



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

PARENTS ARE:

Married	<input type="checkbox"/>
Single	<input type="checkbox"/>
Separated	<input type="checkbox"/>
Divorced	<input type="checkbox"/>
Father Remarried	<input type="checkbox"/>
Mother Remarried	<input type="checkbox"/>
Father Deceased	<input type="checkbox"/>
Mother Deceased	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>

CHILD LIVES WITH:

Both Parents	<input type="checkbox"/>
Mother	<input type="checkbox"/>
Father	<input type="checkbox"/>
Mother & Stepfather	<input type="checkbox"/>
Father & Stepmother	<input type="checkbox"/>
Grandparents	<input type="checkbox"/>
Guardians	<input type="checkbox"/>
Foster Family	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>

EMERGENCY CONTACTS OTHER THAN PARENTS		
Name	Relationship to Student	Phone

OFFICIAL USE ONLY									
ENTRY:		BUILDING:		GRADE:		ROOM:		BUS:	
WITHDRAWAL DATE/TO:									

PLEASE COMPLETE THE QUESTIONS ON THE BACK OF THIS FORM.

SPECIAL CONSIDERATIONS

Please check any area for which your child receives services.

Learning Support ☐
Emotional Support ☐
Hearing Support ☐
RtII Reading ☐

Vision Support ☐
Speech & Language Support ☐
Physical Support ☐
RtII Math ☐

Gifted Support ☐
English as Second Language ☐
Chapter 15/ 504 Service Agreement ☐
Other: ☐

Occupational Therapy ☐
Physical Therapy ☐
Title I Reading ☐
Other: ☐

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 ☐ Native Hawaiian or Other Pacific Islander ☐
Asian ☐ White ☐
Black or African American ☐
