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 Information

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	Home Phone

Race Designation : Are you Hispanic □ Yes or □ No   Gender : □ Male / □ Female   Country of Birth: _____

□ White   □ Black / African American   □ Hispanic / Latino   □ American Indian / Alaska Native

□ Asian   □ Multiracial / Other   □ Native Hawaiian / Other Pacific Islander

HOUSEHOLD INFORMATION - Section 2

Student Resides With:

□ Both Parents (same address)   □ Mother   □ Father   □ Stepparent   □ Guardian / Other

Parent / Guardian Name: _____

(Circle) □ Mother   □ Stepparent

□ Father   □ Guardian / Other: _____

Parent / Guardian Name: _____

(Circle) □ Mother   □ Stepparent

□ Father   □ Guardian / Other: _____

□ Please check this box if the address is the same

Address: _____

Address: _____

Phone: _____
(Home)

Phone: _____
(Home)

_____
(Cell)

_____
(Cell)

_____
(Work)

_____
(Work)

E-Mail: _____

E-Mail: _____

Please indicate your Home Primary Language: _____

SIBLING INFORMATION - Section 3

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

Name	D.O.B.	Current School	Current 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)
_____

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	State

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 date: _____
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 Plan?	□ Yes □ No
7) Does your child have a Gifted IEP?	□ Yes □ No

Date child first enrolled into a U.S. School: _____

LANGUAGE SURVEY - Section 6

	English	Other	Language
1) What language does the family speak at home most of the time?	□	□	_____
2) What language does the parent(s) speak to her/his child most of the time?	□	□	_____
3) What language does the child speak to her / his parent(s) most of the time?*	□	□	_____
4) What language does the child speak to her/his brothers/sisters most of the time?*	□	□	_____
5) What language does the child speak to her/his friends most of the time?*	□	□	_____
6) What language does the child speak most frequently?*	□	□	_____
7) What is the child's primary language?	□	□	_____

8) 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