

**NORTHERN TIOGA SCHOOL DISTRICT
STUDENT REGISTRATION FORM**

STUDENT INFORMATION

SELECT SCHOOL: Clark Wood Elementary School R.B. Walter Elementary School
Westfield Area Elementary School Williamson High School Cowanesque Valley High School

Today's Date: __ / __ / ____ School Year: _____

Household Name: _____

Last Name: _____ First Name: _____

Middle Name: _____ Nickname (if any): _____

Entering Grade Level: _____

Gender (check one): Male Female Student Date of Birth: ____ / ____ / ____ (mm/dd/yyyy)

Physical Address: _____

Apartment Number: _____

City: _____

Municipality: _____

State: _____

Zip Code: _____

Property Parcel Number (found on NTSD Property Tax Bill; if you rent please request the number from your landlord): _____

Phone Number: _____ Unlisted: Yes No

Is student Hispanic or Latino? Yes No Is the student Multiracial? Yes No

Race/Ethnic Code:

White/Caucasian

Black/African American

Asian

American Indian/Alaskan Native

Native Hawaiian/Pacific Islander

Birthplace (city, state): _____ Birthplace (country): _____

Has this student ever attended Northern Tioga School District? Yes No

If yes:

School: _____

Is this student in a foster home or group home? Yes No

If yes:

Name: _____

Address: _____ Phone: _____

Does the student have an IEP/504/GIEP Plan? Yes No

Mailing Address (if different from Physical Address): Street Address/PO BOX: _____ _____ City: _____ State: _____ Zip Code: _____
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PARENT/GUARDIAN INFORMATION

Marital Status: ___ Married ___ Unmarried ___ Widowed ___ Separated ___ Divorced

Mother

Last Name: _____ First Name: _____
Address: _____ City: _____
State: _____ Zip Code: _____
Phone Number: _____ Unlisted: ___ Yes ___ No
Cell Number: _____ E-mail Address: _____
Employer: _____ Work Phone: _____

Father

Last Name: _____ First Name: _____
Address: _____ City: _____
State: _____ Zip Code: _____
Phone Number: _____ Unlisted: ___ Yes ___ No
Cell Number: _____ E-mail Address: _____
Employer: _____ Work Phone: _____

Guardian/Relationship: _____

Last Name: _____ First Name: _____
Address: _____ City: _____
State: _____ Zip Code: _____
Phone Number: _____ Unlisted: ___ Yes ___ No
Cell Number: _____ E-mail Address: _____
Employer: _____ Work Phone: _____

Guardian/Relationship: _____

Last Name: _____ First Name: _____
Address: _____ City: _____
State: _____
Phone Number: _____ Unlisted: ___ Yes ___ No
Cell Number: _____ E-mail Address: _____
Employer: _____ Work Phone: _____

EMERGENCY CONTACTS

Emergency Contact #1:

Name: _____
Relationship: _____
Address: _____
City, State, Zip: _____
Phone/Cell: _____

Emergency Contact #2:

Name: _____
Relationship: _____
Address: _____
City, State, Zip: _____
Phone/Cell: _____

SIBLINGS

Name	Gender	Name of School (If child is attending school)	Grade	Lives with Student

TRANSPORTATION TO AND FROM SCHOOL

How will your child get to and from school?

Car Rider Walk Bus If Bus, Driver: _____ Bus#: _____

If you are making a change in your student's regular conveyance of transportation, you must notify the office before 1:00 PM to ensure a message reaches your student.

Signature of Parent/Guardian: _____ Date: _____

LEGAL PAPERWORK OR COURT ORDERS MUST ACCOMPANY THIS FORM

Legal custody agreements or visitation rights per court documents

Order of Protection from Abuse (PFA)

Any other legal document that applies (name change, adoption, etc.)

Signature of Parent/Guardian: _____ Date: _____

LEGAL RESIDENCY NOTICE

Please read the paragraph below regarding legal residency and your requirement if residency changes.

I understand that my child/children's right to a free education in the school district is based upon the fact that my child/children and I are district residents. I understand that, should it be determined that the information provided here is false or that the circumstances have changed and I failed to inform the school district of the changed circumstances, then my child/children will be removed from school, and I will be responsible to the school district for the cost of educating my child/children during any period of non-residency.

If your residency changes within the school district please contact the school's office immediately. The school's office will provide you with a change of address form.

Parent/Guardian Signature: _____

Parent/Guardian Name (print): _____

Date: _____

MEDIA/DIRECTORY INFORMATION CONSENT FORM

I understand that taping, photographing, or filming of activities may be conducted throughout the school year. These media recordings will be for non-commercial purposes, and may involve the use of my child's picture and/or voice, as regular classroom activity is recorded. This applies to such things as newspaper articles, published yearbooks, bulletin boards, etc.

The Family Educational Rights and Privacy Act (FERPA), a Federal law, requires that Northern Tioga School District, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's records. The primary purpose of directory information is to allow the Northern Tioga School District to include information from your child's education records in certain school publications. Examples include:

- A playbill, showing your student's role in a drama production;
- The annual yearbook;
- District Update;
- Honor roll or other recognition lists;
- Graduation programs; and
- Sports activity sheets, such as for wrestling, showing weight and height of team members

If you would like specific information please contact your child's school.

I, _____, am the parent/guardian of
(Parent/Guardian name – please print)

_____, a student attending the Northern Tioga School District.
(Child name – please print)

Please check one:

I DO NOT consent to media recordings of my child and the use of directory information.

I DO consent to media recordings of my child and the use of directory information.

Parent/Guardian Signature: _____ Date: _____

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

If yes, list language: _____

2. Does your child communicate in a language other than English? No Yes

If yes, list language: _____

3. What is the language that your child first learned to speak? _____

Parent/Guardian Signature: _____ Date: _____

Interpreter Provided: Yes No

SAFE SCHOOL INITIATIVE HOUSE BILL 20

Student Name: _____

Parent Affirmation

Pennsylvania School Code §13-1304-A states in part “Prior to admission to any school entity, the parent, guardian or other person having control or charge of a student shall, upon registration provide a sworn statement or affirmation stating whether the pupil was previously or is presently suspended or expelled from any public or private school of this Commonwealth or any other state for an action of offense involving a weapon, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property.”

___ My child HAS NEVER BEEN suspended or expelled from school for any of the reasons described above.

___ My child HAS BEEN suspended () or expelled () from school for one or more of the reasons described above.

Please check all offenses which apply and briefly describe what occurred in each case.

___ Weapons

___ Alcohol

___ Drugs

___ Assault

___ Acts of Violence

I affirm the above information to be accurate and further understand that any willful false statement on this form or attachments shall be a misdemeanor of the third degree. This statement is also made subject to penalties provided by 18Pa.C.S., Section 4904.

Parent/Guardian Signature: _____ Date: _____

School Official Signature: _____ Date: _____

REQUEST FOR RECORDS

Select School:

Clark Wood Elementary School 110A Ellison Road Elkland, PA 16920 Fax: 814-258-7484 Kelly.Bacon@ntiogasd.org	R.B. Walter Elementary School 65 JCT Cross Road Tioga, PA 16946 Fax: 570-827-3451 Gina.Miller@ntiogasd.org	Westfield Area Elementary School 1355 Route 49 Westfield, PA 16950 Fax: 814-367-2776
Williamson High School 33 JCT Cross Road Tioga, PA 16946 Fax: 570-827-3557 Pamela.Casbeer@ntiogasd.org	Cowanesque Valley High School 51 North Fork Road Westfield, PA 16950 Fax: 814-367-5874 Kimberly.Barber@ntiogasd.org	

Previous School Attended: _____

Address: _____

Phone Number: _____ Fax Number: _____

Northern Tioga School District is requesting the following student's records:

STUDENT NAME

GRADE

_____	_____
_____	_____
_____	_____
_____	_____

PARENT SIGN OFF:

I have enrolled my child(ren) in the Northern Tioga School District on _____. My signature below authorizes you to forward all academic, medical (health/dental), disciplinary records, psychological records, Individual Educational Plans and Comprehensive Evaluation Reports.

Fax, mail or e-mail all records to school's fax or e-mail address listed above.

Parent Signature: _____ Date: _____

FOR OFFICE USE ONLY:

___ FAXED

___ EMAILED

___ MAILED

Date: _____

