



SCHOOL DISTRICT OF PHILADELPHIA
 APPLICATION FOR ADMISSION OF CHILD TO SCHOOL (EH-40)
 PARENT / GUARDIAN MUST COMPLETE THIS FORM AND PROVIDE ALL NECESSARY DOCUMENTS

Please Print All

STUDENT INFORMATION - Section 1

Last Name		First Name	M.I.	Date of Birth			STUDENT ID NUMBER
				MONTH	DAY	YEAR	
House No.	Dir	Street Name			St. Ave. Etc	Apt#	Zip Code

Race Designation: Are you Hispanic Yes or No Gender: Male/ Female
 White Black/African American Hispanic/Latino American Indian/ Alaska Native
 Asian Multiracial/Other* Native Hawaiian/Other Pacific Islander
 *If you select Multiracial/Other, you MUST select the races that apply.

Country of Birth: _____
 Student Primary Language _____
 Date child first enrolled into a U.S. School _____

HOUSEHOLD INFORMATION - Section 2

Student Resides With:
 Both Parents (same address) Mother Father Stepparent Guardian / Other

Parent / Guardian Name: _____ (Circle) <input type="checkbox"/> Mother <input type="checkbox"/> Stepparent <input type="checkbox"/> Father <input type="checkbox"/> Guardian / Other: _____ Address: _____ _____ Phone: _____ (Home) _____ (Cell) _____ (Work) _____ E-Mail: _____	Parent / Guardian Name: _____ (Circle) <input type="checkbox"/> Mother <input type="checkbox"/> Stepparent <input type="checkbox"/> Father <input type="checkbox"/> Guardian / Other: _____ <input type="checkbox"/> Please check this box if the address is the same Address: _____ _____ Phone: _____ (Home) _____ (Cell) _____ (Work) _____ E-Mail: _____
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Please indicate this Guardian's Primary Language: _____

SIBLING INFORMATION - Section 3

Please list all school aged children (ages 5 and above)

Name	D.O.B.	Current School	Grade	Student ID# if available

CONTACT INFORMATION - Section 4

*** Please list two LOCAL emergency contacts and their relationship to the child in the event a parent or guardian cannot be reached:**

Primary
 1) Name _____ Relationship _____
 Phone (1) _____ Phone (2) _____

Secondary
 2) Name _____ Relationship _____
 Phone (1) _____ Phone (2) _____

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STUDENT EDUCATION HISTORY - Section 5, Complete this section if the child has ever attended school

Indicate city and type of school child last attended
 Philadelphia Other City: _____ Public School Non Public School

Date Last Attended	Grade Last Attended	Name of School	Address	City	Stat

If the student attended school outside of the United States, do you have his/her school records?
 Yes No
 If yes, please provide a copy for the school.
 If no, please contact the school to obtain the records.

Did the Child ever attend: Pre-Kindergarten and/or Kindergarten

1) Has the child ever received Special Education Services in PA or another state? Yes No If yes, which state: _____

2) Does your child have a current IEP? Yes No

3) Does your child have a current evaluation report? Yes No If yes, what _____

4) Was the child ever enrolled in an Early Intervention Program? Yes No

5) Has the child ever received ESOL/Bilingual services? Yes No If yes, which state: _____

6) Does your child have a 504 Yes No

7) Does your child have a Gifted IEP? Yes No

LANGUAGE SURVEY - Section 6

	English	Other	Language
1) What language does the family speak at home most of the time?	<input type="checkbox"/>	<input type="checkbox"/>	_____
2) What language does the parent(s) speak to her/his child most of the time?	<input type="checkbox"/>	<input type="checkbox"/>	_____
3) What language does the child speak to her / his parent(s) most of the time?*	<input type="checkbox"/>	<input type="checkbox"/>	_____
4) What language does the child speak to her/his brothers/sisters most of the time?*	<input type="checkbox"/>	<input type="checkbox"/>	_____
5) What language does the child speak to her/his friends most of the time?*	<input type="checkbox"/>	<input type="checkbox"/>	_____
6) What language does the child speak most frequently?*	<input type="checkbox"/>	<input type="checkbox"/>	_____
7) What other languages does the child speak? 1) _____ 2) _____ 3) _____			

* If the answer to these questions is other than English, the student must be given the English placement test (W-APT) by a certified administrator.

By signing below, I am allowing the School District of Philadelphia to register my child as a student. I also certify the information provided on this application to be true and accurate and providing false or incomplete information that is required for registration may delay enrollment.

 Parent / Guardian Signature

 Date