

**ENROLLMENT FORM**  
SAINT CLAIR AREA SCHOOL DISTRICT  
227 SOUTH MILL STREET, SAINT CLAIR, PA 17970

High School Student \_\_\_\_\_ Grade \_\_\_\_\_ PA Secure ID \_\_\_\_\_  
Elementary/Middle School Student \_\_\_\_\_ Grade \_\_\_\_\_  
Other \_\_\_\_\_ School Student I.D. \_\_\_\_\_

Landline Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Student's Name \_\_\_\_\_ Female \_\_\_ Male \_\_\_  
(Last) (First) (Middle)

Ethnicity: (Check One) Not Hispanic or Latino \_\_\_\_\_ Hispanic or Latino \_\_\_\_\_

(Check all that apply)

Race: White \_\_\_\_\_ Black \_\_\_\_\_ Asian \_\_\_\_\_ Pacific Islander \_\_\_\_\_ American Indian/Alaskan \_\_\_\_\_

Mailing Address \_\_\_\_\_

Village/Town \_\_\_\_\_

Blythe Township \_\_\_\_\_ Middleport \_\_\_\_\_ Other: \_\_\_\_\_  
East Norwegian Township \_\_\_\_\_ New Philadelphia \_\_\_\_\_  
New Castle Township \_\_\_\_\_ Saint Clair \_\_\_\_\_

Birthdate \_\_\_\_\_ Birthplace (City, State, Country) \_\_\_\_\_

Father's Name: (Natural or Adoptive)	Mother's Name: (Natural or Adoptive)
Last _____ First _____ (M) _____	Last _____ First _____ (M) _____
Birthdate _____	Birthdate _____
Birthplace _____	Birthplace _____
Education _____	Education _____
Occupation _____	Occupation _____
Place of Employment _____	Place of Employment _____
Active Military? Yes _____ or No _____	Active Military? Yes _____ or No _____

Biological or Adoptive Parents are currently:

Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Deceased \_\_\_\_\_ Other \_\_\_\_\_

Student lives with:

Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other, specify \_\_\_\_\_

If other, please complete: Step-Parent/Guardian-

(Last Name) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Birthdate \_\_\_\_\_ Birthplace (City & State) \_\_\_\_\_

Education \_\_\_\_\_ Occupation \_\_\_\_\_

(Please complete side 2)

LIST ALL BROTHERS AND SISTERS: (Include whole, half and step)

Name: Last	First	M/F	Date of Birth	Grade if in school

Has child attended school previously? Yes \_\_\_ No \_\_\_ Grade Attended \_\_\_ Years Attended \_\_\_

School entry date \_\_\_\_\_ State entry date \_\_\_\_\_ Initial U.S. entry date \_\_\_\_\_

Special Education, if any: Autistic Support \_\_\_ Emotional Support \_\_\_ Gifted \_\_\_

Hearing Support \_\_\_ Learning Support \_\_\_ Life Skills Support \_\_\_

Multiple Disabilities Support \_\_\_ Occupational Therapy \_\_\_ Physical Therapy \_\_\_

Speech/Language \_\_\_ Vision Support \_\_\_

Is your child limited in his/her physical activity? Yes \_\_\_ No \_\_\_ If yes, explain:

\_\_\_\_\_
List any special circumstances (including homelessness/McKinney Vento) that should be known to the school: \_\_\_\_\_

Signature of Person Completing Form \_\_\_\_\_ Date \_\_\_\_\_

Relationship to above pupil if other than natural or adoptive parent \_\_\_\_\_

Signature of School Official \_\_\_\_\_, Superintendent

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OFFICE USE ONLY: Start Date \_\_\_\_\_

CHECK LIST (Date Received or NA)

- Enrollment Form Completed \_\_\_\_\_
- Proof of Age \_\_\_\_\_
- Guardianship \_\_\_\_\_
- Non-Parental Custody Paperwork \_\_\_\_\_
- Home Language Survey \_\_\_\_\_
- Copy of IEP \_\_\_\_\_
- Emergency Card \_\_\_\_\_
- Proof of Residency \_\_\_\_\_
- Bus Form \_\_\_\_\_
- Earned Income Info \_\_\_\_\_
- Custody Agreement \_\_\_\_\_
- Request for Records \_\_\_\_\_
- Copy of ER \_\_\_\_\_
- Received Records \_\_\_\_\_