

SENECA VALLEY SCHOOL DISTRICT  
STUDENT REGISTRATION PERMANENT RECORD INFORMATION

PLEASE PRINT

**1 - Student Information**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_  
Last First Middle

Student Address \_\_\_\_\_  
Street City State Zip

Housing Plan \_\_\_\_\_ Township/Borough \_\_\_\_\_

Kindergarten Preference AM \_\_\_ PM \_\_\_ Daycare or list members of carpool \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ Place of Birth \_\_\_\_\_

Student Resides with \_\_\_\_\_  
Both Parents \_\_\_\_\_  
Mother Only \_\_\_\_\_  
Father Only \_\_\_\_\_  
Mother & Stepfather \_\_\_\_\_  
Father & Stepmother \_\_\_\_\_  
Relative \_\_\_\_\_  
Guardian \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Foster \_\_\_\_\_  
Glade Run \_\_\_\_\_

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**2- Guardian Information**

Parent/Legal Guardian #1 \_\_\_\_\_ Parent/Legal Guardian #2 \_\_\_\_\_  
Last, First Last, First

Relationship to student \_\_\_\_\_ Relationship to student \_\_\_\_\_

Street Address \_\_\_\_\_ Street Address \_\_\_\_\_

City State Zip City State Zip

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Employer \_\_\_\_\_ Employer \_\_\_\_\_  
Business Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
E-mail address \_\_\_\_\_ E-mail address \_\_\_\_\_

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**3 - Previous School Information (Include Pre-School for Kindergarten registrants)**

Name of Previous School \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Counselor \_\_\_\_\_

Fax # \_\_\_\_\_

Last completed grade \_\_\_\_\_ Last date attended \_\_\_\_\_

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**4 - Special Services Information**

Did your child receive any Special Services listed below at his/her previous school?

Speech Therapy \_\_\_\_\_ Remedial Reading \_\_\_\_\_ Physically Handicapped \_\_\_\_\_  
Social/Emotional Support \_\_\_\_\_ Learning Disability \_\_\_\_\_ Gifted \_\_\_\_\_  
English Second Language \_\_\_\_\_ Student Assistance \_\_\_\_\_ Other \_\_\_\_\_

Does your child have a life threatening condition? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

CONTINUE ON REVERSE SIDE

**5 - Policy Information**

Please read and sign below:

The Pennsylvania School Code requires that prior to admission to any school entity, the parent/guardian or other person having control or charge of a student shall, upon registration, provide a sworn statement or affirmation stating whether the pupil was previously suspended or expelled from any public or private school of this commonwealth or any other state for an act or offense involving weapons, alcohol or drugs or for the willful infliction of injury to another person or for any act of violence committed on school property. The registration shall be maintained as part of the student's disciplinary record. It also requires the transfer of pupil records concerning these disciplinary actions and this information be released with student records to the receiving school at the time of transfer.

**Any willful false statement made under this section shall be a misdemeanor of the third degree.**

My son/daughter has been involved in a previous expulsion/disciplinary action.

\_\_\_\_\_  
Signature of Parent/Guardian Date

My son/daughter has not been involved in a previous expulsion/disciplinary action.

\_\_\_\_\_  
Signature of Parent/Guardian Date

All students are required by the state of Pennsylvania to submit proof of immunization or exemption from immunization prior to entry to school. Copies of immunization records for students are usually available from the transferring school. Immunization regulations are cited in 28 Pa. Code §23.83 (c), revised August 2001. State law requires that in order to attend schools, a child must receive all immunizations as mandated by the Department of Health unless a medical or religious exemption is provided to the school district. A child may be provisionally admitted and attend school for up to eight months if at least one dose of each required immunization has been given and there is a plan for the completion of the remainder of the doses.

I hereby give permission to the previous school or agency listed to release all available information identifying official administrative records (name, address, birth date, grade level completed, grades, class standing, attendance record); standardized achievement, intelligence and aptitude test scores; record of extracurricular activities; and health records for the student named above.

Reason for withdrawal from previous school \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian Date Withdrawal Date

Is there currently a custody issue concerning your child? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain and provide appropriate legal documentation \_\_\_\_\_

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**School Use Only:**

Registration Date \_\_\_\_\_

Student ID# \_\_\_\_\_ School \_\_\_\_\_ PA SECURE ID # \_\_\_\_\_

Start Date \_\_\_\_\_ Entry code \_\_\_\_\_ Grade \_\_\_\_\_ Homeroom \_\_\_\_\_ Locker # \_\_\_\_\_

Date academic records requested \_\_\_\_\_ Date health records requested \_\_\_\_\_

Date academic records received \_\_\_\_\_ Date health records received \_\_\_\_\_

**Forms Received:**

Emergency \_\_\_\_\_ Health history \_\_\_\_\_ Immunizations \_\_\_\_\_ Birth Certificate \_\_\_\_\_

Census \_\_\_\_\_ Automated Attendance \_\_\_\_\_ ESL \_\_\_\_\_

Proof of Residency 2 forms 1 - \_\_\_\_\_ 2 - \_\_\_\_\_

AM Bus Number \_\_\_\_\_ Bus Stop Name/Housing Plan \_\_\_\_\_

PM Bus Number \_\_\_\_\_ Bus Stop Name/Housing Plan \_\_\_\_\_