



**Jersey Shore Area School District**  
 175 A&P Drive, Jersey Shore, PA 17740

**New Student Registration Form**

Office Use Only:  
 \_\_\_\_\_ Immunization (on file)  
 \_\_\_\_\_ Birth Certificate (on file)  
 \_\_\_\_\_ Proof of Residency (on file)  
 Student # \_\_\_\_\_

**Form**  
**1**

Registration Date \_\_\_\_\_ Grade \_\_\_\_\_  SH  MS  JS Elem  Avis Elem  Sall Elem

Student Name \_\_\_\_\_  
 Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
 Sex: M F Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthplace \_\_\_\_\_ Home Phone# (\_\_\_\_) \_\_\_\_\_  
 Month Date Year City State Unlisted? Y N

**Home Address**

House Number \_\_\_\_\_ Apartment Number \_\_\_\_\_  
 Street Name \_\_\_\_\_  
 PO Box \_\_\_\_\_ Borough/Township \_\_\_\_\_  
 City \_\_\_\_\_ Zip Code \_\_\_\_\_

**Ethnicity – Please check:**

American Indian/Alaskan Native  
 Asian  
 Black/African American  
 Hispanic or Latino  
 Native Hawaiian/Pacific Islander  
 White  
 Other

**Did the child ever attend school in this district?** Y N  
 Which School? \_\_\_\_\_ Grades? \_\_\_\_\_

**Was the child in any of the following programs at his/her previous school?**  
 Yes  No

**If yes, please check all that apply:**  
 ESL  Gifted  Title I  Speech  Hearing Impaired  
 Alternative Education  Special Education (IEP and NoREP Attached)

**Who has legal custody of student?**  
 Both Parents  Mother  Father  Child Care Agency  
 Guardian  Other \_\_\_\_\_

**Adults who reside with child at above address:**  
 Mother/Father  Mother  Mother/Stepfather  Father  Father/Stepmother  Other \_\_\_\_\_

**Father**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Place of Employment \_\_\_\_\_  
 Primary Phone (\_\_\_\_) \_\_\_\_\_  
 Secondary Phone (\_\_\_\_) \_\_\_\_\_  
 Work Phone (\_\_\_\_) \_\_\_\_\_ Ext \_\_\_\_\_  
 Email \_\_\_\_\_

**Mother**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Place of Employment \_\_\_\_\_  
 Primary Phone (\_\_\_\_) \_\_\_\_\_  
 Secondary Phone (\_\_\_\_) \_\_\_\_\_  
 Work Phone (\_\_\_\_) \_\_\_\_\_ Ext \_\_\_\_\_  
 Email \_\_\_\_\_

**Step Parent/Guardian**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Place of Employment \_\_\_\_\_  
 Primary Phone (\_\_\_\_) \_\_\_\_\_  
 Secondary Phone (\_\_\_\_) \_\_\_\_\_  
 Work Phone (\_\_\_\_) \_\_\_\_\_ Ext \_\_\_\_\_  
 Email \_\_\_\_\_

NAME OF ALL CHILDREN AT CHILD'S ADDRESS	RELATIONSHIP TO CHILD	AGE	SCHOOL	GRADE

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_ Student eligible for transportation