

UPPER ADAMS SCHOOL DISTRICT – STUDENT ENROLLMENT PROFILE

For Office Use Only: School: _____
 Grade: _____ Homeroom: _____ Student ID: _____
 Registration Date: _____ Entry Date: _____ YOG: _____
 Verification of Birth: Birth Certificate Passport Other _____
 Verification of Residency: _____
 Administrator Authorization: _____

Student's Full Name:	Gender:
Street Address: City/State/Zip:	Date of Birth:
Mailing Address: (Please include P. O. Box)	City/State of Birth:

Township/Borough	Home Phone:	Unlisted? Y/N <small>(circle one)</small>
Is the parent or guardian full-time, active military? Yes <input type="checkbox"/> No <input type="checkbox"/>	Ethnicity (optional): <input type="checkbox"/> Am. Indian/Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian	

Student Lives with: Both Parents Mother Father Step: _____ Guardian _____

Parents are: Married Separated * Divorced * Other _____

* If separated or divorced, who has primary physical custody? _____

* Are there custody papers that limit the student from being picked up at school by the non-custodial parent? Yes No If yes, please furnish the school with a copy.

If the student was placed in your custody by an agency, please give name, address, and phone # of that agency: _____

FATHER'S INFORMATION	Father's Name:	
Father's Date of Birth:	Father's Place of Birth:	Father's Home Phone:
Father's Address:	Father's Cell Phone:	
Father's Place of Work:	Father's Work Time: <input type="checkbox"/> daytime <input type="checkbox"/> evenings	Father's Work Phone:
Father's Occupation:	Level of Education:	
Father's Home Email: Work Email:	Father's Marital Status:	

MOTHER'S INFORMATION	Mother's Name:	
Mother's Date of Birth	Mother's Place of Birth	Mother's Home Phone:
Mother's Address:	Mother's Cell Phone:	
Mother's Place of Work:	Mother's Work Time: <input type="checkbox"/> daytime <input type="checkbox"/> evenings	Mother's Work Phone:
Mother's Occupation:	Level of Education:	
Mother's Home Email: Work Email:	Mother's Marital Status:	

I hereby verify that the information set forth above is correct and should be included in my child's school record. Parent Signature: _____ Date: _____

Revised 08/22/2017

OTHER ADULTS OR CHILDREN IN HOUSEHOLD

Full Name: _____ Male Female
Date of Birth: _____ Place of Work or School: _____
Contact Phone: _____ Relationship to Student: _____

Full Name: _____ Male Female
Date of Birth: _____ Place of Work or School: _____
Contact Phone: _____ Relationship to Student: _____

Full Name: _____ Male Female
Date of Birth: _____ Place of Work or School: _____
Contact Phone: _____ Relationship to Student: _____

Full Name: _____ Male Female
Date of Birth: _____ Place of Work or School: _____
Contact Phone: _____ Relationship to Student: _____

PREVIOUS SCHOOL INFORMATION

Name of School: _____ Contact Person: _____
District: _____
School Mailing Address: _____
School Phone: () _____ School Fax: () _____
Does your child have an IEP in, or participate in, any of the following programs?
 Hearing Speech Gifted Learning Support Emotional Support
 Vision OT/PT 504 Plan Reading/Title 1
 IST ESL Other _____

IMPORTANT CONTACT INFORMATION

The Upper Adams School District utilizes an automated telephone and email message system to notify parents of weather-related delays and cancellations, school events, and alerts. This system is only used to send school-related messages. Telephone numbers and e-mail addresses are not shared with anyone or any company outside the school district. **Please list the phone numbers and/or email addresses that you would like the school to utilize for these communications:**

Phone 1 - _____
Phone 2 - _____
Phone 3 - _____
Email 1 - _____
Email 2 - _____
Email 3 - _____

I hereby verify that the information set forth above is correct and should be included in my child's school record. Parent Signature: _____ Date: _____