



# Central Bucks School District

## Registration Application

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Official Use	
School Year	_____
School	_____
Date	_____
Signature	_____

Student Name \_\_\_\_\_  
 (Last) (First) (Middle)

Address \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 \_\_\_\_\_ Gender  Male  Female

Student Resides with:  Both Parents (same address)  Mother  Father  Stepparent  Guardian/Other\*

Residency:  Resident  Foster (1305)  Shelter (1306)  Guardianship\* (1302)

Own  Rent  Reside with District Resident

*If both parents reside separately please provide a copy of court order/custody agreement.*

Parent/Guardian Name: _____ (Circle)	Parent/Guardian Name: _____ (Circle)
Address _____	Address _____
Phone: _____ (Home)	Phone: _____ (Home)
_____	_____
(Cell)	(Cell)
_____	_____
(Work)	(Work)
Email: _____	Email: _____

\* *If person registering student is other than the biological parents additional documentation is required.*

Guardian Relationship to Student:  Foster Placement Agency Name: \_\_\_\_\_

Stepparent  Grandparent  Relative  Family Friend

Court Order Placement Date \_\_\_\_\_  1302 Date \_\_\_\_\_

Please list two local emergency contacts in the event parent/guardian(s) cannot be reached:

1. \_\_\_\_\_ Phone (1) \_\_\_\_\_ (2) \_\_\_\_\_

2. \_\_\_\_\_ Phone (1) \_\_\_\_\_ (2) \_\_\_\_\_



# Central Bucks School District Student Survey

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

Previous schools attended:

School Name	Address	Grades
_____	_____	_____
_____	_____	_____
_____	_____	_____

Birth City \_\_\_\_\_ Birth State \_\_\_\_\_ Birth Country \_\_\_\_\_

1<sup>st</sup> PA school enrollment date \_\_\_\_\_ 1<sup>st</sup> US School enrollment date \_\_\_\_\_

Date entered US \_\_\_\_\_ Special Education plans: 504  Yes  No IEP  Yes  NO

Federal Ethnicity  Hispanic  Not Hispanic

Federal Race (Check One or More):  White  Black/African American  Asian  
 Native Hawaiian/Pacific Islander  American Indian or Alaska Native

### Home Language Survey:

What was the student's first language? \_\_\_\_\_

Does the student speak a language other than English? \_\_\_\_\_

What language is spoken in your home? \_\_\_\_\_

Has the student been enrolled in an ESL/ELL program in the US?  Yes Dates \_\_\_\_\_  NO

### Siblings/Others living in Household:

Names	Relationship to student	DOB	CB Student
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

If parents are divorced or separated are you providing the school district with a custody order? \_\_\_\_\_

By signing below I am allowing Central Bucks School District to register my child as a student. I also certify the information provided on this application is true and accurate and providing false or incomplete information/required registration documentation may delay enrollment.

X \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian Signature