Bus Rider  Walker  Parent Transport

Location of Home/AM Stop/Babysitter: Name of the two (2) closest cross roads or nearest landmark: \_\_\_\_\_  
\_\_\_\_\_

Location of Home/PM Stop/Babysitter: \_\_\_\_\_  
\_\_\_\_\_

**INTERNET ACCESS/PHOTO RELEASE**

My child has permission to access the Internet.  Yes  No

*The Juniata County School District has my permission to:*

Use my child's picture in the school yearbook.  Yes  No

Use my child's picture in school print publications, such as handbooks, brochures, newspapers, etc.  Yes  No

Use my child's picture on the school website/Internet  Yes  No

**VERIFICATON OF BIRTH**  
*Kindergarten Students Only*

Student name as it appears on birth certification

\_\_\_\_\_

\_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ File Number \_\_\_\_\_

\_\_\_\_\_ Signature of School Personnel \_\_\_\_\_ Date \_\_\_\_\_

**FORMER SCHOOL INFORMATION**

\_\_\_\_\_ Name of School \_\_\_\_\_

\_\_\_\_\_ Address of School \_\_\_\_\_

\_\_\_\_\_ School Telephone Number \_\_\_\_\_ Date of Withdrawal \_\_\_\_\_

\_\_\_\_\_ School Fax Number \_\_\_\_\_

Verification of Act 26  Yes  No

**SIGNATURE OF PARENT/GUARDIAN** \_\_\_\_\_

**DATE** \_\_\_\_\_

**OFFICE USE ONLY**

**VERIFICATION OF RESIDENCY**

Resident  Non-Resident

Proof of Residency \_\_\_\_\_

If not applicable, District of residency:

\_\_\_\_\_

**FOSTER PLACEMENT 1305**

\_\_\_\_\_ Name of Agency \_\_\_\_\_

\_\_\_\_\_ Address of Agency \_\_\_\_\_

\_\_\_\_\_ Caseworker \_\_\_\_\_

**Building** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Homeroom** \_\_\_\_\_ **Student ID #** \_\_\_\_\_ **Locker #** \_\_\_\_\_ **Teacher** \_\_\_\_\_

**AM Bus #** \_\_\_\_\_ **Bus Stop** \_\_\_\_\_ **PM Bus #** \_\_\_\_\_ **Bus Stop** \_\_\_\_\_ **Entry Code** \_\_\_\_\_

**INSTRUCTIONS: PLACE ORIGINAL OF THIS FORM IN STUDENT'S PERMANENT RECORD FOLDER. MAKE COPIES AND SEND TO: \_\_\_\_\_**

**Principal**  **Nurse**  **Special Education**  **Teacher**  (photo release)

\_\_\_\_\_ Signature of Principal

\_\_\_\_\_ Date