

Student Enrollment Form

Penn Manor School District

PO Box 1001 • Millersville PA 17551

717.872.9500 • www.pennmanor.net

Student Name					Gender	Date
Last		First	Middle	Suffix	M/F	
Age	Date of Birth	Phone Number	Municipality	Ethnicity <i>please check one</i>		
	mm/dd/yyyy	717-123-1234	<input type="checkbox"/> Conestoga Twp <input type="checkbox"/> Manor Twp <input type="checkbox"/> Martic Twp <input type="checkbox"/> Millersville Boro <input type="checkbox"/> Pequea Twp	<input type="checkbox"/> American Indian 01 <input type="checkbox"/> Asian 02 <input type="checkbox"/> African American/Black 03 <input type="checkbox"/> Hispanic 04 <input type="checkbox"/> White 05		
Grade	Birth Certificate #	Home Language				
Place of Birth		Current Address				
City/State		Street Address	PO Box	City	State	Zip
Has the student previously attended Penn Manor? y/n _____ Date _____ School _____						
With whom does the student live? <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other (explain) _____						

Parent and Guardian Information

Father						Check if: <input type="checkbox"/> Receives mailings <input type="checkbox"/> Emergency contact		DATE OF BIRTH _____	
Full Name			Address		City		State	Zip	
Home Phone	Unlisted?	Work Phone	Cell Phone	Email	Occupation/Employer				

Mother						Check if: <input type="checkbox"/> Receives mailings <input type="checkbox"/> Emergency contact		DATE OF BIRTH _____	
Full Name			Address		City		State	Zip	
Home Phone	Unlisted?	Work Phone	Cell Phone	Email	Occupation/Employer				

Guardian/Step-Parent/Other						Check if: <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Receives mailings <input type="checkbox"/> Emergency contact		DATE OF BIRTH _____	
Full Name			Address		City		State	Zip	
Home Phone	Unlisted?	Work Phone	Cell Phone	Email	Occupation/Employer				
Relationship to student:									

---- FOR OFFICE USE ONLY----

Registered By:	Building:	Entry Date:	Verified By:
Photo Copy Proof of Residency for Cum Folder	01 02 04 05 06 07 09 22 23 24		
<input type="checkbox"/> PROOF OF RESIDENCY <input type="checkbox"/> PROOF OF BIRTH <input type="checkbox"/> IMMUNIZATION <input type="checkbox"/> ACCEPTABLE USE POLICY <input type="checkbox"/> PHOTO RELEASE FORM <input type="checkbox"/> HOME LANGUAGE SURVEY <input type="checkbox"/> IEP/ER RECEIVED <input type="checkbox"/> GRADES/TRANSCRIPTS <input type="checkbox"/> SUSP/EXPULSION FORM	<input type="checkbox"/> SCHOOL YEAR _____ <input type="checkbox"/> KINDERGARTEN AM <input type="checkbox"/> KINDERGARTEN PM <input type="checkbox"/> GRADE LEVEL _____ <input type="checkbox"/> ENTRY CODE _____ <input type="checkbox"/> HOMEROOM _____ <input type="checkbox"/> SECTION _____ <input type="checkbox"/> STUDENT ID _____	<input type="checkbox"/> REGULAR CURRICULUM <input type="checkbox"/> SPECIAL EDUCATION <input type="checkbox"/> GIFTED <input type="checkbox"/> LOCKER _____ <input type="checkbox"/> BUS _____ <input type="checkbox"/> OTHER _____ <input type="checkbox"/> PA ID# _____	<input type="checkbox"/> RESIDENT <input type="checkbox"/> FOSTER CHILD <input type="checkbox"/> AFFIDAVIT <input type="checkbox"/> TUITION <input type="checkbox"/> CAMP SNYDER <input type="checkbox"/> ARBORVALE MANOR

Other people living in the same household (Siblings, grandparents, adults etc.)

First & Last Name	Date of Birth	Relationship to Student	School	Grade

School History

Last School(s) Attended	Address	City	State	Zip	Year(s)	Last Grade

Special Needs Information

<p>Is the student currently receiving services in any of the following special programs?</p> <p><i>Check all that apply</i></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO SPECIAL EDUCATION <input type="checkbox"/> YES <input type="checkbox"/> NO ESL <input type="checkbox"/> YES <input type="checkbox"/> NO GIFTED <input type="checkbox"/> YES <input type="checkbox"/> NO 504 PROGRAM <input type="checkbox"/> YES <input type="checkbox"/> NO SPEECH/LANGUAGE <input type="checkbox"/> YES <input type="checkbox"/> NO OT/PT <input type="checkbox"/> YES <input type="checkbox"/> NO OTHER _____	<p>Was the student in the process of an evaluation for special education services prior to transferring to Penn Manor School District?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
	<p>Please list the school or organization providing special services:</p>	

Any changes to this information must be reported to the school office within 10 days.

Additional Emergency Contacts (List individuals who would assume temporary care of your child if the school cannot reach you.)

First & Last Name	Phone Number(s)	Relationship to Student	Release for Pickup? y/n

Emergency Information

Doctor		Phone	
Hospital Preference		Phone	
Dentist		Phone	
Eye Doctor		Phone	
Other		Phone	

Signature of Parent/Guardian		Date	
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