



McGuffey School District STUDENT ENROLLMENT FORM 2014-2015

STUDENT'S NAME: _____ Male: Female:

First, Middle, Last

HOME ADDRESS: _____

Street #, Street, City, State, Zip Code

HOME PHONE: _____ **BIRTHDATE:** _____ **BIRTH PLACE:** _____

Country/City, State

DATE ENTERED USA IF NOT BORN IN USA: _____ **DATE ENTERED PA IF NOT BORN IN PA:** _____

GRADE ENTERING: _____ **PA SECURE ID#:** _____ **SOCIAL SECURITY #:** _____

GUARDIAN 1: _____ **CUSTODY:** Yes: No: **RELATIONSHIP TO CHILD**

First, Middle, Last

HOME ADDRESS: _____

Street #, Street, City, State, Zip Code

HOME PHONE: _____ **WORK:** _____ **CELL:** _____

PLACE OF EMPLOYMENT*: _____

OCCUPATION*: _____ **E-MAIL*:** _____

- Mother
- Father
- Stepmother
- Stepfather
- Grandparent
- Aunt
- Uncle
- Guardian
- Foster Parent

GUARDIAN 2: _____ **CUSTODY:** Yes: No: **RELATIONSHIP TO CHILD**

First, Middle, Last

HOME ADDRESS: _____

Street #, Street, City, State, Zip Code

HOME PHONE: _____ **WORK:** _____ **CELL:** _____

PLACE OF EMPLOYMENT*: _____

OCCUPATION*: _____ **E-MAIL*:** _____

- Mother
- Father
- Stepmother
- Stepfather
- Grandparent
- Aunt
- Uncle
- Guardian
- Foster Parent

OTHER GUARDIAN: _____ **CUSTODY:** Yes: No: **RELATIONSHIP TO CHILD**

First, Middle, Last

HOME ADDRESS: _____

Street #, Street, City, State, Zip Code

HOME PHONE: _____ **WORK:** _____ **CELL:** _____

PLACE OF EMPLOYMENT*: _____

OCCUPATION*: _____ **E-MAIL*:** _____

- Mother
- Father
- Stepmother
- Stepfather
- Grandparent
- Aunt
- Uncle
- Guardian
- Foster Parent

CHILDREN IN THE FAMILY

Name Birth date Sex

<i>Name</i>	<i>Birth date</i>	<i>Sex</i>

PARENTS ARE:

- Married
- Single
- Separated
- Divorced
- Father Remarried
- Mother Remarried
- Father Deceased
- Mother Deceased
- Other: _____

CHILD LIVES WITH:

- Both Parents
- Mother
- Father
- Mother & Stepfather
- Father & Stepmother
- Grandparents
- Guardians
- Foster Family
- Other: _____

EMERGENCY CONTACTS OTHER THAN PARENTS

Name Relationship to Student Phone

<i>Name</i>	<i>Relationship to Student</i>	<i>Phone</i>

OFFICIAL USE ONLY

ENTRY:	BUILDING:	GRADE:	ROOM:	BUS:	WITHDRAWAL DATE/TO:
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PLEASE COMPLETE THE QUESTIONS ON THE BACK OF THIS FORM.

SPECIAL CONSIDERATIONS

Please check any area for which your child receives services.

Learning Support	<input type="checkbox"/>	Vision Support	<input type="checkbox"/>	Gifted Support	<input type="checkbox"/>	Occupational Therapy	<input type="checkbox"/>
Emotional Support	<input type="checkbox"/>	Speech & Language Support	<input type="checkbox"/>	English as Second Language	<input type="checkbox"/>	Physical Therapy	<input type="checkbox"/>
Hearing Support	<input type="checkbox"/>	Physical Support	<input type="checkbox"/>	Chapter 15/ 504 Service Agreement	<input type="checkbox"/>	Title I Reading	<input type="checkbox"/>
RtII Reading	<input type="checkbox"/>	RtII Math	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>

SCHOOL MOST RECENTLY ATTENDED

School Name: _____
School Address: _____
Street #, Street, City, State, Zip Code
School Phone: _____

HOME LANGUAGE SURVEY

The Office of Civil Rights (OCR) requires that school districts/charter schools/full day AVTS identify limited English proficient (LEP) students in order to provide appropriate language instruction for them. Pennsylvania has selected the Home Language Survey as a method for identification.

1. What is/was the student's first language? _____
2. Does the student speak a language other than English? Yes: No:
(Do not include languages learned in school)
If yes, specify the language(s): _____
3. What language(s) is/are spoken in your home? _____
4. Has the student attended any United States school in any 3 years during his/her lifetime? Yes: No:

If yes, complete the following:

<i>Name of School</i>	<i>State</i>	<i>Dates Attended</i>

Parent/Guardian Signature: _____

Parent/Guardian Name (PRINT): _____

Person completing this form if other than parent/guardian: _____

The school district/charter school/full day AVTS has the responsibility under the federal law to serve students who are limited English proficient and need English instructional services. Given this responsibility, the school district/charter school/full day AVTS has the right to ask for the information it needs to identify English Language Learners (ELLs). As part of the responsibility to locate and identify ELLs, the school district/charter school/full day AVTS may conduct screenings or ask for related information about students who are already enrolled in the district as well as from students who enroll in the school district/charter school/full day AVTS in the future.

If any answer is yes, send a copy of this enrollment form to the Assistant Superintendent.

STUDENT'S ETHNICITY/RACE DATA

ETHNICITY (choose one): Hispanic/Latino Not Hispanic/Latino

RACE (choose one or more regardless of ethnicity):

American Indian/Alaskan Native	<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>
Asian	<input type="checkbox"/>	White	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>		
