

MISCELLANEOUS STUDENT INFORMATION:

Birth City: Birth State: Birth Country

For High School Students Only: Date entered 9th Grade:

Former School: Date Last Attended:

Address: Grade last attended:

Phone: Fax:

Does your child have a significant health problem of which the school should be made aware? Yes No

If you answered "YES" - please communicate the problem to the school nurse on the Student Health Survey Form.

Does child have a hearing problem, sight problem, etc.?

Does your child presently have an IEP? Yes No Does your child presently have a GIEP? Yes No

If you answered "YES" - please provide the district with a copy of current evaluation report and IEP/GIEP

Brothers and Sisters: *(Please list full name, date of birth and school for children ages 0-18 years)*

Notes/Comments - *Please list any special programs this student has participated in at previous school(s) or include other comments you wish to make:*

STUDENT REGISTRATION AFFIDAVIT/SIGNATURE REQUIRED

(Please check one) This is to certify that I am the Parent Guardian *of the pupil registered on this form.*

Signature:

Date:

(Please check one) This is to certify that I am the Parent Guardian *of the pupil registered on this form.*

Signature:

Date:

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