

Please check if applicable:

Age Eligibility: A Kindergarten child must be 5 years old by September 1<sup>st</sup>.  
A First grade child must be 6 years old by September 1<sup>st</sup>.

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

**REGISTRATION FORM  
EAST ALLEGHENY SCHOOL DISTRICT  
PLEASE PRINT**

Today's Date: \_\_\_/\_\_\_/\_\_\_

- Building:  Early Learning Center  
 Green Valley  
 Logan Middle School  
 E.A. High School

Student's Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Student ID# (Assigned by East Allegheny) \_\_\_\_\_

Home Address (Street, Apt. #, Borough, Zip Code) \_\_\_\_\_

Former Address of Pupil \_\_\_\_\_

Sex: M \_\_\_ F \_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Verification: Birth Certificate \_\_\_ Baptismal Cert. \_\_\_

Home Telephone ( ) \_\_\_\_\_ Child's Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Student's First Date of Attendance \_\_\_/\_\_\_/\_\_\_ Grade \_\_\_\_\_ Homeroom# \_\_\_\_\_  
Locker # \_\_\_\_\_

If child will be at babysitter or daycare, please give:		
A.M. Only _____	P.M. Only _____	A.M. & P.M. _____
Name _____	Address _____	Phone( ) _____

**Student Resides With:**

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | 1. Mother & Father  |
|                          | 2. Mother   |
|                          | 3. Father   |
|                          | 4. Mother & Stepfather                                    |
|                          | 5. Father & Stepmother                                    |
|                          | 6. Legal Guardian (Documentation required)                |
|                          | 7. Parent & Other Relative (Residency Affidavit required) |
|                          | 8. Other (Please Specify) _____ (Documentation required)  |

**Ethnic Origin:**

- |                          |                         |
|--------------------------|-------------------------|
| <input type="checkbox"/> | 1. White                |
|                          | 2. Black                |
|                          | 3. Hispanic             |
|                          | 4. Asian/Pacific Island |
|                          | 5. Native American      |
|                          | 6. Multi-Racial         |

**Names / Addresses of Parents/Guardian(s) : (Please Print and Complete ALL Available Information)**

Mother \_\_\_\_\_  
(First) (Maiden) (Last) (Address) (Home Tel.#) (Work Tel. #)

Father \_\_\_\_\_  
(First) (Middle) (Last) (Address) (Home Tel.#) (Work Tel. #)

Legal Guardian \_\_\_\_\_  
(First) (Middle) (Last) (Address) (Home Tel.#) (Work Tel. #)

STUDENT'S NAME \_\_\_\_\_

**PIMS REQUIREMENTS**

City & State of Birth: \_\_\_\_\_ Birth Country: \_\_\_\_\_  
(If different from United States)

Initial U.S. Entry: \_\_\_\_\_ Initial Entry into Pennsylvania: \_\_\_\_\_  
(If different from birth date) (If different from birth date)

Years in School: \_\_\_\_\_ Home Language: \_\_\_\_\_  
(Count only completed school years) (If other than English)

Was child enrolled in East Allegheny School District before? Yes  No

Documents Submitted for Residency Verification:

A. Lease/Rental Agreement \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_ B. Gas \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_  
Mortgage/Deed \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_ Electricity \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

C. Other Documents (if applicable) and date received:  
\_\_\_\_\_  
\_\_\_\_\_

Is an Affidavit of Support (Guardianship) on File? ____Yes ____ No
Is an Affidavit of Residency on File? ____Yes ____ No

STUDENT'S NAME \_\_\_\_\_

Previous School(s) Attended (for elementary students, please include pre-school and/or kindergarten):

Year	Grade(s)	School	School Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Was Child Enrolled in Special Education? Yes\_\_\_\_\_ No \_\_\_\_\_

Was Child Enrolled in Speech? Yes\_\_\_\_\_ No \_\_\_\_\_

If yes, please check: LS \_\_ ES \_\_ Gifted\_\_ Other\_\_

Other Children Living in the Home & Name of School(s) Currently Attending:

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

**I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE:**

\_\_\_\_\_  
(PARENT/GUARDIAN SIGNATURE)

School Official Registering \_\_\_\_\_ Records Requested \_\_\_\_/\_\_\_\_/\_\_\_\_