



**NEW HOPE-SOLEBURY SCHOOL DISTRICT**

Office of the Registrar  
180 West Bridge Street  
New Hope, PA 18938 215-862-8187

**OFFICE USE ONLY**

Student ID: \_\_\_\_\_ Building \_\_\_\_\_  
Entry Date: \_\_\_\_\_ Grade \_\_\_\_\_  
Custody Agreement  
Registered By: \_\_\_\_\_ Date \_\_\_\_\_

**ENROLLMENT FORM**

**STUDENT INFORMATION:**

Has this student registered at New Hope-Solebury School District in the past? Yes No Date Enrolled: \_\_\_\_\_

Student's Legal Name:

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Jr/Sr, etc: \_\_\_\_\_

Student's Home Address: \_\_\_\_\_

Mailing Address (if different than physical address, example P.O. Box): \_\_\_\_\_

Do you: own your home lease/rent your home Other (please explain): \_\_\_\_\_

Gender: Male Female Date of Birth: \_\_\_\_\_ DOB Verification Type: Birth Cert. Passport

Is student of Hispanic/Latino Ethnicity: Yes No

If non-Hispanic: Asian Hispanic Multi-Racial White, Non-Hispanic Black, Non-Hispanic  
American Indian or Alaskan Native Native Hawaiian or Pacific Islander

What language(s) is/are spoken daily in your home? \_\_\_\_\_

Initial Pennsylvania school enrollment date: \_\_\_\_\_ US enrollment date: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION: Complete Sections I and II as Applicable**

**In cases of divorce/separation, either a current custody agreement must be provided at registration OR both parents must sign the registration form to acknowledge that the child will attend school in New Hope-Solebury School District.**

**I. Parent/Guardian Full Name:** \_\_\_\_\_

Address (if different than student): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile #: \_\_\_\_\_ Work #: \_\_\_\_\_

eMail: \_\_\_\_\_ Occupation: \_\_\_\_\_ Member of Active Military:

Name of Stepparent (if applicable): \_\_\_\_\_ Mobile #: \_\_\_\_\_ Work#: \_\_\_\_\_

**II. Parent/Guardian Full Name:** \_\_\_\_\_

Address (if different than student): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile #: \_\_\_\_\_ Work #: \_\_\_\_\_

eMail: \_\_\_\_\_ Occupation: \_\_\_\_\_ Member of Active Military:

Name of Stepparent (if applicable): \_\_\_\_\_ Mobile #: \_\_\_\_\_ Work#: \_\_\_\_\_

With whom does the student reside (Check all that apply) mother father stepparent guardian

Other (Please explain)