

**SMETHPORT AREA SCHOOL DISTRICT  
REGISTRATION and PERSONAL DATA**

**Parents:** The following information is needed to complete our permanent records. Please fill out and return to the school as soon as possible.

Has your child ever been enrolled in the Smethport Area School District?  Yes  No

Date entered state of Pennsylvania \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle

Mailing Address \_\_\_\_\_

Physical Address \_\_\_\_\_ Township \_\_\_\_\_

Phone No. \_\_\_\_\_ Sex:  Male  Female

Certified Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Foster Placement  Yes  No Agency \_\_\_\_\_

Social Security Number \_\_\_\_\_ Grade last attended \_\_\_\_\_

School last attended \_\_\_\_\_ State \_\_\_\_\_

Former place of residence  
\_\_\_\_\_

Name of family physician \_\_\_\_\_

**NAME OF PARENTS**

Mother \_\_\_\_\_ Address \_\_\_\_\_

Father \_\_\_\_\_ Address \_\_\_\_\_

**OCCUPATION:**

Mother \_\_\_\_\_ Father \_\_\_\_\_

Name of GUARDIAN (if different) \_\_\_\_\_

Address: \_\_\_\_\_

**Education of Parents:**

Mother \_\_\_\_\_ Father \_\_\_\_\_

Names of Brothers and Sisters Age Education

Please give the name of the person with whom you are living and state what relationship that person has with you. \_\_\_\_\_

Does your child currently have an I.E.P. (Individual Education Plan)  Yes  No

Does your child currently receive help in any subject?  Yes  No

Are there any Legal Records that SASD should have on file regarding a custody agreement for this child? If yes, please provide a copy for adequate protection of your rights. YES \_\_\_\_\_ NO \_\_\_\_\_