

**Penn Cambria School District
REGISTRATION FORM**

Welcome to the Penn Cambria School District. The Department of Health requires parents to provide the school with the child's immunization record upon registration.

Date	Grade	Birth Certificate No.	Birth Date	Gender __M__F
Student Name (First)		(Middle)	(Last)	
Address of primary residence				
City, State, Zip			Phone#	Cell #
Ethnic Category: <input type="checkbox"/> Hispanic or Latino Check one <input type="checkbox"/> Not Hispanic or Latino		Check all that apply <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White		
Child resides with: __ Parent #1 __ Parent #2 __ Parent #1 & Parent #2 __ Other (specify) _____		Status for natural parents: __ Married __ Separated __ Divorced __ Other _____		Is there a custody determination? __ Yes __ No Is there a written court order? __ Yes __ No Explain as needed: _____
Legal Parent #1 Full Name: Address if different than above:			Home Phone: Cell: E-mail:	
Legal Parent #1 Employer: Address:			Work Phone:	
Legal Parent #2 Full Name Address if different than student's:			Home Phone: Cell: E-mail:	
Legal Parent #2 Employer: Address:			Work Phone:	
Step Parent/Guardian (if applicable) Connection to Student			Work Phone: Home: Cell:	
Emergency Numbers (List persons to be called if you cannot be located.)				
Name		Relationship/Connection		Phone Number(s)
List names and birth dates of brothers and sisters				
Name		Birth Date		Name
Has the student previously attended Penn Cambria? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____				
Former School _____ Address _____ City _____ Dates _____			Special Services (Please Check) IEP _____ 504 Plan _____	
FOR OFFICE USE ONLY				
Records requested		Teacher/Homeroom		Special Ed Office _____


Copies to: Principal's Office Nurse Counselor Food Service

Wilkinson's
(Revised August 2019)

Penn Cambria District Student Residency Questionnaire

The McKinney-Vento, as amended by the No child Left behind Act of 2001, defines homelessness and outlines the rights homeless students. Your responses to these questions will help staff determine what residency documents are necessary for enrollment of you child(ren). Thank you for your cooperation.

1. Student name: _____ Birth Date: _____
2. Person Completing form: _____
Relationship to child: _____
3. In what type of setting is the student living now? Please check one box below:

Section A	Section B
<p><input type="checkbox"/> In an emergency or transitional shelter</p> <p><input type="checkbox"/> Sharing the housing of other persons due to loss of housing, economic hardship, or similar reason</p> <p><input type="checkbox"/> In a motel, hotel, campsites, or cars due to a lack of alternative adequate accommodations</p> <p><input type="checkbox"/> In a car, park, public spaces, abandoned building, substandard housing, bus or train stations, or similar settings</p> <p><input type="checkbox"/> Other places not designed for, or ordinarily used as a regular sleeping accommodations for human beings</p> <p>CONTINUE to question 4 if you checked any box in SECTION A</p>	<p><input type="checkbox"/> None of the choices in Section A apply to my family.</p> <div style="text-align: center;">  </div> <p>If you checked this section, you do not need to complete the remainder of this form. Submit this form to school personnel.</p> <p>Thank you</p>

4. Contact number for person completing the form: _____
5. Address where the student is now living: _____

6. The student lives with: Check all that apply

<input type="checkbox"/> Parent (s) or legal guardian	<input type="checkbox"/> Relative, friend(s), or other adults(s)
<input type="checkbox"/> Alone	<input type="checkbox"/> Other: _____

7. School student attended last: _____
Address of school: _____

Telephone number of school: _____
Contact person at school (if known): _____
8. Does the student have an IEP or a Chapter 15/504 agreement?
 NO
 YES, please explain _____

The staff person who is helping you register will contact the Homeless Liaison/Homeless Coordinator to review the information provided. If homelessness is verified, additional information will follow to assist your child(ren). You will be contacted by the Homeless Liaison or Homeless Coordinator for additional information.

Signature of Parent/Legal Guardian:

Date: _____

NOTE TO STAFF: All forms with a checked box in **Section A** are to be faxed or given *immediately* to the Homeless Liaison to eliminate any delay.

Your District Liaison
Courtney Kuncelman
PC Administrative Office
201 6th Street
Cresson, PA 16630
814-886-8121

Regional Homeless Coordinator
Andrea Sheesley, IU28
724-463-5300 ext. 1235



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 family 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

