



**SOUTHERN LEHIGH SCHOOL DISTRICT
STUDENT REGISTRATION**

For School Personnel Use Only
Date Registered: _____
Start Date: _____
School: _____
School Assignment: _____

Document Copies - For School Personnel Use Only
Birth Certificate Transfer Card
Proof of Residence Report Card
Immunization Records

Student Information (Please Print)

Grade: _____

Last Name:	Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male
First Name:	Birthdate:	
Middle Name:	Phone #:	Unlisted: <input type="checkbox"/>
Suffix:	Email:	

Student Physical Address (Please Print)

Address 1: _____
 Address 2: _____
 City: _____
 State: _____
 Zip + 4: _____
 Township: _____
 County: _____

Ethnicity

Ethnicity: (Choose One)

Hispanic/Latino Non Hispanic/Latino

Race: (Choose One)

Native Hawaiian/Other Pacific Islander Asian Black/African American

White American Indian/Alaskan Native

Parent/Guardian Contact Information

Relation to Child: _____

Lives With: Yes No Same Address Yes

Release to: Yes No

Title: _____

Last Name: _____

First Name: _____

Address 1: _____

Address 2: _____

City: _____

State: _____

Zip + 4: _____

Home Phone #: _____

Cell Phone #: _____

Work Phone #: _____

Email: _____

Occupation: _____

Employer: _____

Receive Mailers: Yes No

Parent/Guardian Contact Information

Relation to Child: _____

Lives With: Yes No Same Address Yes

Release to: Yes No

Title: _____

Last Name: _____

First Name: _____

Address 1: _____

Address 2: _____

City: _____

State: _____

Zip + 4: _____

Home Phone #: _____

Cell Phone #: _____

Work Phone #: _____

Email: _____

Occupation: _____

Employer: _____

Receive Mailers: Yes No

Parent/Guardian Contact Information

Relation to Child:	
Lives With:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Same Address:	<input type="checkbox"/> Yes
Release to:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Title:	
Last Name:	
First Name:	
Address 1:	
Address 2:	
City:	
State:	
Zip + 4:	
Home Phone #:	
Cell Phone #:	
Work Phone #:	
Email:	
Occupation:	
Employer:	
Receive Mailers:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Parent/Guardian Contact Information

Relation to Child:	
Lives With:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Same Address:	<input type="checkbox"/> Yes
Release to:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Title:	
Last Name:	
First Name:	
Address 1:	
Address 2:	
City:	
State:	
Zip + 4:	
Home Phone #:	
Cell Phone #:	
Work Phone #:	
Email:	
Occupation:	
Employer:	
Receive Mailers:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Information

Document for Proof of Residency:	
Southern Lehigh SD Entry Date:	
Pennsylvania Entry Date:	
Date First Entered US School:	
Document for Birthdate Verification:	
Birth State:	
9th Grade Entry Date: Gr 9-12 Only	
60 Day Waiver	<input type="checkbox"/> Yes <input type="checkbox"/> No
Homeless:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Prior School Information (Grades K-12only)

School Name:	
Address:	
City:	
State:	
Phone #:	
Contact:	

Programs

Special Ed (IEP):	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type:	
Current ELL Student:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Please list all students living in the same household as the registering student: (Last Name, First Name, Grade)

- | | |
|----|----|
| 1. | 4. |
| 2. | 5. |
| 3. | 6. |

Additional Comments:

Parent/Guardian Signature

Date