



Tredyffrin/Easttown School District
Wayne, Pennsylvania
STUDENT REGISTRATION FORM

STUDENT ID # _____
GRADE ENTERING _____
SCHOOL _____

STUDENT INFORMATION

Student Name _____
Last _____ *First* _____ *Middle* _____

Preferred First Name _____ Student's Phone (if applicable) (____) _____ - _____

Gender: Female Male

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race (check only one): African American/Black American Indian/Alaskan Native Asian
 Caucasian Multi-Racial (two or more races) Native Hawaiian/Pacific Islander

Primary Language Spoken in Home _____ First Language Spoken by Student _____

Birth Date _____ Birth City & State _____ Birth Country _____

US Entry Date _____ PA State Entry Date _____ District Entry Date _____

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

Does student have any of the following? (check all that apply) IEP GIEP 504 Service Agreement

Student's Address:

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

City _____ State _____ Zip _____ Phone (____) _____ - _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1

Name _____
Last _____ *First* _____ Title: Mr. Mrs. Ms. Other: _____

Marital Status _____ Relationship to Student _____

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

City _____ State _____ Zip _____ 1st Phone Number (____) _____ - _____

Occupation _____ 2nd Phone Number (____) _____ - _____

Employer _____ 3rd Phone Number (____) _____ - _____

Employment Address _____ City _____ State _____ Zip _____

Highest Level of Education: High School College Graduate School E-mail Address* _____

Parent/Guardian #2

Name _____
Last _____ *First* _____ Title: Mr. Mrs. Ms. Other: _____

Marital Status _____ Relationship to Student _____

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

City _____ State _____ Zip _____ 1st Phone Number (____) _____ - _____

Occupation _____ 2nd Phone Number (____) _____ - _____

Employer _____ 3rd Phone Number (____) _____ - _____

Employment Address _____ City _____ State _____ Zip _____

Highest Level of Education: High School College Graduate School 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 _____

TE All-Call - This automated communication service will be used in the event of weather-related closings, late openings and early dismissals.
Please provide up to 6 phone numbers (only direct lines will be called; do not enter numbers that require an extension). Mobile numbers will be eligible to receive text messages when there is an emergency alert.

1. (____) ____ - _____ 2. (____) ____ - _____ 3. (____) ____ - _____
4. (____) ____ - _____ 5. (____) ____ - _____ 6. (____) ____ - _____

ADDITIONAL INFORMATION

Township of Residence: Tredyffrin Easttown Other: _____ Student's Country of Citizenship _____
Last School Student Attended (if applicable) _____ Grade Completed _____
City _____ State _____ Zip _____ Date of Withdrawal _____
Siblings: (Names and Birth Dates):

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 _____

Please list any additional information of which the school should be aware:

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 _____