

**BURRELL SCHOOL DISTRICT  
REGISTRATION FORM**

**FULL NAME AS IT APPEARS ON THE BIRTH CERTIFICATE**

\_\_\_\_\_ **LAST** \_\_\_\_\_ **FIRST** \_\_\_\_\_ **MIDDLE** \_\_\_\_\_

NICKNAME: \_\_\_\_\_

GRADE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ ENROLLMENT DATE \_\_\_\_\_

BIRTH CERTIFICATE # \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_  
City State

IF NOT BORN IN PA, LIST THE DATE THAT YOUR CHILD BECAME A PA RESIDENT \_\_\_\_\_

IF NOT BORN IN THE U.S., LIST U.S. ENTRY DATE \_\_\_\_\_

RACE: (Optional) \_\_\_\_\_ White (Non-Hispanic) \_\_\_\_\_ Hispanic  
\_\_\_\_\_ Black (Non-Hispanic) \_\_\_\_\_ Asian or Pacific Islander  
\_\_\_\_\_ Multiracial \_\_\_\_\_ American Indian or Alaskan Native

WITH WHOM IS STUDENT LIVING: \_\_\_\_\_ Both Parents \_\_\_\_\_ Guardian \_\_\_\_\_ Court Placed Foster Parent  
\_\_\_\_\_ Mother \_\_\_\_\_ Mother/Stepfather \_\_\_\_\_ Other  
\_\_\_\_\_ Father \_\_\_\_\_ Father/Stepmother

NAME OF PERSON(S) WHO HAS LEGAL CUSTODY IF STUDENT IS ***NOT*** LIVING WITH BOTH PARENTS:

\_\_\_\_\_ Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone # \_\_\_\_\_

(FATHER'S) NAME \_\_\_\_\_ HOME TELEPHONE \_\_\_\_\_ BUS. TELEPHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CELL PHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

(MOTHER'S) NAME \_\_\_\_\_ HOME TELEPHONE \_\_\_\_\_ BUS. TELEPHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CELL PHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

PRIMARY MAILING ADDRESS: \_\_\_\_\_

LIST ALL CHILDREN LIVING AT SAME MAILING ADDRESS:

FIRST AND LAST NAME	M/F	BIRTHDATE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Continued on the back .....

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TRANSFER FROM: \_\_\_\_\_  
Name of School Telephone #

SCHOOL ADDRESS: \_\_\_\_\_  
Street City State Zip

LIST ALL ATTENDED SCHOOLS AND GRADES ATTENDED:

NAME OF SCHOOL	GRADES ATTENDED
_____	_____
_____	_____
_____	_____
_____	_____

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NOTE: Student must have a Pennsylvania Dept. of Health "Certificate of Immunization" completed in compliance with the Immunization Law, before being admitted to school. Person registering the student must complete the certificate and make sure it is in compliance.

Dept. of Health "Certificate of Immunization" submitted: \_\_\_\_\_ YES \_\_\_\_\_ NO  
Certificate of Residency signed: \_\_\_\_\_ YES \_\_\_\_\_ NO

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I have reviewed the above information and attest that it is correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Parent/Guardian Date

I have reviewed the above demographic information.

\_\_\_\_\_  
Signature of Building Administrator Date

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**OFFICE USE ONLY:** SCHOOL BLDG. CODE \_\_\_\_\_ ENROLLMENT CODE \_\_\_\_\_

STUDENT ID # \_\_\_\_\_ HOMEROOM \_\_\_\_\_ PA SECURE ID # \_\_\_\_\_

Effective Date \_\_\_\_\_ School Day \_\_\_\_\_ Bus # \_\_\_\_\_ Bus Stop \_\_\_\_\_

Cc: Transportation, Attendance, Library, Business Office, School Psychologist if necessary  
\*Original to Student Permanent Record Folder

Student Name \_\_\_\_\_

Grade \_\_\_\_\_

Age \_\_\_\_\_

**SECTION 1 Please read and answer all questions that apply**

1. Are you the child's natural parent or guardian? \_\_\_\_\_Yes \_\_\_\_\_No

If **Yes** to question 1 – present **copy of birth certificate and/or court order** and go to question 5.

If **No** go to question 2.

2. Are you a **foster parent** to the child? \_\_\_\_\_Yes \_\_\_\_\_No

If **Yes** to question 2 – complete questions 3 through 7.

If **No** to question 2, complete Affidavit of Residency in Support of Free School Privileges for a Non-resident Child then complete questions 5 through 7.

*\*As a foster parent, you are required to provide a placement order or court order from the foster agency identifying you as the child's guardian.*

3. As a foster parent, are you receiving any form of compensation to support this child?

\_\_\_\_\_ Yes \_\_\_\_\_ No

4. Is there a current court order limiting the other parent's access to student records?

\_\_\_\_\_ Yes \_\_\_\_\_ No

5. Are you currently a resident of Burrell School District? \_\_\_\_\_Yes \_\_\_\_\_No

If **No**, answer the following:

\*Has the parent/guardian executed a contract to buy, build, or rent a residence in the District? \_\_\_\_\_

If **Yes**, the parent/guardian must:

a. Demonstrate proof of future residence. (A signed notarized deed, contract, mortgage or lease.)

b. Meet with the Superintendent or his/her designee to verify such contract.

**6. Documents to prove residency**

a. At this time, the parent/guardian must present a signed and notarized document, such as, a **mortgage, lease or other signed document in your name demonstrating that your residence is within the Burrell School District. (Leases and rental agreements must be recently notarized (within 90 days).**

b. Within **thirty (30) days** the parent/guardian must show:

1. A **Pennsylvania Driver's License or Pennsylvania Photo ID Card** with the address indicated on the mortgage or lease.

2. **Proof of utilities** in the parent/guardian's name at the indicated address. The following utility bills are acceptable: gas, electric, sewage or water. The Board reserves the right to verify all claims.

Due date for items in Section 6.b.1 \_\_\_\_\_ 6.b.2 \_\_\_\_\_

Date of **temporary registration** \_\_\_\_\_

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**SECTION 2 Act 30 Notification Reports of Adjudication**

According to Act 30, Burrell School District has the right to know if a child has been found delinquent by a court through the Juvenile Probation Department. The Probation Department must provide to the school in which the child is enrolled:

- a. The name and address of the child.
- b. The delinquent act or acts which the child was found to have committed.
- c. A brief description of the act or acts which the child was found to have committed.
- d. The disposition of the case.

Has your child ever been found to be a delinquent in a court of law? \_\_\_\_\_ Yes \_\_\_\_\_ No

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**SECTION 3**

Has your child ever been suspended and/or expelled from school? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "Yes", please write the name of the school from which your child was suspended or expelled. \_\_\_\_\_

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**SECTION 4**

In an attempt to ensure that all Burrell students are receiving the most appropriate education possible, please indicate whether or not your child is a special needs student.

Does your child currently have an IEP? (**Individual Education Plan**) \_\_\_\_\_ Yes \_\_\_\_\_ No

If "Yes", whom can we contact about information concerning the IEP? \_\_\_\_\_

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**I have reviewed the above information and attest that it is correct to the best of my knowledge.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**I have reviewed all information needed and found that this student may enroll in Burrell School District.**

\_\_\_\_\_  
Signature of Building Administrator

\_\_\_\_\_  
Date