



Steel Valley School District

Student Registration Form

Date of Enrollment: _____ Student Photo I.D. No. _____

LEGAL NAME OF STUDENT _____
(Last) (First) (M.I.)

SEX: _____ BIRTHDATE ____/____/____ RACE: _____ PERMANENT PHONE (____) _____

PERMANENT ADDRESS _____
(Street)

(City) (State) (Zip)

STUDENT RESIDES WITH (Check all that Apply)

- Mother/Stepmother – Legal Name _____
- Father/Stepfather – Legal Name _____
- Foster Parents – Name(s) _____
- Guardians – Name(s) _____
- Other – Please Specify _____

FORMER SCHOOL OR PRESCHOOL _____

ADDRESS OF FORMER SCHOOL: Street _____
City _____ State _____ Zip Code _____

HAS STUDENT PREVIOUSLY BEEN A STEEL VALLEY STUDENT? Yes ___ No ___ If Yes, What Year _____

STUDENT FAMILY INFORMATION

SIBLINGS: NAME	BIRTHDATE	GRADE/SCHOOL OR OCCUPATION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PARENTS ARE: MARRIED _____ SEPARATED _____ DIVORCED _____

PARENTS ARE DECEASED: Mother _____ Father _____ Both _____

PARENTS:	NAME	EMPLOYED BY	BUSINESS PHONE
Mother	_____	_____	_____
Father	_____	_____	_____
Stepmother	_____	_____	_____
Stepfather	_____	_____	_____
Foster Parent	_____	_____	_____
Guardian	_____	_____	_____
Other (Specify)	_____	_____	_____

ADDITIONAL INFORMATION:

IS STUDENT RECEIVING SPECIAL ED SERVICES? Yes _____ No _____

IF YES, WHAT EXCEPTIONALITY? _____ DATE _____

SIGNATURE OF REGISTRAR _____ DATE _____

SIGNATURE OF PARENT/GUARDIAN _____

FOR OFFICE USE ONLY:

SCHOOL OF ENTRY _____	GRADE _____	ENTRY CODE _____
ENTRY DATE _____	HOMEROOM # _____	HOMEROOM TEACHER _____
IMMUNIZATION RECORDS: COMPLETE _____	INCOMPLETE _____	
DATE ACADEMIC RECORDS REQUESTED: _____	ACADEMIC RECORDS RECEIVED _____	
RESIDENT _____	NON-RESIDENT _____	IF NON-RESIDENT: TUITION _____ FOSTER HOME _____
PROOF OF RESIDENCY: 1) _____	2) _____	(Initial) _____
PROOF OF AGE: BIRTH CERTIFICATE # _____	BAPTISMAL/HOSPITAL CERT _____	
FOSTER CHILD PLACING AGENCY _____		
ADDRESS OF AGENCY _____		
GUARDIANSHIP FORM: DATE GIVEN _____	DATE RETURNED _____	
COURT ORDER RECEIVED _____	DATE RECEIVED _____	
ATTENDANCE TYPE CODE _____	SPECIAL ED. CODE _____	