



UNIONTOWN AREA SCHOOL DISTRICT NEW STUDENT REGISTRATION FORM

SCHOOL: _____ STUDENT ID #: _____

GRADE: _____ HOMEROOM: _____

SCHOOL YEAR: _____ DATE: _____

SECTION 1: HOUSEHOLD INFORMATION PLEASE PRINT

List the first and last name of any other child(ren) that attend(s) Uniontown Area School District. Also include the name of the school building in which they attend.

Name(s) _____

Building Name _____

Last Name of Youngest School Aged Child _____

Residence Type Own Rent Lease Lives with Family Foster Care Agency Group Home Homeless Not Specified

Household Address: _____
Street Name _____ City _____ State/Zip _____

Household Phone: _____ Is this a cell phone? yes no Primary Household Language _____

SECTION 2: STUDENT INFORMATION

Student Name _____
Last Name _____ First Name _____ Middle Name _____

Birthdate _____ Age _____ Hispanic yes ___ no ___

Race/Ethnicity (CHECK ONE OR MORE) White Black/African American Asian American Indian/Alaskan Native Hawaiian or other Pacific Islander

Gender Male Female Foreign Exchange Student yes ___ no ___
Language of Country _____

Social Security # _____

City of Birth _____ State of Birth _____ Country of Birth _____

Date Became a resident of Pennsylvania _____ Date Entered US _____

Has student previously attended Uniontown School District? yes ___ no ___ Current Entry Date into UASD _____

Name of most recent school attended _____ Last day attended _____

Most recent school address _____ Telephone # _____
street address

city _____ state _____ zip _____ Fax # _____

In what School District is former school located? _____ Has student repeated a grade? ___ yes ___ no
If yes, what grade? _____

Student Name

SECTION 3: STUDENT IEP INFORMATION PLEASE PRINT

Does student have an IEP? yes no If yes, what type? Special Education Speech Gifted

Was IEP paperwork provided at time of registration? yes no

Does student have a disability? yes no If yes, what type? _____

*** If any part of section 3 is completed, fax registration form to Special/Alternative Office.**

SECTION 4: BIOLOGICAL PARENT INFORMATION

MOTHER'S NAME

First Name Last Name Middle Name

Physical Address

Street/PO Box City State/Zip

**Mailing Address
ONLY IF PHYSICAL
ADDRESS IS NOT SAME**

Street/PO Box City State/Zip

Home telephone Work # Cell #

Is home telephone number unlisted? yes no

Email Address

Place of employment

Does this person have educational mailing rights? yes no If No, please provide court documentation.

FATHER'S NAME

First Name Last Name Middle Name

Physical Address

Street/PO Box City State/Zip

**Mailing Address
ONLY IF PHYSICAL
ADDRESS IS NOT SAME**

Street/PO Box City State/Zip

Home telephone Work # Cell #

Is home telephone number unlisted? yes no

Email Address

Place of employment

Does this person have educational mailing rights? yes no If No, please provide court documentation.

If divorced or separated, is there a custody agreement? yes no If yes, a copy is requested.

Custody granted to: (CHECK ONE OR MORE) Mother Father Grandparent Other _____

If yes, specify the type: primary physical physical & legal legal visitation rights supervised visitation no contact privileges

Student Name

SECTION 5: STEP/FOSTER PARENT INFORMATION PLEASE PRINT

MOHER'S NAME

Step/Foster
(circle one)

First

Last

Middle

Physical Address

Street/PO Box

City

State/Zip

**Mailing Address
ONLY IF PHYSICAL
ADDRESS IS NOT SAME**

Street/PO Box

City

State/Zip

Home telephone

Work #

Cell #

Is home telephone number unlisted? ___ yes ___ no

Email Address

Place of employment

Does this person have educational mailing rights? ___ yes ___ no

If No, please provide court documentation.

FATHER'S NAME

Step/Foster
(circle one)

First

Last

Middle

Physical Address

Street/PO Box

City

State/Zip

**Mailing Address
ONLY IF PHYSICAL
ADDRESS IS NOT SAME**

Street/PO Box

City

State/Zip

Home telephone

Work #

Cell #

Is home telephone number unlisted? ___ yes ___ no

Email Address

Place of employment

Does this person have educational mailing rights? ___ yes ___ no

If No, please provide court documentation.

IF STUDENT IS A FOSTER CHILD, PLEASE COMPLETE THE FOLLOWING:

Address of Biological Parent(s):

Street

City

State

Zip

Name of School District where Natural Parent(s) reside:

Name of agency that placed child in foster care:
(a copy of placement letter is requested)

Who has Court ordered educational rights for the child?

Student Name _____

SECTION 6: GUARDIAN INFORMATION PLEASE PRINT

Relationship to Student: _____

Name of Guardian
First _____ Last _____ Middle _____

Physical Address
Street/PO Box _____ City _____ State/Zip _____

Mailing Address
ONLY IF PHYSICAL ADDRESS IS NOT SAME
Street/PO Box _____ City _____ State/Zip _____

Home telephone _____ Work # _____ Cell # _____

Is home phone number unlisted? ___ yes ___ no

Is guardian a resident of Uniontown Area School District? ___ yes ___ no

Is there a notarized custody agreement? yes ___ no ___ (if yes, a copy if requested)

Date In Loco Parentis signed _____ (a copy is requested)

Date Court Order Signed _____ (a copy is requested)

SECTION 7: EMERGENCY CONTACT INFORMATION

Emergency contact information in the case that the parent/guardian can not be reached .

Contact #1
First Name _____ Last Name _____ Middle Name _____

Address
Street/PO Box _____ City _____ State/Zip _____

Telephone _____ Relationship to student _____

Contact #2
First Name _____ Last Name _____ Middle Name _____

Address
Street/PO Box _____ City _____ State/Zip _____

Telephone _____ Relationship to student _____

Student Name

SECTION 8: PARENT/GUARDIAN SIGNATURE

I give my permission to have academic records, standardized test results, attendance and this registration information placed in my child's permanent record file and shared on a need to know basis with authorized school personnel.

Parent/Guardian Signature

Date

OFFICE USE ONLY

Entry Code: _____

Entry Date: _____

Assigned to Grade: _____

Record Request Sent: _____

Homeroom: _____

Records Received: _____

Student ID #: _____

Health Records Received: _____

PA Secure ID # _____

Form Completed by: _____