

- New Student
- Address Change
- Inter System

NORTH SCHUYLKILL SCHOOL DISTRICT

STUDENT REGISTRATION FORM

- Census
- LTD
- EIT

NAME: _____ **ADDRESS:** _____ **PHONE #** _____

BIRTH DATE: _____ **GRADE:** _____ **SCHOOL:** _____

SOCIAL SECURITY #: _____

Parents/Guardian Names (Last, First, Middle)	Birth Date			Employer	Address of Employer
	M	D	Y		
Other Adults in Household (Last, First, Middle)					
Other Children (Last, First, Middle)	Birth Date			Grade	School Assignment
	M	D	Y		

I certify that the above information is true and correct to the best of my knowledge.

Parent Signature: _____