



BETHEL PARK SCHOOL DISTRICT
REGISTRATION FORM

Age Eligibility: A kindergarten child must be 5 years old by September 1.
A first grade child must be 6 years old by September 1.

Office Use Only: Student # _____ Entry Code _____ Date of Entry _____

Please check if applicable:

Foster Child Res-1305 [] Ward Home-1306 [] Living w/Adult-not Parent-1302 []
Foster Child/NonRes-1305 [] Ward of the State [] Paid Tuition []

BUILDING: Elementary: Franklin [] Lincoln [] Memorial [] Penn [] Washington []
Middle/High: Neil Armstrong Middle [] Independence Middle [] Senior High []

STUDENT'S NAME (Last) _____ (First) _____ (M.I.) _____
Home Address (Street, Apt.#) _____ City _____ State _____ Zip Code _____
Sex: M [] F [] Non-Binary _____ Date of Birth ____/____/____
Primary Phone # (____) _____ (This is the number used for the School Messenger Calls)
Parent/Guardian(s) Cell # (____) _____ Parent/Guardian(s) email address: _____

Student Resides With: _____
Hispanic/Latino Ethnicity: Yes [] No []
Ethnic Origin:
1. Native American
2. Asian
3. Black
5. White
10. Native American Pacific Island

NAMES/ADDRESSES OF PARENTS/GUARDIAN(S): (Please Print and Complete ALL Available Information)

Parent/Guardian Name _____ Parent/Guardian Name _____
Address _____ Address _____
Primary Phone # (____) _____ Primary Phone # (____) _____
Cell Phone # (____) _____ Cell Phone # (____) _____
Work Phone # (____) _____ Work Phone # (____) _____

Please check if applicable: Should non-custodial parent/guardian(s) receive mailings? Yes [] No []

If child will be at babysitter or daycare, please check: A.M. Only [] P.M. Only [] A.M. & P.M. []
Provider's Name, Address and Phone #: _____

Bethel Park School District Registration Form

STUDENT'S NAME _____

PREVIOUS SCHOOL(S) ATTENDED (for elementary students, please include pre-school and/or kindergarten):

Year	Grade	Name of School	School Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Does the child have an IEP, GIEP, receive ESL, or Speech or Language Services? Yes No

If yes, please indicate the service(s) receiving: _____

PLEASE LIST OTHER CHILDREN LIVING IN THE HOME & NAME OF SCHOOL CURRENTLY ATTENDING:

NAME	AGE	GRADE	SCHOOL ATTENDING
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE:

(PARENT/GUARDIAN SIGNATURE)

Office Use Only:

Documents Submitted for Residency Verification: (Two of the Following)

Mortgage/Deed ____ Lease/Rental Agreement ____ Current Utility Bill ____ Current Credit Card Bill ____

Property Tax Bill ____ Vehicle Registration ____ Driver's License ____ DOT ID Card ____

Is an Affidavit of Support (Guardianship) on file? Yes No

Is an Affidavit of Residency on file? Yes No

Custody Papers on file? Yes No

School Official Registering _____ Records Requested ____/____/____