

Date of Application \_\_\_\_\_

**NEW BRIGHTON AREA SCHOOL DISTRICT  
ENROLLMENT APPLICATION**

<b>OFFICE USE ONLY:</b>	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:**  Own  Rent  Live with family (multiple occupancy)  Homeless

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 \_\_\_\_\_

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Mr./Mrs./Ms. \_\_\_\_\_  
(Circle one)

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

Address \_\_\_\_\_  
House / Unit / Mobile Home # \_\_\_\_\_ Street name \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell \_\_\_\_\_

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Mr./Mrs./Ms. \_\_\_\_\_  
(Circle one)

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

Address \_\_\_\_\_  
House / Unit / Mobile Home # \_\_\_\_\_ Street name \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell \_\_\_\_\_

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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 \_\_\_\_\_

2<sup>nd</sup> 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 43<sup>RD</sup> STREET · NEW BRIGHTON, PA 15066-2697  
Phone: (724) 843-1795 · Fax: (724) 843-6144 · [www.nbasd.org](http://www.nbasd.org)

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**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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3225 43<sup>RD</sup> STREET · NEW BRIGHTON, PA 15066-2697

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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.

\_\_\_\_\_ Attendance Record and SAIC Plan (if applicable)

\_\_\_\_\_ 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 above named student.

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](mailto: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.