Twin Valley School District

Student's ID #_____ **Student Registration** **Today's Date_____**

Student's Name_____ Sex_____ Grade_____
Address:_____ Telephone:_____
City:_____ State:_____ Zip Code:_____
Date of Birth:_____ Place of Birth:_____
Parent/Guardian Email:_____ Cell Phone:_____

Municipality: (Check One)
_____ **Caernarvon**
_____ **Robeson Township**
_____ **Elverson Boro**
_____ **Honey Brook Boro**
_____ **Honey Brook Township**
_____ **West Nantmeal Township**
_____ **New Morgan Boro**

Ethnic Background: (Check One)
_____ *White (Non-Hispanic)*
_____ *Black (Non-Hispanic)*
_____ *Hispanic*
_____ *Asian/Pacific Islander*
_____ *American Indian/Alaskan Native*
_____ *Other*_____

Type of Residence: (Check Applicable)
_____ House
_____ Apartment
_____ Rent
_____ Own

Contact Information: (Check One)
___Mother ___Father___Guardian___Foster Parent___Other
(Proof Required)

Name:_____
Address:_____
City:_____ State:_____ Zip:_____
Date of Birth:_____
Employer:_____
Telephone: Home:_____
Work: _____

(Check One)
___Mother ___Father___Guardian___Foster Parent___Other
(Proof Required)

Name:_____
Address:_____
City:_____ State:_____ Zip:_____
Date of Birth:_____
Employer:_____
Telephone: Home:_____
Work: _____

In the event of child's illness (not an emergency) whom do we contact if we cannot reach you?
Name:_____ ***Telephone:***_____

Others living in the household	Sex	Relationship	Date of Birth	School Attending	Grade

Name of School Last Attended:_____ Previously a Twin Valley Student? ____ Yes
School District:_____ ____ No
School Address:_____

_____ _____
Student Signature Parent Signature

To be filled in by school official.

Building:_____ Birth Certificate: _____Yes ____ No Certificate #_____
Proof of Residency (A copy of the original is attached to this form)_____
Assigned: _____ Homeroom Number:_____
Records Sent For: Date:_____ By Whom:_____

Twin Valley School District is an equal opportunity education institution and will not discriminate on the basis of race, color, national origin, sex and handicap in its activities, programs or employment practices as required by TitleVI, Title IX and Section 504. For information regarding civil rights or grievance procedures, contact the Title IX Compliance Officer, Section 504 Coordinator, 4851 N. Twin Valley Rd., Elverson, PA 19520, Telephone (610)286-8611.