Chester County Sc Name: Last Gender:Male Fe Ethnicity: (choose one) Race: American Ind	Parent/ Proof o (Option TN Rec Physica Migrant Home L Addition (Option Custod Date Ente Schedule	For office use only: East			
<u>Information Reg</u>	arding Student based	l on Student's Bir	th Certificate:	(copy needed if available)	
	County of Birth:				
1. Parent/Legal Guardian	: Relationship:				
Physical Address:					
Mailing Address:	Number & Street	City	State	Zip	
(If Different)	Number & Street	City	State	Zip	
Phone: ()	Home Wo	ork Cell C	Place of Employ	yment:	
Phone: ()	Home W	ork Cell			
Email Address:		E	mergency Contact	Can pick child up	
	:		Relationship:		
Physical Address:					
Mailing Address:	Number & Street	City	State	Zip	
(If Different)	Number & Street	City	State	Zip	
Phone: ()	Home Wo	ork Cell C	Place of Employ	yment:	
Phone: ()	Home W	ork Cell			
Email Address:		E	mergency Contact	Can pick child up	
Note: If parents are not legally	g together? together or the child is in the c her legal orders that are in place	are of someone other the E. If there are "NO CONT	an the parents, a cop	· · · · ·	

Adult Members of the Household: Other Children in the Household:					
Name	Age	Grade Level	Relationship to student		
Name	Age		e Level Relationship to student		
			Relationship to student		
Name	Age	Grade Level	Relationship to student		
-			Child (Other than Legal Parents/Guardians)		
NameName			_Relationship to Student: _Relationship to Student:		
			Relationship to Student:		
Name		Relationship to Student:			
Parent or Guardian Military Information Active Full-time Duty (Army, Navy, Air Fundamental Part-time Reserve Branch (Army, Navy, National Guard Part-Time basis Where does student stay at night? With a relative or friend (family does not	Force, Marine Co Air Force, Marin Home/apartme es not have a resi In housing the	rp, Coast Guard, Na e Corp, Coast Guard	by parent/guardian elterIn a motel/hotel o electricity, running water, etc.)		
Approximately how many miles is it from Morning Transportation arrider B Medical/Social Overview Physician Known Allergies Special Needs (Fears, Emotional, Social)	om your home to us # _ Known Health I	Afternoon Tra 	ansportation		
students will be instructed in the acceptable use and conditions established in the Chester Count disciplinary actions may be taken. Use of the int Students may be required to access computer for	e of the internet and y Schools Student In ernet is a privilege, r or computer based a	internet etiquette. By si ternet Use Terms and C not a right, and inapprop			
_xSignature of Parent/Guardian	Studen	t Signature	 Date		
I authorize the use of my child's image in the explain or highlight the Chester County Edu	-		res, and other social media that might be used to		
_xSignature of Parent/Guardian					
Signature of Parent/Guardian			Date		
A person who knowingly falsifies on a form required frencollment but is enrolled based on false information, the district has in effect at the time, or the amount the Having read and understood the above notice, I certiffurther certify that we are residents of Chester County	or a student's enrollme For the period during at the district has budg y that I am the parent, y or the parents of an o ter County Schools to s	ent in Chester County Schoo which the student is enrolle eted per student as mainte guardian, or person having open enrollment student at	ols may be liable to the district if the student is not eligible for ed, the person can be liable for the maximum tuition fee that		
A person who knowingly falsifies on a form required frencollment but is enrolled based on false information, the district has in effect at the time, or the amount the Having read and understood the above notice, I certiffurther certify that we are residents of Chester County all other qualifications for admission. I authorize Ches	or a student's enrollme. For the period during at the district has budg by that I am the parent, by or the parents of an oter County Schools to sany time.	ent in Chester County Schoo which the student is enrolle eted per student as mainte guardian, or person having open enrollment student at send my primary phone nur	ols may be liable to the district if the student is not eligible for ed, the person can be liable for the maximum tuition fee that enance and operating expenses, whichever is greater. lawful control of the student named on this enrollment form. If the above address and that this student, in my charge, meets		