



LANCASTER CITY SCHOOLS - STUDENT REGISTRATION

School _____ Date Form Completed _____ First Day of Attendance _____

Student's Legal Name _____ M/F _____ Grade _____
First Middle Last

Street Address _____ Phone (____) _____

City/State/Zip Code _____

Date of Birth _____ Place of Birth: City _____ State _____

Native Language _____

Racial Group (Mark all that apply): White Asian Black or African American Hispanic/Latino
 American Indian or Alaska Native Native Hawaiian or Other Pacific Islander

Please note: Should the Parent/Guardian choose not to designate the child's racial/ethnic group, the school district will use observer identification and mark the student as necessary. We will communicate this information to the parent/guardian.

FAMILY INFORMATION:

Student is living with: Both Parents Father Mother Guardian Step-Parent Other** Foster Parent *
Parents are: Married Divorced Separated Never Married Widowed

Student and family who have temporary living arrangements:

Shelter Unsheltered Shared Housing Hotel/Motel

If there is a court custody order pertaining to this child, who has custody? _____
(A copy of custody papers is **REQUIRED** to be on file).

• Father's Name _____	Cell Phone # (____) _____
Address _____	Phone (h) # (____) _____
City _____	Phone (w) # (____) _____
Employed by _____	Email Address _____
• Mother's Name _____	Cell Phone # (____) _____
Mother's Maiden Name _____	Email Address _____
Address _____	Phone (h) # (____) _____
City _____	Phone (w) # (____) _____
Employed by _____	Email Address _____
• Foster Parent's Name _____	Cell Phone # (____) _____
Or Guardian's Name _____	Email Address _____
Or Step Parent's Name _____	
Address _____	Phone (h) # (____) _____
City _____	Phone (w) # (____) _____
Employed by _____	Email Address _____

* Foster child's school district of residence _____

Students **MUST have proper court authorization to reside with grandparents or another relative.

PREVIOUS EDUCATION:

At any time in the past, has your child ever attended or been registered in the Lancaster City Schools?

Yes ___ No ___ If yes, what school? _____

Last school attended _____

City _____ State _____ Zip Code _____

STUDENT SERVICES:

Has your child had a school psychological evaluation, multi-factored evaluation, or other evaluation? ___ Yes ___ No

Does your child have a current IEP (Individualized Education Plan), 504 Plan, or Intervention Plan? ___ Yes ___ No

If yes, do you have a copy? ___ Yes ___ No

Has your child been in a County DD Program? ___ Yes ___ No

Has your child been in a Gifted Program? ___ Yes ___ No

Is there any other information regarding your child's education, physical, emotional, family, or legal background that would be helpful for school personnel to know? ___ Yes ___ No If yes, please provide details: _____

NAMES AND AGES OF ALL OTHER SCHOOL AGE CHILDREN IN THE HOME:
Please list Grade & Building.

Name _____	Age _____	Grade _____	Building _____
Name _____	Age _____	Grade _____	Building _____
Name _____	Age _____	Grade _____	Building _____
Name _____	Age _____	Grade _____	Building _____

RELEASE OF INFORMATION:

School records may be released, without consent, to other authorized school officials. Records may also be released to other schools to which a student is transferring.

Non-custodial parents have the right to information contained within the student's records *provided* there is no court order to the contrary.

I swear and affirm that the information given on this form is correct; that I am a legal resident of the Lancaster City School district and that this child is in my legal custody.

Signed _____ Date _____