



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

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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, NoREP, ER, 504 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 _____

Transportation Dept Use: Eligible Not Eligible Calendar Attached

Start Date: _____ AM: Bus# _____ Time: _____ Stop: _____
 PM: Bus# _____ Time: _____ Stop: _____

Notification: (Initial & Date)
 Bus Co _____ Email or Phone _____ School _____ Email or Phone _____ Parent _____ Email or Phone _____
 Additional Info _____