



ENROLLMENT FORM
 Re-enrollment

STUDENT INFORMATION (Please print)

Date of Registration: ____/____/____ Building: EverGreen RDW Middle High

Student's Name: _____ Gender: Female Male Grade: ____

Address: (Mailing) _____

(Physical Address) _____

Township: _____ State of Birth: _____ City of Birth: _____ Country of Birth: _____

DOB: _____ US Entry Date: _____ Years in US School: ____ Home Language/Country: _____

Has the child been educated in a Pennsylvania School: Yes No PA School Entry Date: _____

Social Security#: _____/_____/_____ Grade 9 - Entry Date: _____

Ethnicity: Choose one of the following: Hispanic or Latino Not Hispanic or Latino
Choose one or more races: American Indian or Alaska Native Asian Black
(Check all that apply) Native Hawaiian or other Pacific Islander or White

PARENT INFORMATION

Child resides with: Both Parents Father Mother

IS THERE A COURT ORDER INVOLVING THE CUSTODY OF THIS CHILD? YES NO

PARENT 1:

Father Step-Father Name: _____

Address: _____
Street City State Zip Code

Please list Parent 1 Home Phone Number: _____
call order: Cell Phone Number: _____
Employer Phone Number: _____

PARENT 2:

Mother Step-Mother Name: _____

Address: _____
Street City State Zip Code

Please list Parent 2 Home Phone Number: _____
call order: Cell Phone Number: _____
Employer Phone Number: _____



PARENT 3:

Guardian Foster Parent Relative Name: _____

Address: _____
Street City State Zip Code

Please list Parent 3 Home Phone Number: _____
call order: Cell Phone Number: _____
Employer Phone Number: _____

Who has Educational Rights? _____

Duplicate information to be sent to: _____

OTHER EMERGENCY CONTACTS IF PARENT 1, 2, OR 3 CANNOT BE REACHED: (In order)

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

FAMILY INFORMATION

Please List All Children Residing at Student's Address

Full Name: _____	Full Name: _____
Date of Birth: _____	Date of Birth: _____
Grade: _____ School: _____	Grade: _____ School: _____
Relationship to student: _____	Relationship to student: _____
Full Name: _____	Full Name: _____
Date of Birth: _____	Date of Birth: _____
Grade: _____ School: _____	Grade: _____ School: _____
Relationship to student: _____	Relationship to student: _____

PREVIOUS SCHOOL INFORMATION

Last School Attended: _____

Address: _____

Last Date Attended: _____ Last Grade Attended: _____ Last School Phone#: _____



EDUCATIONAL PLACEMENT

Regular Education: YES NO
IEP/Special Education: YES NO

Has this student received any of the following services?
ESL (English as Second Language): YES NO
Itinerant Services (Extra Help): YES NO
Section 504 Agreement: YES NO
Other (Please Specify) _____

Is this student identified? (Please check disability)

- | | |
|---------------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Autistic/PDD | <input type="checkbox"/> Other Health Impairments |
| <input type="checkbox"/> Blind/Visually Impaired | <input type="checkbox"/> Physical Disability |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Referral Status |
| <input type="checkbox"/> Deaf/Blind | <input type="checkbox"/> Emotionally Disturbed |
| <input type="checkbox"/> Deaf/Hearing Impaired | <input type="checkbox"/> Specific Learning Disability |
| <input type="checkbox"/> Developmental Delay | <input type="checkbox"/> Speech and Language Impaired |
| <input type="checkbox"/> Mental Retardation | <input type="checkbox"/> Title I |
| <input type="checkbox"/> Muscular Dystrophy | <input type="checkbox"/> Gifted |
| <input type="checkbox"/> Multiple Disabilities | <input type="checkbox"/> Gifted with disability |
| <input type="checkbox"/> Neurologically Imp. Traumatic Brain Injury | <input type="checkbox"/> None Identified |

Was this student previously suspended from school for an offense involving weapons, drugs, alcohol, or violence? YES NO

EXPLAIN: _____

Has this student ever been involved with Juvenile Probation? YES NO

Does this student have any health problems: YES NO

If yes, describe: _____

Form completed by: _____ Relationship: _____ Date: ____ / ____ / ____

I attest that all information is true. Parent/Guardian Signature: _____