

FARRELL AREA ELEMENTARY SCHOOL  
1600 Roemer Blvd. Farrell, Pa 16121  
PHONE: (724)-509-1114 FAX: (724)-509-1109  
REGISTRATION FORM

Given to:  
\_\_\_\_ Nurse  
\_\_\_\_ Special Ed.

**STUDENT INFORMATION**

Date: \_\_\_\_\_

Student's Legal Name \_\_\_\_\_  
Last First Middle  
Street Address: \_\_\_\_\_ City \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Mailing Address (if different from above): Postal Box: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_ Male \_\_\_ Female Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
City/State of birth: \_\_\_\_\_ State Entry (if not born in Pennsylvania): \_\_\_\_\_

Race  1-American Indian/Alaskan Native  3- Black or African American  5- White  9-Asian  
 10- Native Hawaiian/Other Pacific Islander  6- Multi Racial  4-Hispanic

Does the student have an I.E.P/504 or have any special needs: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Student resides with: MOTHER FATHER GUARDIAN

Mother's Name: \_\_\_\_\_  
First Maiden Name Current Last Name  
Mother's Birthplace : \_\_\_\_\_ e-mail : \_\_\_\_\_  
City State  
Phone number: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Father's Name: \_\_\_\_\_  
First Last Name  
Father's Birthplace : \_\_\_\_\_ e-mail : \_\_\_\_\_  
City State  
Phone number: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Please indicate if the school administration should be aware of any Custody/Court Order related to your child.  
\_\_\_\_ Yes \_\_\_\_ No If 'yes', please make arrangements to discuss this situation with the school administration. Legal documentation will be required.

**LAST SCHOOL ATTENDED**

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Address: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Dates attended: \_\_\_\_\_ Was the student ever enrolled in another PA school? Yes No  
Has the student attended Farrell Schools previously? Yes No

**OFFICE USE ONLY** Birth Certificate # \_\_\_\_\_ Grade: \_\_\_\_ Teacher: \_\_\_\_\_  
Documents received: \_\_\_ Immunization \_\_\_ Birth Certificate \_\_\_ Proof of Residency