

**SCHOOL DISTRICT OF PHILADELPHIA  
STUDENT REGISTRATION FORM (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	Phone Number

Race Designation: Is this student Hispanic  Yes or  No      Gender:  Male /  Female      Country of Birth: \_\_\_\_\_

**Check all races that apply:**      Home Primary Language: \_\_\_\_\_

White    Black / African American       Native Hawaiian / Other Pacific Islander      Date child first enrolled into a U.S. School: \_\_\_\_\_

Asian    American Indian / Alaska Native

**STUDENT ENROLLMENT HISTORY - SECTION 2**

Indicate city and type of school child last attended       Public School \_\_\_\_\_

Philadelphia       Other City: \_\_\_\_\_       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:      If yes, please provide a copy for the school \_\_\_\_\_

No:      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 3**

	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.

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

**HOUSEHOLD INFORMATION - SECTION 4**

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

Parent / Guardian Name: _____	Parent / Guardian Name: _____
(Circle) Mother / Father / Stepparent / Guardian / Other _____	(Circle) Mother / Father / Stepparent / Guardian / Other _____
(Circle) Male / Female    [Active Military] Yes / No	(Circle) Male / Female    [Active Military] Yes / No
Address: _____	Address: _____
Phone: _____	Phone: _____
(Home) _____	(Home) _____
(Cell) _____	(Cell) _____
(Work) _____	(Work) _____
Email: _____	Email: _____
<b>Preferred Language for School Related Communications:</b>	<b>Preferred Language for School Related Communications:</b>

**MCKINNEY-VENTO ELIGIBILITY - SECTION 4 (continued) (THIS INFORMATION WILL BE KEPT CONFIDENTIAL)**

Please indicate your current housing status:  Rent    Lease    Own

In a motel/hotel due to loss of housing, economic hardship or similar reason  
 Are you currently living with a family member due to loss of housing, economic hardship or similar reason  
 Did you experience a man-made disaster/fire  
 Did you experience an eviction

*If the family is eligible for the Homeless Assistance Act of 1987 (known as McKinney-Vento) please contact your school counselor once registration is completed.*

**SIBLING INFORMATION - SECTION 5**

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

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

**EMERGENCY CONTACT INFORMATION - SECTION 6**

**\* 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 \_\_\_\_\_ Gender: Male / Female  
 Phone (1) \_\_\_\_\_ Phone (2) \_\_\_\_\_

**Secondary**

2) Name \_\_\_\_\_ Relationship \_\_\_\_\_ Gender: Male / Female  
 Phone (1) \_\_\_\_\_ Phone (2) \_\_\_\_\_

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 _____
Parent / Guardian Signature _____	Date _____