BETHLEHEM AREA SCHOOL DISTRICT
Student Data Collection Form

Student's Name _____ **Grade** _____
First Middle Last

Address: House # _____ Direction _____ Street _____

City _____ Zip _____

Primary or Home **Parent's** ☐ Mother ☐ Father **Parent's** ☐ Mother ☐ Father

Phone (___) _____ **Cell Phone** (___) _____ **E-Mail Address** _____

	Name	Address if other than student's	Work Telephone	Ext.
Father			(___)	
Mother			(___)	
Step-parent			(___)	

Student is Living With:
☐ Both Parents ☐ Father ☐ Mother ☐ Self (Emancipated) ☐ Unmarried Single Parent
☐ Other – Complete information below and contact Child Accounting.

_____ ( ) _____
Name Relationship Work Telephone Ext.

Emergency Contact _____ **Phone** _____

Enter Birthdate Verification Code _____
Month Day Year

Place of Birth: _____
City

_____
State Country

Sex
☐ M
☐ F

No. of Brothers _____
No. of Sisters _____
Rank in Family _____
Siblings (See reverse side)
Custody Papers ☐ Yes ☐ No Provided

Ethnicity – Please Check One
Hispanic/Latino ☐ Not Hispanic/Latino ☐

Race– Circle appropriate number or numbers
1. American Indian/Alaskan Native
3. Black or African American
5. White 9.Asian
10. Native Hawaiian or other Pacific Islander

Language of Correspondence ☐ English ☐ Other—If other, please name language _____

Did student previously attend Bethlehem Area School District? ☐Yes ☐No Date student entered 9th grade _____

School from which student is transferring _____
Name Address

Student's Special Needs/Special Ed/504 Plan _____

_____ _____
Parent's Signature *Date of Registration*

For School Office Use Only School # _____ Plan Area # _____ (or attach student summary sheet form)

Proof of Residence - Requires two and retain copies for student's guidance folder.

Resident Status – See codes. Documentation required for all nonresidents. Call Child Accounting.

Please forward a copy of form to Child Accounting if student has preschool-aged siblings listed.

Rev. 6/1/11