

**MUHLENBERG SCHOOL DISTRICT
STUDENT REGISTRATION FORM**

Today's Date: _____

Check school below that student is entering:

- Elementary Center (K-4)** **C.E. Cole Intermediate School (5-6)** **Middle School (7-9)** **High School (10-12)**

PLEASE COMPLETE THE FOLLOWING VITAL INFORMATION

Student Last Name	First Name	Middle Name	Mother's Maiden Name	Present Grade	Sex
Social Security No. *	Birthdate	Birth City/State/Country		Home Phone () <input type="checkbox"/> Check if Unlisted	
Student's Address		Is the student of Hispanic or Latino ethnicity?		Race Category (Check all that apply)	
Street Address		<input type="checkbox"/> Yes		<input type="checkbox"/> American Indian/Alaskan Native	
City/State/Zip		<input type="checkbox"/> No		<input type="checkbox"/> White/Caucasian	
				<input type="checkbox"/> Black/African American	
				<input type="checkbox"/> Asian/Pacific Islander	
				<input type="checkbox"/> Multi-Racial	
Date your student first attended a school in the USA (Month/Year)			Date your student first attended a PA public school or the date your student returned to a PA public school (Month/Year)		

PRIMARY HOUSEHOLD INFORMATION: Use page 2 to supply information concerning other parent(s) and/or guardian(s).

Name(s) of person WITH WHOM STUDENT IS LIVING: (Check one)

- Both Parents Mother Only Father Only Self Foster Parents
 Guardian Mother/Stepfather Father/Stepmother Other(Specify) _____

Last Name	First Name	Employer Name and Address	Work Phone: () Ext. Cell/Pager: ()
Last Name	First Name	Employer Name and Address	Work Phone: () Ext. Cell/Pager: ()

Parent/Guardian E-mail Address: _____

Parent/Guardian Address of Primary Residence	City/State/Zip
Parent/Guardian Mailing Address (if different than above)	City/State/Zip

EMERGENCY INFORMATION: List two (2) local persons (other than yourself) usually available during the school day who have agreed to care for and provide transportation for your student if he/she becomes ill or injured and you cannot be reached. We attempt to contact parents first.

Name	Relationship to Student	Address	Daytime Phone: () Ext.
Name	Relationship to Student	Address	Daytime Phone: () Ext.

Enter the name of your family physician who may be contacted by school staff when a parent cannot be reached and medical assistance is necessary. Please note that when Fire Department Medical Unit responds, they will contact an available emergency room physician who may in turn contact your family physician. If you have no family doctor, you can state any local physician.

Family Doctor Name and Phone Number	Family Dentist Name and Phone Number
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If legal custody of a child is split between two parents, you must attach a certified copy of the court order identifying each parent's respective award of physical custody. You are responsible to inform the school of any changes to the court order.

* Disclosure of a student's social security number is voluntary.

Muhlenberg School District Student Registration Form – Page 2

Student Name: _____

PREVIOUS SCHOOL INFORMATION:

Last School Attended	Grade	Address of Former School, City, State, Zip
Was your child ever retained? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which grade:	Has your child ever attended Muhlenberg School District? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has your child ever been enrolled in a special program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify:		

Student's siblings names/birthdates/and grade level if they attend Muhlenberg School District:

Name:	Name:	Name:
Birthdate: Grade:	Birthdate: Grade:	Birthdate: Grade:
Name:	Name:	Name:
Birthdate: Grade:	Birthdate: Grade:	Birthdate: Grade:

SECOND HOUSEHOLD INFORMATION:

Name of Parent(s) and/or Guardian(s) OTHER than those listed under Primary Household Information.

Last Name	First Name	Relationship to Student	Employer Name/Address
Cell Phone: ()		Work Phone: () Ext.	
Home Phone: ()		Parent/Guardian E-mail Address	Can this parent/guardian pick student up at school? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Check if Unlisted			
Last Name	First Name	Relationship to Student	Employer Name/Address
Cell Phone: ()		Work Phone: () Ext.	
Should school mailings be sent to this household also? <input type="checkbox"/> Yes <input type="checkbox"/> No		Can this parent/guardian pick student up at school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Parent/Guardian Address of Residence			City/State/Zip
Parent/Guardian Mailing Address (if different than above)			City/State/Zip

Additional comments that will assist us in caring for your student (daycare, etc.):

I verify that the above information is true and correct to the best of my knowledge, information and belief. Falsification of any information or document required for student enrollment may result in a revocation of student enrollment, being held liable to reimburse the district for expenses incurred to educate this student, and/or civil and criminal action.

Signature of Parent/Guardian **Date** **Signature of Parent/Guardian** **Date**