



Tredyffrin/Easttown School District  
Wayne, Pennsylvania  
**STUDENT REGISTRATION FORM**

STUDENT ID # \_\_\_\_\_  
GRADE ENTERING \_\_\_\_\_  
SCHOOL \_\_\_\_\_  
ENROLL DATE \_\_\_\_\_

**STUDENT INFORMATION**

**Student Name** \_\_\_\_\_  
Last First Middle

**Preferred First Name** \_\_\_\_\_ **Student's Cell Phone (if applicable)** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Birth Date** \_\_\_\_\_ **Gender:**  Female  Male

**Is student a T/E District resident?**  Yes  No If no, please explain: \_\_\_\_\_

**Student's Address:**  
Apt # (if applicable) \_\_\_\_\_ P.O. Box (if applicable) \_\_\_\_\_ House Number \_\_\_\_\_ Street Name \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Township of Residence:**  Tredyffrin  Easttown Other: \_\_\_\_\_ **Ethnicity:**  Hispanic or Latino  Not Hispanic or Latino  
**Race (check all that apply):**  African American/Black  American Indian/Alaskan Native  Asian  
 Caucasian  Multi-Racial (two or more races)  Native Hawaiian/Pacific Islander

**Last School Student Attended (if applicable)** \_\_\_\_\_ **Grade Completed** \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date of Withdrawal \_\_\_\_\_

**Previous T/E School Attended (if applicable)** \_\_\_\_\_ Date of Withdrawal \_\_\_\_\_

**Siblings: (Names and Birth Dates):** \_\_\_\_\_

**Student's Country of Citizenship** \_\_\_\_\_

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

US Entry Date \_\_\_\_\_ PA State Entry Date \_\_\_\_\_ District Entry Date \_\_\_\_\_

**Primary Language Spoken in Home** \_\_\_\_\_ **Primary Language Spoken by Student** \_\_\_\_\_

**Does Student have any of the following (check all that apply):**  IEP  GIEP  504 Service Agreement

**PARENT/GUARDIAN INFORMATION**

**Parent/Guardian #1 (The #1 Parent/Guardian will receive all school communications including cafeteria low balance and school alerts.)**

Name \_\_\_\_\_ Title:  Mr.  Mrs.  Ms.  Other: \_\_\_\_\_

Gender \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Apt # (if applicable) \_\_\_\_\_ P.O. Box (if applicable) \_\_\_\_\_ House Number \_\_\_\_\_ Street Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Preferred Phone(cell,land,ofc) (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Occupation \_\_\_\_\_ Alt Phone(cell,land,ofc) (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Employer \_\_\_\_\_ Add'l Phone(cell,land,ofc)(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Employment Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

**Parent/Guardian #2**

Name \_\_\_\_\_ Title:  Mr.  Mrs.  Ms.  Other: \_\_\_\_\_

Gender \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Apt # (if applicable) \_\_\_\_\_ P.O. Box (if applicable) \_\_\_\_\_ House Number \_\_\_\_\_ Street Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Preferred Phone(cell,land,ofc) (\_\_\_\_) \_\_\_\_\_

Occupation \_\_\_\_\_ Alt Phone(cell,land,ofc) (\_\_\_\_) \_\_\_\_\_

Employer \_\_\_\_\_ Add'l Phone(cell,land,ofc) (\_\_\_\_) \_\_\_\_\_

Employment Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

\* All schools in the T/E School District use email to communicate school information and school newsletters throughout the school year. Your email address may be provided to Parent Teacher Organizations to be used exclusively for school district communication purposes. Your privacy is of the utmost importance and the District will not provide your email address to any organizations outside of the T/E School District.

**EMERGENCY CONTACT INFORMATION**

Contact Person (Other than Parent) \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Dentist \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Hospital Preference \_\_\_\_\_

**CUSTODY INFORMATION (Please complete this section if student does NOT reside with both parents)**

Legal, court-awarded custody/guardianship is held by:  Both Parents Jointly  Mother  Father  Guardian(s)  
Guardian Name \_\_\_\_\_ Relationship (if any) \_\_\_\_\_  
Guardian Name \_\_\_\_\_ Relationship (if any) \_\_\_\_\_  
Unless denied by court order, both parents are entitled by law to receive school mailings. If applicable, please indicate the name/address to which duplicate mailings are to be sent:  
Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Form Completed by (PLEASE PRINT) \_\_\_\_\_ Relationship \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only

Anticipated year of graduation \_\_\_\_\_ Entry Date \_\_\_\_\_ Entry Code \_\_\_\_\_ Counselor \_\_\_\_\_  
Grade \_\_\_\_\_ Homeroom \_\_\_\_\_ Homeroom Teacher \_\_\_\_\_ Curriculum Code \_\_\_\_\_  
Calendar \_\_\_\_\_ Locker # \_\_\_\_\_ Lock # \_\_\_\_\_ Combination \_\_\_\_\_  
Proof of Birth Date \_\_\_\_\_ Verified by \_\_\_\_\_ Proof of Citizenship \_\_\_\_\_ Verified by \_\_\_\_\_  
Proof of Immunization \_\_\_\_\_ Verified by \_\_\_\_\_ Proof of Residency \_\_\_\_\_ Verified by \_\_\_\_\_  
Travel Code \_\_\_\_\_ To School Bus Route 1 \_\_\_\_\_ Bus Route 2 \_\_\_\_\_ From School Bus Route 3 \_\_\_\_\_ Bus Route 4 \_\_\_\_\_