



UNIONTOWN AREA SCHOOL DISTRICT NEW STUDENT REGISTRATION FORM

SCHOOL: _____ STUDENT ID #: _____

GRADE: _____ HOMEROOM: _____

SCHOOL YEAR: _____ DATE: _____

SECTION 1: HOUSEHOLD INFORMATION PLEASE PRINT

List the first and last name of any other child(ren) that attend(s) Uniontown Area School District. Also include the name of the school building in which they attend.

Name(s) _____

Building Name _____

Last Name of Youngest School Aged Child _____

Residence Type Own Rent Lease Lives with Family Foster Care Agency Group Home Homeless Not Specified

Household Address: _____
Street Name _____ City _____ State/Zip _____

Household Phone: _____ Is this a cell phone? yes no Primary Household Language _____

SECTION 2: STUDENT INFORMATION

Student Name _____
Last Name _____ First Name _____ Middle Name _____

Birthdate _____ Age _____ Hispanic yes no

Race/Ethnicity (circle one or more) _____
White Black/African American Asian
American Indian/Alaskan Native Hawaiian or other Pacific Islander

Gender (circle one) _____ Male Female Foreign Exchange Student yes no
Language of Country _____

Social Security # _____

City of Birth _____ State of Birth _____ Country of Birth _____

Date Became a resident of Pennsylvania _____ Date Entered US _____

Has student previously attended Uniontown School District? yes no Current Entry Date into UASD _____

Name of most recent school attended _____ Last day attended _____

Most recent school address _____ Telephone # _____
street address

city _____ state _____ zip _____ Fax # _____

In what School District is former school located? _____ Has student repeated a grade? yes no
If yes, what grade?

Student Name

SECTION 3: STUDENT IEP INFORMATION PLEASE PRINT

| | | | | | | |
|---|-----|----|--------------------|-------------------|--------|--------|
| Does student have an IEP? | yes | no | If yes, what type? | Special Education | Speech | Gifted |
| Was IEP paperwork provided at time of registration? | yes | no | | | | |
| Does student have a disability? | yes | no | If yes, what type? | _____ | | |

* If any part of section 3 is completed, fax registration form to Special/Alternative Office.

SECTION 4: BIOLOGICAL PARENT INFORMATION

MOTHER'S NAME

| | | |
|------------|-----------|-------------|
| First Name | Last Name | Middle Name |
|------------|-----------|-------------|

Mailing Address

| | | |
|---------------|------|-----------|
| Street/PO Box | City | State/Zip |
|---------------|------|-----------|

Home telephone _____ **Work #** _____ **Cell #** _____

Is home telephone number unlisted? yes no

Email Address _____

Place of employment _____

Does this person have educational mailing rights? yes no **If No, please provide court documentation.**

FATHER'S NAME

| | | |
|------------|-----------|-------------|
| First Name | Last Name | Middle Name |
|------------|-----------|-------------|

Mailing Address

| | | |
|---------------|------|-----------|
| Street/PO Box | City | State/Zip |
|---------------|------|-----------|

Home telephone _____ **Work #** _____ **Cell #** _____

Is home telephone number unlisted? yes no

Email Address _____

Place of employment _____

Does this person have educational mailing rights? yes no **If No, please provide court documentation.**

If divorced or separated, is there a custody agreement? yes no **If yes, a copy is requested.**

Custody granted to: (circle one) Mother
Father
Grandparent
Other

If yes, specify the type: primary physical
physical & legal
legal
visitation rights
supervised visitation
no contact privileges

Student Name

SECTION 5: STEP/FOSTER PARENT INFORMATION PLEASE PRINT

MOHER'S NAME

Step/Foster
(circle one)

First Name Last Name Middle Name

Mailing Address

Street/PO Box City State/Zip

Home telephone

_____ **Work #** _____ **Cell #** _____

Is home telephone number unlisted? yes no

Email Address

Place of employment

Does this person have educational mailing rights? yes no **If No, please provide court documentation.**

FATHER'S NAME

Step/Foster
(circle one)

First Name Last Name Middle Name

Mailing Address

Street/PO Box City State/Zip

Home telephone

_____ **Work #** _____ **Cell #** _____

Is home telephone number unlisted? yes no

Email Address

Place of employment

Does this person have educational mailing rights? yes no **If No, please provide court documentation.**

IF STUDENT IS A FOSTER CHILD, PLEASE COMPLETE THE FOLLOWING:

Address of Biological Parent(s):

Street

City State Zip

Name of School District where Natural Parent(s) reside: _____

Name of agency that placed child in foster care: _____
(a copy of placement letter is requested)

Who has Court ordered educational rights for the child? _____

Student Name

SECTION 6: GUARDIAN INFORMATION PLEASE PRINT

Relationship to Student: _____

Name of Guardian
First Name _____ Last Name _____

Mailing Address
Street/PO Box _____ City _____ State/Zip _____

Home telephone _____ Work # _____ Cell # _____

Is home phone number unlisted? yes no

Is guardian a resident of Uniontown Area School District? yes no

Is there a notarized custody agreement? yes no (if yes, a copy if requested)

Date In Loco Parentis signed _____ (a copy is requested)

Date Court Order Signed _____ (a copy is requested)

SECTION 7: EMERGENCY CONTACT INFORMATION

Emergency contact information in the case that the parent/guardian can not be reached .

Contact #1
First Name _____ Last Name _____ Middle Name _____

Address
Street/PO Box _____ City _____ State/Zip _____

Telephone _____ Relationship to student _____

Contact #2
First Name _____ Last Name _____ Middle Name _____

Address
Street/PO Box _____ City _____ State/Zip _____

Telephone _____ Relationship to student _____

Student Name

SECTION 8: PARENT/GUARDIAN SIGNATURE

I give my permission to have academic records, standardized test results, attendance and this registration information placed in my child's permanent record file and shared on a need to know basis with authorized school personnel.

Parent/Guardian Signature

Date

OFFICE USE ONLY

Entry Code: _____

Entry Date: _____

Assigned to Grade: _____

Record Request Sent: _____

Homeroom: _____

Records Received: _____

Student ID #: _____

Health Records Received: _____

PA Secure ID # _____

Form Completed by: _____