

ENROLLMENT FORM

SAINT CLAIR AREA SCHOOL DISTRICT
227 SOUTH MILL STREET, SAINT CLAIR, PA 17970

High School Student _____ Grade _____ PA Secure ID _____
Elementary/Middle School Student _____ Grade _____
Special Education Student _____ Grade _____ Location _____

Land Phone Number _____ Cell Phone Number _____ School Student I.D. _____
Student's Name _____ Female _____ Male _____
(Last) (First) (Middle)

Ethnicity: (Check One) Not Hispanic or Latino _____ Hispanic or Latino _____
(Check all that apply)
Race: White _____ Black _____ Asian _____ Pacific Islander _____ American Indian/Alaskan _____

Mailing Address _____

Village/Town _____

Blythe Township _____ Middleport _____ Other: _____
East Norwegian Township _____ New Philadelphia _____
New Castle Township _____ Saint Clair _____

Birthdate _____ Birthplace (City, State, Country) _____

Father's Name: (Natural or Adoptive)			Mother's Name: (Natural or Adoptive)		
Last	First	(M)	Last	First	(M)
Birthdate _____			Birthdate _____		
Birthplace _____			Birthplace _____		
Education _____			Education _____		
Occupation _____			Occupation _____		
Place of Employment _____			Place of Employment _____		
Active Military? Yes _____ or No _____			Active Military? Yes _____ or No _____		

Biological or Adoptive Parents are currently:

Married _____ Separated _____ Divorced _____ Deceased _____ Other _____

Student lives with:

Both Parents _____ Mother _____ Father _____ Other, specify _____

If other, please complete: Step-Parent/Guardian-

(Last Name) _____ (First) _____ (Middle) _____

Birthdate _____ Birthplace (City & State) _____

Education _____ Occupation _____

(Please complete side 2)

LIST ALL BROTHERS AND SISTERS: (Include whole, half and step)

Name: Last	First	M/F	Date of Birth	Grade if in school

Has child attended school previously? Yes ___ No ___ Grade Attended ___ Years Attended ___

School entry date ___ State entry date ___ Initial U.S. entry date ___

Special Education, if any: Autistic Support ___ Emotional Support ___ Gifted ___

Hearing Support ___ Learning Support ___ Life Skills Support ___ Multiple Disabilities

Support ___ Occupational Therapy ___ Physical Therapy ___ Speech ___ Vision ___

Is your child limited in his/her physical activity? Yes ___ No ___ If yes, explain:

List any special circumstances that should be known to the school:

Signature of Person Completing Form _____ Date _____

Relationship to above pupil if other than natural or adoptive parent _____

Signature of School Official _____ Title _____

OFFICE USE ONLY:

Start Date _____

CHECK LIST (Date Received or NA)

Enrollment Form Completed _____

Proof of Residency _____

Proof of Age _____

Bus Form _____

Guardianship _____

Earned Income Info _____

Non-Parental Custody _____

Custody Agreement _____

Home Language Survey _____

Request for Records _____

Copy of IEP _____

Copy of ER _____

Emergency Card _____

Received Records _____

Immunizations _____

Health _____