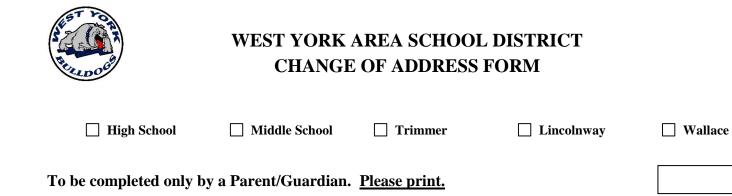
WEST YORK AREA SCHOOL DISTRICT



							S	student ID #
Student's NameLast		First		Middle	Grade			
Student Resides with: (Circle all that apply)								
Both Parents	Mother	Father	Joint Custody		Parent & Stepparent		Foster Parent	
Grandparent	Agency	Relative (please specify)						
Are there Custody Papers? Y or N								
Status of adults w	vith whom stud	ent resides:	Single	Married	Separated	Divorced	Widowed	Living Together

Other Children Living in the Home

CHILD 1 Please list all children living with student.	CHILD 2		
Name	Name		
Relationship to student	Relationship to student		
Age	Age		
Grade (If Applicable)	Grade (If Applicable)		
School Attending (If Applicable)	School Attending (If Applicable)		
CHILD 3	CHILD 4		
Name	Name		
Relationship to student	Relationship to student		
Age	Age		
Grade (If Applicable)	Grade (If Applicable)		
School Attending (If Applicable)	School Attending (If Applicable)		

Parent/Guardian Information

PARENT/GUARDIAN 1 Person listed in this box will receive all district/building mailings	PARENT/GUARDIAN 2 Person listed as <u>Parent/Guardian 1</u> will receive all district/building mailings		
Name	Name		
Address	Address		
Home Phone #	Home Phone #		
Employer	Employer		
Occupation	Occupation		
Work Phone #	Work Phone #		
Mobile Phone #	Mobile Phone #		
* <u>All Call</u> Mobile Phone #	* <u>All Call</u> Mobile Phone #		
* <u>All Call</u> Text #	* <u>All Call</u> Text #		
Email Address	Email Address		
This contact will receive all district mailings: X Yes No	This contact will receive all district mailings: X Yes No		
Does your Child have Internet Access at this address? Select all that apply [] Dial-Up Telephone [] DSL [] Cellular [] Cable [] Other	Does your Child have Internet Access at this address? Select all that apply [] Dial-Up Telephone [] DSL [] Cellular [] Cable [] Other		
STEPPARENT 1 (If Applicable)	STEPPARENT 2 (If Applicable)		
Name	Name		
Address	Address		
Home Phone #	Home Phone #		
Employer	Employer		
Occupation	Occupation		
Work Phone #	Work Phone #		
Mobile Phone #	Mobile Phone #		
* <u>All Call</u> Mobile Phone #	* <u>All Call</u> Mobile Phone #		
* <u>All Call</u> Text #	* <u>All Call</u> Text #		
Email Address	Email Address		
Does your Child have Internet Access at this address? Select all that apply [] Dial-Up Telephone [] DSL [] Cellular [] Cable [] Other	Does your Child have Internet Access at this address? Select all that apply [] Dial-Up Telephone [] DSL [] Cellular [] Cable [] Other		

I hereby certify that the above information is true and correct to the best of my knowledge. I acknowledge that this information will be updated in the above student's record.

WEST YORK AREA SCHOOL DISTRICT

ADMINISTRATION REGULATION – 216.11

To be completed by Attendance Secretary ONLY.

Registration Status: MMS Registration Code: Change:	Registration Date//	Starting Date:// Effective Date://					
Withdrawal Status: MMS Withdrawal Code:	Withdrawal Date//	Effective Date://					
Proof of Birth: (Document Type) Two Proofs of residency: (Document Type)							
Student ID YOG	Bus No Homeroom	Counselor					
Status of Student: Education Category (check all that apply)							
 Resident Nonresident – tuition paid Nonresident – tuition waived 1306 Ward of State 1305 Foster Student RUE/RUS LIU Student 	 Regular Gifted Special Education Home schooled, Charter/C 	☐ 504 Plan ☐ LIU Student ☐ Alternative Education					

Principal's Signature: _____