

Date of Application _____

**NEW BRIGHTON AREA SCHOOL DISTRICT
ENROLLMENT APPLICATION**

OFFICE USE ONLY:	Entry Date: _____	Entry Code: _____	Bus #: _____
STUDENT ID #:	_____	PA Secure ID #:	_____
Special Education: Y / N	ESL: Y / N	Duration of LEP:	_____
Records requested: _____	Records rec'd: _____	Assigned to: _____	Grade: _____
Re-enrollment: _____	NBASD School last enrolled in:	_____	

Student First Name: _____ Student Last Name: _____

Student Middle Name: _____ Suffix: _____

Date of Birth: _____ Gender: Female Male

Birth City _____ Birth State _____

Birth Country _____ Date Entered USA _____
(use only if your child was born outside of the U.S.)

Is Student a Twin, Triplet, Quadruplet? Yes No (if yes circle which)

Is Student Hispanic, Latino, or Spanish origin? Yes No

Race: **Please check all that apply**

- American Indian/Alaska Native
- Asian
- Black or African American
- Native Hawaiian/Pacific Islander
- White

Dominant Language _____

Pre-K Experience: _____

New Brighton School (entering) _____ Attended this NB School Previously? Yes No
Elementary / Middle / High

Grade (entering) _____

Name of Previous School _____ Phone _____

Address _____

Grade at previous school _____ Has student been previously expelled from another district? _____

If yes, Name of District _____

Does your student have special needs? Yes No If yes, please check all that apply

- IEP
- Gifted
- 504
- Speech
- OT / PT

Is your student interested in: Band and/or Chorus? Please check all that apply.

HOUSEHOLD:

Mother Mrs./Ms. _____ D.O.B. _____
(Circle one)

Address _____
House / Unit / Mobile Home # _____ Street name _____
city _____ state _____ zip code _____

Home Phone: _____ Cell: _____ Email: _____

Father _____ D.O.B. _____

Address _____
House / Unit / Mobile Home # _____ Street name _____
city _____ state _____ zip code _____

Home Phone: _____ Cell _____ Email: _____

Who does student reside with? _____ Is there a Custody Agreement? Y / N

GUARDIANS (If not parents, documentation must be provided)

Name(s) _____ D.O.B. _____

Address _____
House / Unit / Mobile Home # _____ Street name _____
city _____ state _____ zip code _____

Home Phone: _____ Cell: _____ Email: _____

Residence Type: Lease Own Rent Mobile Home/Condo Unit Unknown

Move in Date _____ Expiration Date _____

Is the Mailing Address the same as the house address? Y / N If no, please provide below

Address _____
House / Unit / Mobile Home # _____ Street name _____
city _____ state _____ zip code _____

Household Language _____ Language Translation _____

Foster Care Agency _____

EMERGENCY CONTACTS

Mr./Mrs./Ms. _____
(Circle one)

Relationship to student: _____

Address _____
House / Unit / Mobile Home # Street name

City State Zip code

Home Phone: _____ Cell _____

Mr./Mrs./Ms. _____
(Circle one)

Relationship to student: _____

Address _____
House / Unit / Mobile Home # Street name

City State Zip code

Home Phone: _____ Cell _____

Mr./Mrs./Ms. _____
(Circle one)

Relationship to student: _____

Address _____
House / Unit / Mobile Home # Street name

City State Zip code

Home Phone: _____ Cell _____

Mr./Mrs./Ms. _____
(Circle one)

Relationship to student: _____

Address _____
House / Unit / Mobile Home # Street name

City State Zip code

Home Phone: _____ Cell _____

Proof of Residency

Owner/Lessee _____ Phone _____

Landlord (if leased) _____ Phone _____

Mortgage Company _____ Years at this address _____

Deed or Mortgage No. _____ If renting, date of lease _____

Two (2) Proofs of Residency Required (COPY for File)

Driver's License # _____ Exp. Date _____

Utility bill _____ Date _____

2nd Utility bill _____ Date _____

Credit card bill _____ Date _____

Rental agreement _____ Date _____

DPW or ACCESS # _____

Parent

Child (DPW will refer address)

Other _____

SIBLINGS

Name (First, Last)	M/F	Birthdate	School	Grade
_____	___	_____	_____	_____
_____	___	_____	_____	_____
_____	___	_____	_____	_____
_____	___	_____	_____	_____
_____	___	_____	_____	_____

Mother's Type of Work: _____

Employer: _____ Phone _____

Address _____
street name city state zip code

Father's Type of Work: _____

Employer: _____ Phone _____

Address _____
street name city state zip code

Signature of Parent / Guardian _____ **Date** _____



HOME LANGUAGE SURVEY

ALL newly registering students regardless of race, nationality, or language origin MUST complete this form. Federal law requires that all Local Education Agencies (LEAs) utilize a non-biased procedure for identifying which students are potential English Learners (ELs) in order to provide appropriate language instruction educational programs and services. Given this responsibility, LEAs have the right to ask for the information contained on this and other forms associated with the identification process.

Student Information (Parents/Guardians should complete this section):

Child's first name: _____

Child's last name: _____

Child's Date of Birth: _____

(Month/Day/Year)

Questions for Parents or Guardians

1. Is a language other than English spoken in the child's home? No Yes (language) _____

2. Does your child communicate in a language other than English? No Yes (language) _____

3. What is the language that your child first learned to speak? _____

Parent/Guardian Signature: _____ Date: _____

Interpreter Provided No Yes

NEW BRIGHTON AREA SCHOOL DISTRICT
3225 43RD STREET · NEW BRIGHTON, PA 15066-2697
Phone: (724) 843-1795 · Fax: (724) 843-6144 · www.nbasd.org

PARENT REGISTRATION STATEMENT

Student Name _____

Date of Birth _____ Grade _____

Parent or Guardian Name _____

Address _____

Telephone # _____

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 a 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 of 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.”

Please complete the following:

I hereby swear or affirm that my child was _____/ was not _____ previously suspended or expelled, or is _____/ is not _____ presently 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. I make this statement subject to the penalties of 24 P.S. §13-1304-A(b) and 18 Pa. C.S.A. §4904, relating to unsworn falsification to authorities, and the facts contained herein are true and correct to the best of my knowledge, information and belief.

If this student has been or is presently suspended or expelled from another school, please complete:

Name of the school from which student was suspended or expelled:

Dates of suspension or expulsion:

(Please provide additional schools and dates of expulsion or suspension on back of this sheet.)

Reason for suspension/expulsion (optional) _____

(Signature of Parent or Guardian)

(Date)

*Any willful false statement made above shall be a misdemeanor of the third degree.
This form shall be maintained as part of the student's disciplinary record*

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REQUEST FOR STUDENT INFORMATION

STUDENT NAME _____

D.O.B. _____ GRADE _____ (When leaving your School District)

SCHOOL PREVIOUSLY ATTENDED _____

City State Zip Code

Please forward all information that applies:

- _____ Cumulative Records/Transcripts, including grades, test scores, discipline records and last date of attendance in your school
- _____ Health Records, especially immunization records
- _____ Psychological Reports, including latest IEP, ER, etc.
- _____ Title I Records
- _____ Free/Reduced Lunch Information
- _____ PA Secure ID Number
- _____ Birth Certificate
- _____ PSSA/Keystone/Standardized testing results
- _____ Career Readiness Information

AUTHORIZATION TO RELEASE

I hereby authorize you to release to the New Brighton Area School District any appropriate information or records you may have regarding:

Student Name

This information will be used only for professional purposes and will be treated in a confidential manner.

Authorized Signature

Relationship to Student

Date

PLEASE FAX OR EMAIL TO: **RENEE SCOBIE**

FAX #: 724-843-6144

EMAIL: RSCOBIE@NBASD.ORG

PHONE #: 724-843-1795 x-405

According to the Final Regulations – Family Educational Rights and Privacy Act (Buckley Amendment) dated June 17, 1976, it is no longer necessary to obtain written consent to release records between schools. It states that school officials including teachers within the educational institution and officials of other schools in the system in which the students may intend to enroll may receive a student's records without a written consent for such release.