

# Ringgold School District

New Eagle, PA 15067

(7234)258-9329 Ext. 1134



## STUDENT REGISTRATION FORM

Date:

School Year:

Student ID:

New  Re-enrolling

Ringgold Elem North (K-4)

Ringgold Elem South (K-4)

Ringgold Middle School (5-8)

Ringgold High School (9-12)

### Student Information:

				<input type="checkbox"/> Male	<input type="checkbox"/> Female
Student Legal Last Name	Legal First Name	Legal Middle Name	Suffix	Gender	

Street Address			City
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Grade Level	DOB (MM/DD/YYYY)	Birthplace City, State	Birth Certificate #
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Grade Level	DOB (MM/DD/YYYY)	Birthplace City, State	Birth Certificate #
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To obtain a certified copy of the birth certificate for most cities within the United States go to the website: [www.vitalreportsystems.com](http://www.vitalreportsystems.com)

**Ethnicity/Race Survey:** The U.S. Department of Education (USDE) requires school districts to collect ethnicity/race data from students by asking the following two questions to satisfy the USDE audit requirements.

1. What is the student's <b>Ethnicity</b> ?	2. What is the student's <b>Race</b> ? Mark one or more races to indicate what this person considers himself/herself to be:	
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> White	<input type="checkbox"/> American Indian or Alaskan Native
<input type="checkbox"/> Non-Hispanic or Non-Latino	<input type="checkbox"/> Black	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
	<input type="checkbox"/> Asian	

**Home Language Survey:** The Office of Civil Rights (OCR) requires all school districts to identify Limited English Proficient (LEP) students to provide appropriate language instructional programs for them. The local education agency (LEA) has the responsibility under federal law to serve students who are LEP and need English instructional services. The LEA has the right to ask for the information it needs to identify English Language Learners (ELLs). As part of the responsibility to locate and identify ELLs, the LEA may conduct screenings or ask for related information about students who are already enrolled in the school as well as from students who enroll in the LEA in the future.

1. What was the student's first language learned?		
2. Does the student speak a language(s) other than English?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (Do not include languages learned in school)
3. What language(s) is/are spoken in your home?		
4a. <u>Answer ONLY if born outside the U.S.</u> – Has the student attended any U.S. school in any 3 years during his/her lifetime?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (If yes, please answer 4b-4d:)
4b. <u>Answer ONLY if born outside the U.S.</u> – Name of School in the United States:	State	Date Attended (MM/YYYY)
4c.		
4d.		
5. Has your child ever been enrolled in an English as a Second Language (ESL) program?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

**Birth Information:** Birth-related information is collected and reported to the Pennsylvania Department of Education (PDE) using the Pennsylvania Information Management System (PIMS) as per the requirements set forth by the PDE. Please answer the following questions:

1. If the student was NOT born in Pennsylvania, on what date did the child enter the state of PA?	
2. If the student was NOT born in Pennsylvania, in what state was the child born?	
3. If the student was NOT born in the United States, on what date did the child enter the U.S.?	
4. If the student was NOT born in the United States, in which country was the child born?	
5. If the student was NOT born in the United States, on what date did the child first enroll in a U.S. school?	

### Special Services:

1. Has your child ever qualified for or been enrolled in a Special Education class?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
2. Does your child currently have an IEP?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If known, the reason for the IEP is:
3. Does your child currently have a GIEP for Gifted Services?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
4. Does your child currently have a 504 Service Plan?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If known, the reason for the 504 is:

**Please list all previous schools your child has attended, including Ringgold School District:**

Name of School District	Name of School	City, State	Dates (MM/YY) – From/To	Grade Levels Attended

**Other Siblings/Children in the Family:**

Child's Name	Gender (M/F)	DOB (MM/DD/YYYY)	Grade Level	Name of School, if enrolled

**PARENT/GUARDIAN INFORMATION: Registering parent/guardian should be #1 and the other parent/step-parents should be listed as #2, #3, and #4.**

<b>#1</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other			
<input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Mr. <input type="checkbox"/> Dr.		<input type="checkbox"/> Sole Custody <input type="checkbox"/> Shared/Joint Custody <input type="checkbox"/> Guardian/Caretaker	
Last Name		First Name	
Street Address		City	State    Zip Code
Cell Phone	Home Phone		Work Phone
Email			

<b>#2</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other			
<input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Mr. <input type="checkbox"/> Dr.		<input type="checkbox"/> Sole Custody <input type="checkbox"/> Shared/Joint Custody <input type="checkbox"/> Guardian/Caretaker	
Last Name		First Name	
Street Address		City	State    Zip Code
Cell Phone	Home Phone		Work Phone
Email		Does this person have authority to pick up student from school? <input type="checkbox"/> No <input type="checkbox"/> Yes	

<b>#3</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other			
<input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Mr. <input type="checkbox"/> Dr.		<input type="checkbox"/> Sole Custody <input type="checkbox"/> Shared/Joint Custody <input type="checkbox"/> Guardian/Caretaker	
Last Name		First Name	
Street Address		City	State    Zip Code
Cell Phone	Home Phone		Work Phone
Email		Does this person have authority to pick up student from school? <input type="checkbox"/> No <input type="checkbox"/> Yes	

<b>#4</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other			
<input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Mr. <input type="checkbox"/> Dr.		<input type="checkbox"/> Sole Custody <input type="checkbox"/> Shared/Joint Custody <input type="checkbox"/> Guardian/Caretaker	
Last Name		First Name	
Street Address		City	State      Zip Code
Cell Phone	Home Phone	Work Phone	
Email		Does this person have authority to pick up student from school? <input type="checkbox"/> No <input type="checkbox"/> Yes	

**CUSTODY OR GUARDIANSHIP INFORMATION: Important, registering parent/guardian must answer all questions below.**

<b>Student PRIMARILY lives with &gt;&gt;&gt;</b>	e.g. Mother, Father, Stepmother, Stepfather, Legal Guardian, Other (specify)
1. Is there any Court Order barring either parent from removing the child from school? If yes, provide copy of most current Court Order signed by a judge.	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A
<b>2. If divorced or separated:</b>	
<b>2a.</b> Do parents have shared (or joint) parental rights and responsibilities? If no, provide copy of Court Order signed by a judge which limits either parent's parental rights or responsibilities regarding the student.	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A
<b>2b.</b> Does either parent have final decision-making authority regarding education decisions for the student? If yes, provide copy of Court Order signed by a judge stating that one parent has final parental decision-making authority regarding education.	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A
<b>2c.</b> Is there a Temporary Restraining Order, Permanent Restraining Order, or Order of No Contact or other Court Order that restricts or impacts access to the student by anyone, including a parent? If yes, please provide copy of the most current Court Order signed by a judge.	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A

**EMERGENCY CONTACTS:** In case of emergency, we will always attempt to contact parents or guardians first. Please list persons other than yourself who have agreed to care for and provide transportation for your student in the case of an illness or other emergency.

<b>Emergency Contact #1</b>	Name:	Relationship to Student:
Primary Phone:	Work Phone:	Other Phone:
<b>Emergency Contact #2</b>	Name:	Relationship to Student:
Primary Phone:	Work Phone:	Other Phone:

**Pennsylvania's Education for Children & Youth Experiencing Homelessness Program (McKinney-Vento):** This program is to make sure homeless youth have access to free and appropriate public education while removing barriers that homeless children face. Its goal is to have the educational process continue as uninterrupted as possible while the children are in homeless situations. If you check any of the following except "None of the above", please complete **FORM A – STUDENT RESIDENCY QUESTIONNAIRE** which can be found on our website under the Registration menu:

1. Are you and your child temporarily living in any of the following situations:
<input type="checkbox"/> Sharing housing of other persons due to loss of housing, economic hardship, or similar reason
<input type="checkbox"/> In an emergency or transitional shelter
<input type="checkbox"/> In a motel, hotel, campsite, or car due to lack of alternative adequate accommodations
<input type="checkbox"/> In a park, public space, abandoned building, substandard housing, bus or train station, or similar setting
<input type="checkbox"/> Other places not designated for or ordinarily used as regular sleeping accommodations for human beings
<input type="checkbox"/> None of the above

**Parental Registration Statement:** Pennsylvania School Code §13-1304-A states in part "Prior to admission to any school entity, the parent/guardian or other person having control or charge of the student shall, upon registration, provide a sworn statement or affirmation stating whether the pupil was previously or is presently suspended or expelled from any public or private school of this Commonwealth or any other state for an action or offense involving a weapon, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property.

Is this student presently under suspension or expulsion from another school or school system?		<input type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, please check applicable: <input type="checkbox"/> Suspension <input type="checkbox"/> Expulsion		Date:	School:
Please explain infraction causing suspension or expulsion:			
Has this student ever been arrested and charged?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Date:	Charge(s):
Is this student currently under Juvenile system actions?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Please explain:	
Is this student currently serving Community Service?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Please explain:	
Has this student been referred for corresponding mental health services by a school district for the disclosures above?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Please explain:	

**Other:**

<b>INTERNET</b> – Do you have broadband Internet access at home? (i.e. Cable, DSL, Wireless/Satellite, Cellular, Dialup)	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>MILITARY</b> – Is the parent/guardian an active-duty member of a branch of the United States Armed Forces? (Army, Navy, Air Force, Marine Corp, or Coast Guard including full-time National Guard)	<input type="checkbox"/> No <input type="checkbox"/> Yes

**I understand the Ringgold School District must have all supporting documents (birth certificate, immunization record, and 2 forms of proof of residency with my name, address, and current date) for this registration to be considered complete and for my student to be assigned a homeroom and schedule.**

**Parent Initials**

**PLEASE READ THE FOLLOWING STATEMENT CAREFULLY BEFORE YOU SIGN**

**This is to certify that all information on this registration form is true to the best of my knowledge and belief. I understand that inadequate information may result in delayed entry. I understand that I must be a resident living within the boundaries of the Ringgold School District to register my child for school in the Ringgold School District and that I have provided at least 2 forms of documentation to support proof of residency. If this information is found to be incorrect now or in the future, I fully understand that I will be liable for reimbursing the Ringgold School District the cost of my student's education and my child may be removed from the membership rolls. Tuition is subject to change each school year.**

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Signature of Parent/Guardian

Relationship to Student

Date



**Ringgold School District**  
 New Eagle, PA 15067  
 (724)258-9329 Ext. 1134

**CONSENT TO OBTAIN CONFIDENTIAL INFORMATION  
 RECORDS RELEASE**

<b>Student Last Name</b>	<b>First Name</b>	Date of Birth	Date of Enrollment	Official Start Date
Previous School District	Previous School	School City, State	School Fax#	

**Please release all school records including:**

<input type="checkbox"/> Academic/Permanent Record	<input type="checkbox"/> Attendance (School and Class)
<input type="checkbox"/> Discipline Files	<input type="checkbox"/> Grades/Report Cards/Transcripts
<input type="checkbox"/> Health/Medical Records	<input type="checkbox"/> Test/Assessment Scores
<input type="checkbox"/> Immunization Record	<input type="checkbox"/> Special Education Records & Psychological/Psychiatric Reports
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> 504 Service Plan
<input type="checkbox"/> GIEP (Gifted Services)	<input type="checkbox"/> School Personnel Observations & Rating Scales

**Please send records to:**

<input type="checkbox"/> <b>Ringgold High School</b> 1 Ram Drive Monongahela, PA 15063 Fax: (724)258-7289 Email: <a href="mailto:bpaulish@ringgold.org">bpaulish@ringgold.org</a>	<input type="checkbox"/> <b>Ringgold Middle School</b> 2 Ram Drive Monongahela, PA 15063 Fax: (724)258-2050 Email: <a href="mailto:dmyonkers@ringgold.org">dmyonkers@ringgold.org</a>
<input type="checkbox"/> <b>Ringgold Elem School North</b> 3685 Finleyville-Elrama Rd Finleyville, PA 15332 Fax: (724)348-8839 Email: <a href="mailto:aguerrieri@ringgold.org">aguerrieri@ringgold.org</a>	<input type="checkbox"/> <b>Ringgold Elem School South</b> 120 Alexander Ave Monongahela, PA 15063 Fax: (724)258-7050 Email: <a href="mailto:tference@ringgold.org">tference@ringgold.org</a>

**Please send Special Education Records, Psychological/Psychiatric Reports, 504 Service Plan, or GIEP to:**

<input type="checkbox"/>	<b>Ringgold School District          Special Education Office</b> 400 Main St New Eagle, PA 15067 Fax: (724)258-2222 Email: <a href="mailto:aharrison@ringgold.org">aharrison@ringgold.org</a> <b>Or transfer records via IEP Writer</b>
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I hereby authorize the release of all educational records requested above to the Ringgold School District:

Signature of Parent/Guardian	Relationship to Student	Date

# Ringgold Health Services

**Jean Sames – RN, CSN**

Ringgold High School  
(724)258-2200

**Lauren O'Brien – RN, CSN**

Ringgold Middle School  
(724)258-2211

**Cindy Magone – RN, CSN**

Ringgold Elementary North & South  
(724)348-7205 North/(724)258-8454 South

**Immunizations can be faxed directly to:**

Ringgold Elementary North 724.348.8839

Ringgold Elementary South 724.258.7050

Ringgold High School 724.258.7360

Ringgold Middle School 724.258.2050

**The PA Department of Health mandates the following grade-level exams:**

**Grade K/1:** Physical Exam, Dental Exam

**Grade 3:** Dental Exam

**Grade 6:** Physical Exam, Scoliosis Screen

**Grade 7:** Dental Exam, Scoliosis Screen

**Grade 11:** Physical Exam

The Department of Health encourages the family physician and dentist to conduct the examinations since they are aware of the student's health status and history. These examinations are at the parents' expense. If possible, private examinations should be done over the summer to have the forms completed before **SEPTEMBER**. Physical and dental examinations done up to one year before grade entry will be accepted.

Results of private exams **Must** be recorded on the **Official Forms**.

An appointment may be scheduled with the school physician and/or school dentist for any student whose form is not returned to school.

**Parents/guardians will be notified of the examination date and must submit signed permission to schedule an exam.** These examinations are free of cost.

**These are the current Pennsylvania immunization requirements for children entering school (all immunizations must be properly spaced):**

4 doses of Diphtheria and Tetanus (given as DTP, DTaP, DT or Td) including one dose administered on or after the 4<sup>th</sup> birthday

3 doses of Polio vaccine (given as OPV or IPV)

2 doses of Measles Mumps and Rubella (usually given together as MMR)

3 doses of Hepatitis B

2 doses of Varicella (chicken pox) or history of having the disease

1 dose each MCV and TDAP by first day of school -**7<sup>th</sup> Grade**

1 dose MCV if earlier dose was given before 16 years of age – **12<sup>th</sup> grade**

These requirements allow for exemptions due to medical reasons or religious beliefs. If you wish for your child to be exempt from immunization, please call the school nurse. You will need to submit the exemption in writing. If your child is exempt from immunization, he/she may be removed from school during an outbreak for his/her own safety and wellbeing.

**Thank you in advance for your cooperation and please call the School Nurse at the phone number listed above if you have any questions.**

# Ringgold Health Services Form

		Date of Birth:		<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Student Last Name</b>	<b>First Name</b>			

NOTE: All medication taken at school (prescription or over-the-counter) must be taken directly to the office and have a signed medication permit on file with the school health office. Parents are encouraged to bring in the medication themselves or call the school if sending with student. Medication will NOT be sent home with the student. A doctor's note must be on file for a student to carry inhalers, diabetic medicine, or emergency drugs for allergic reactions. These policies are to ensure student safety.

**ALLERGIES**

Please list and explain any allergies (food, medication, latex, seasonal, bee stings, etc.):

**CURRENT AND PAST MEDICAL HISTORY (check those that apply)**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Asthma                       | <input type="checkbox"/> Diabetes              | <input type="checkbox"/> Seizure Disorder        |
| <input type="checkbox"/> Arthritis                    | <input type="checkbox"/> Eating Disorders      | <input type="checkbox"/> Surgery / Operations    |
| <input type="checkbox"/> ADD/ADHD                     | <input type="checkbox"/> Diet Restrictions     | <input type="checkbox"/> Back/Neck Problem       |
| <input type="checkbox"/> Anemia (include sickle cell) | <input type="checkbox"/> Depression            | <input type="checkbox"/> Blood/Clotting Disorder |
| <input type="checkbox"/> Headaches                    | <input type="checkbox"/> Hepatitis             | <input type="checkbox"/> Cancer/Leukemia         |
| <input type="checkbox"/> Head Injury/Concussion       | <input type="checkbox"/> Activity Restrictions | <input type="checkbox"/> Nosebleeds              |
| <input type="checkbox"/> Vision Problem               | <input type="checkbox"/> Hearing Deficit       | <input type="checkbox"/> Heart Problems          |
| <input type="checkbox"/> Chicken Pox                  | <input type="checkbox"/> Speech Problems       | <input type="checkbox"/> Hypertension            |
| <input type="checkbox"/> Skin Conditions              | <input type="checkbox"/> Bone/Joint Problems   | <input type="checkbox"/> Hernia                  |
| <input type="checkbox"/> Bed Wetting                  | <input type="checkbox"/> Immune Disorder       | <input type="checkbox"/> Psychiatric Disorder    |

Please explain if any of the above have been checked, give dates or age of occurrence. Any other problems not listed about, please list/explain.

**HEARING** (Ear Problems: frequent infections, tubes, hearing loss, aides, etc.) Please list physician and any problems.

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**VISION** (Vision Problems: amblyopia, strabismus, lazy eye, color-blind, surgery, etc.)

Glasses: \_\_\_\_\_ Contact Lenses: \_\_\_\_\_ Physician: \_\_\_\_\_

Last Exam: \_\_\_\_\_

**MEDICATION**

Is your child on medication at home?  YES  NO

Medication: \_\_\_\_\_ Dose: \_\_\_\_\_

Will your child require medication at school?  YES  NO (if yes, please list)

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Is your child currently under medical care?  YES  NO

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**ADDITIONAL INFORMATION**

- Any restrictions for Physical Education?  YES  NO
- Any serious illness or injury requiring hospitalization?  YES  NO
- Is your child toilet trained?  YES  NO
- Any other problems we should be aware of?  YES  NO
- 
- 

Health concerns such as diabetes, seizures, asthma, or severe allergic reactions will need additional health care plans. Please contact your school nurse as soon as possible to complete this information.

To ensure the care of my child, I read and agree that pertinent health information may be provided to appropriate school staff. I agree that the school nurse may consult with my child’s doctor about the above medical conditions. I agree to alert the school nurse and my child’s teacher on any changes in medication and/or health status of my child. I will furnish the school with current phone numbers and address in case of an emergency.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please do not send your child to school when he/she is not feeling well. The health of a student affects his/her ability to learn. Children, no matter what age, need a good night’s sleep and a good breakfast to help them do their best in school each day.

To protect your child and prevent the spread of illness to other classmates, **please do not send your child to school** if they are experiencing any of the following **symptoms within 24 hours of the start of school:**

Vomiting or diarrhea	Yellowish drainage from the eye (contagious conjunctivitis – pink eye)
Temperature of 100 degrees or higher	Evidence of lice. Please call and notify the school nurse immediately so appropriate classroom cleaning and assessment can be done.
Continuous coughing or sneezing	Thick dark yellow or yellow-greenish drainage from the nose
Unexplained and/or contagious rash	



**For Grades 7-12 ONLY**  
**Participation Interest in Interscholastic Athletics in Ringgold School District**

Any student, grade 7-12, entering the Ringgold School District who desires to participate in a sport should complete the information below. Based on the information provided, there may or may not be a need to meet with the family to discuss final eligibility status. Families will be contacted only if necessary.

For information about our sports offerings and physical requirements, please visit our website at [www.ringgold.org](http://www.ringgold.org) or call the Athletic Office at (724)258-2208.

<b>Student Last Name:</b>		<b>First Name:</b>		Grade Level:	
Date of Birth:		Current Age:		Date of Enrollment at RSD:	
Head of Household Name:				Relationship to Student:	
Address:				City:	
Contact Phone:			Contact Email:		
School which you are transferring from:					
Have you ever repeated a grade?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, which Grade and School Year:		

**Previous Athletic Participation History - List each sport student participated in:**

7 <sup>th</sup> Grade:	
8 <sup>th</sup> Grade:	
9 <sup>th</sup> Grade:	
10 <sup>th</sup> Grade:	
11 <sup>th</sup> Grade:	
12 <sup>th</sup> Grade:	

<b>Participation Interest at Ringgold:</b>	
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**Specify the reason for your transfer to Ringgold School District:**

<input type="checkbox"/>	Physically moved into the district with one or both natural parents
<input type="checkbox"/>	Natural break in school (7 <sup>th</sup> or 9 <sup>th</sup> grader coming from private/parochial/other school)
<input type="checkbox"/>	Legally appointed by Court Order and/or Administrative Appointment
<input type="checkbox"/>	Previous school closed
<input type="checkbox"/>	Became temporarily Homeless in previous school district due to loss of housing, eviction, or other economic hardship
<input type="checkbox"/>	Other (please explain):

<b>Signature of Parent/Guardian</b>	<b>Date</b>

# STUDENT ACCOUNTING FORM

~~For Office Use Only~~

<b>Student ID:</b>	
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<b>Student Legal Last Name</b>	<b>Legal First Name</b>	<b>Legal Middle Name</b>	Suffix	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

Date of Birth	Grade	Homeroom	Date – First Day of Membership	Membership Day #	Entry/Re-Entry Code

Entering/Transferring From>>> School District/School Name	
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**Primary Parent/Guardian Contact #1:**

Salutation	First Name	Last Name	Relationship to Student
Street Address		PO Box	City
Cell Phone	Home Phone	Work Phone	

**Parent/Guardian Contact #2:**

Salutation	First Name	Last Name	Relationship to Student
Street Address		PO Box	City
Cell Phone	Home Phone	Work Phone	

**Parent/Guardian Contact #3:**

Salutation	First Name	Last Name	Relationship to Student
Street Address		PO Box	City
Cell Phone	Home Phone	Work Phone	

**Parent/Guardian Contact #4:**

Salutation	First Name	Last Name	Relationship to Student
Street Address		PO Box	City
Cell Phone	Home Phone	Work Phone	

**Bussing Information:**

Description of Home Location:			
Walks to School	<input type="checkbox"/>	Rides Bus	<input type="checkbox"/>
AM Bus #		AM Bus Stop	
PM Bus #		PM Bus Stop	

<b>Person Completing Form</b>	<b>Date</b>