



SCHOOL DISTRICT OF PHILADELPHIA
STUDENT REGISTRATION FORM (EH-40)

PARENT / GUARDIAN MUST COMPLETE THIS FORM AND PROVIDE ALL NECESSARY DOCUMENTS

Please Print All

STUDENT INFORMATION - SECTION 1

Last Name		First Name		M.I.	Date of Birth		STUDENT ID NUMBER	
					MONTH	DAY	YEAR	
House No.	Dir	Street Name			St., Ave., Etc.	Apt#	Zip Code	Phone Number

Race Designation: Is this student Hispanic Yes or No Gender: Male / Female Country of Birth: _____

Check all races that apply: Home Primary Language _____

White Black / African American Native Hawaiian / Other Pacific Islander Date child first enrolled into a U.S. School _____

Asian American Indian / Alaska Native

STUDENT ENROLLMENT HISTORY - SECTION 2

Indicate city and type of school child last attended Public School _____

Philadelphia Other City: _____ Non Public School _____

Date Last Attended	Grade Last Attended	Name of School	Address	City	State

If the student attended school outside of the United States, do you have his/her school records?

Yes: If yes, please provide a copy for the school _____

No: If no, please contact the school to obtain the records _____

Did the child ever attend: Pre-Kindergarten and/or Kindergarten

1) Has the child ever received Special Education Services in PA or another state? Yes No If yes, which state: _____

2) Does your child have a current IEP? Yes No

3) Does your child have a current evaluation report? Yes No If yes, what _____

4) Was the child ever enrolled in an Early Intervention Program? Yes No

5) Has the child ever received ESOL/Bilingual services? Yes No If yes, which state: _____

6) Does your child have a 504 Yes No

7) Does your child have a Gifted IEP? Yes No

LANGUAGE SURVEY - SECTION 3

	English	Other	Language
1) What language does the family speak at home most of the time?	<input type="checkbox"/>	<input type="checkbox"/>	_____
2) What language does the parent(s) speak to her/his child most of the time?	<input type="checkbox"/>	<input type="checkbox"/>	_____
3) What language does the child speak to her / his parent(s) most of the time?*	<input type="checkbox"/>	<input type="checkbox"/>	_____
4) What language does the child speak to her/his brothers/sisters most of the time?*	<input type="checkbox"/>	<input type="checkbox"/>	_____
5) What language does the child speak to her/his friends most of the time?*	<input type="checkbox"/>	<input type="checkbox"/>	_____
6) What language does the child speak most frequently?*	<input type="checkbox"/>	<input type="checkbox"/>	_____
7) What other languages does the child speak? 1) _____ 2) _____ 3) _____			

* If the answer to these questions is other than English, the student must be given the English placement test (W-APT) by a certified administrator.

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HOUSEHOLD INFORMATION - SECTION 4

Student Resides With:
 Both Parents (same address) Mother Father Stepparent Guardian / Other

Parent / Guardian Name: _____	Parent / Guardian Name: _____
(Circle) Mother / Father / Stepparent / Guardian / Other _____	(Circle) Mother / Father / Stepparent / Guardian / Other _____
(Circle) Male / Female [Active Military] Yes / No	(Circle) Male / Female [Active Military] Yes / No
Address: _____ _____	Address: _____ _____
Phone: _____ (Home) _____ (Cell) _____ (Work) _____	Phone: _____ (Home) _____ (Cell) _____ (Work) _____
Email: _____	Email: _____
Preferred Language for School Related Communications: _____	Preferred Language for School Related Communications: _____

MCKINNEY-VENTO ELIGIBILITY - SECTION 4 (continued) (THIS INFORMATION WILL BE KEPT CONFIDENTIAL)

Please indicate your current housing status: Rent Lease Own

In a motel/hotel due to loss of housing, economic hardship or similar reason
 Are you currently living with a family member due to loss of housing, economic hardship or similar reason
 Did you experience a man-made disaster/fire
 Did you experience an eviction

If the family is eligible for the Homeless Assistance Act of 1987 (known as McKinney-Vento) please contact your school counselor once registration is completed.

SIBLING INFORMATION - SECTION 5

Please list all school aged children (ages 5 and above)

Name	D.O.B.	Current School	Grade	Student ID# if available

EMERGENCY CONTACT INFORMATION - SECTION 6

*** Please list two LOCAL emergency contacts and their relationship to the child in the event a parent or guardian cannot be reached:**

Primary

1) Name: _____ Relationship: _____ Gender: Male / Female
 Phone (1): _____ Phone (2): _____

Secondary

2) Name: _____ Relationship: _____ Gender: Male / Female
 Phone (1): _____ Phone (2): _____

By signing below, I am allowing the School District of Philadelphia to register my child as a student. I also certify the information provided on this application to be true and accurate and providing false or incomplete information that is required for registration may delay enrollment.

Parent / Guardian Signature _____	Date _____
Parent / Guardian Signature _____	Date _____