

Bristol Township School District – Pupil Registration Form

For Office Use Only	Time and Date of Registration: _____	Entry Code: ____	Entry Date: _____
Student ID# _____	School: _____	Grade: _____	Attendance Area: _____
Agency Placement (Name of Agency): _____	Residency Signed (Date): _____		

Please PRINT the information below

Has your child ever attended Bristol Township Schools before? NO YES If yes, When? _____

Student's Name: _____ Male Female
(LAST) (FIRST) (MIDDLE)

Date of Birth: _____ Birthplace: _____
Month Day Year City State/Country

Present Address: _____
Street Number, Street Name Apartment Complex Name & Apartment #

City, State, Zip Home Phone Number Cell Phone Number

Previous Address: _____
(If less than 2 years at present address) City, State and Zip Code

Previous School: _____ Telephone #: _____ Fax #: _____

School's Address: _____ Date 1st Enrolled in ANY US School: _____

Check One Box only

Ethnic Background: American Indian/Alaskan Native Asian Black Non-Hispanic
 Hispanic White Hawaiian/Pacific Islander

For PSSA purposes only, is your child multi-racial? Yes No

Country of Origin: _____ Other Countries of Residence: _____
 United States Citizen: _____ Other Citizenship (name) _____

The information below will be used to contact you through our messaging system. The system will let you know when your child is absent and school closing information ONLY. Check this box if you would **NOT** like to be contacted.

_____	_____	_____	_____
Mother/Guardian's full name	Cell Phone #	Email	DOB
_____	_____	_____	_____
Father/Guardian's full name	Cell Phone #	Email	DOB
_____	_____	_____	_____
Step-Parent's full name	Cell Phone #	Email	DOB
_____	_____	_____	_____
Guardian's full name	Cell Phone #	Email	Relationship DOB

Marital Status: Single Living with, but not married Married Separated Divorced
 If divorced or separated, do you have legal custody? No Yes If yes, please provide a copy of the custody papers.

Family Employment Information

Mother/Guardian's Employer: _____

Address: _____ Telephone: _____ Ext: _____

Father/Guardian's Employer: _____

Address: _____ Telephone: _____ Ext: _____

Step-Parent/Guardian's Employer: _____

Address: _____ Telephone: _____ Ext: _____

Guardian's Employer: _____

Address: _____ Telephone: _____ Ext: _____

Household Children (Brother/Sisters, & Step-brother/sisters)

Name (First & Last)	Sex	DOB	School	Grade	Living home?
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO

Has your child ever received Special Education Services? No Yes (fill in type of service below)
 What type of services: _____

Is your child currently receiving Special Education Support? No Yes, Current IEP date: _____

Other information the school should know that is not listed above:

Registration is not complete until all the requirements for residency, proof of birth and immunization record have been fulfilled. Entrance into school is subject to completion of registration.

All the information regarding registration is complete and correct. I understand that false information will result in the immediate removal of the student(s) and make me personally liable for the annual tuition rate.

Signature of Parent/Guardian

Date

Initials of the Principal

Student Records

The Bristol Township Board of School Directors authorizes the collection of this and other academic attendance information because it is necessary for the operation of the student's school program. Records of your child's total education program are kept in the school. Whenever any information is added to the record, you will be informed. You may receive copies if you desire them. Specialized information about your child will only be collected with prior, written permission from the Parent/Guardian. Only appropriate school personnel can see these records, which are kept in secure files. No one else can see them or obtain copies of them without the written permission of the Parent/Guardian. You may examine any and all of your child's school records if you wish. To do so, arrange an appointment with the principal or counselor.

Authorization for Verification of Address Release of Information Agreement

(Parent/Guardian or Legal Custodian will print his/her name)

I, _____, do hereby give the **Bristol Township School District authorization to contact any or all of the following to obtain verification of my address which is on file**, or which I have used in filing forms with them. I further authorize the agency or employer contact to release the requested information which will verify my address upon receipt of a photocopy or electronically transmitted copy of this form.

1. Internal Revenue Service
2. Employer
3. Welfare Agency or related Health Services Agency
4. Bureau of Motor Vehicles
5. U.S. Postal Service
6. Credit Reporting Agencies
7. Landlord of (previous) address _____
8. Landlord of current address _____

Signature of Parent/Guardian or Legal Custodian

Date