

# Warwick School District Enrollment Form

Office Use: Data Entry Date \_\_\_\_\_ Building \_\_\_\_\_ Student ID \_\_\_\_\_

**Student Name** (per birth certificate) \_\_\_\_\_

(Last) (First) (Middle)  
**Date of Birth** \_\_\_\_\_ **State and City of Birth** \_\_\_\_\_ **Entering Grade** \_\_\_\_\_

**Preferred Name to be called** \_\_\_\_\_ **Primary Phone** \_\_\_\_\_ ☐ **No Home Internet**  
(if different than above)

**Student Mailing Address** \_\_\_\_\_ ☐ **Same as Physical Address**

**Municipality** Lititz Boro ☐ Warwick Township ☐ Elizabeth Township ☐

**Gender** M F O – Preferred Gender \_\_\_\_\_ **Student Social Security #** \_\_\_\_\_ (optional)

**Ethnicity** Hispanic or Latino ☐ Not Hispanic or Latino ☐ (If Hispanic or Latino is checked, race is automatically Hispanic)

**Race** American Indian/Alaskan ☐ Asian ☐ Black ☐ White ☐ Native Hawaiian/Pacific Islander ☐

**Military Service** Student's parent/guardian is an ACTIVE DUTY member of any of the United States Armed Forces - Army, Navy, Air Force, Marines, Coast Guard – or is currently deployed full time in the National Guard or Reserves Y N

## **Primary Residence Responsible Adult Information** (SAME address and Primary Phone as Student above)

Name _____	Name _____
Relationship to Student _____	Relationship to Student _____
Secondary Phone # _____	Secondary Phone # _____
Email Address _____	Email Address _____
Employer _____	Employer _____
Employer's Telephone # _____	Employer's Telephone # _____

### **List other household members at Student's address:**

<u>Last Name</u>	<u>First Name</u>	<u>Relationship to Student</u>	<u>Date of Birth</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## **Secondary Residence Responsible Adult Information**

(complete this section only if there is a shared custody arrangement between birth parents OR if neither of the Primary Responsible Adults listed above are the birth or legally adoptive parents-Custodial Information section on the back must also be completed)

Full Address/Primary Phone \_\_\_\_\_  
Should school mailings be sent to this address? Y N

Name _____	Name _____
Relationship to Student _____	Relationship to Student _____
Secondary Phone # _____	Secondary Phone # _____
Email Address _____	Email Address _____
Employer _____	Employer _____
Employer's Telephone # _____	Employer's Telephone # _____

### **List other household members at this residence:**

<u>Last Name</u>	<u>First Name</u>	<u>Relationship to Student</u>	<u>Date of Birth</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### School Last Attended

School Name \_\_\_\_\_ District Name \_\_\_\_\_  
School Address \_\_\_\_\_ Telephone # \_\_\_\_\_  
\_\_\_\_\_ Fax # \_\_\_\_\_

If transferring from out of state, has student *ever* been enrolled in a Pennsylvania school? YES ☐ NO ☐

### Special Education Services Provided

Did student have an IEP? YES ☐ NO ☐ Date: \_\_\_\_\_ (please provide copy)  
Did student have a 504 Accommodation Plan? YES ☐ NO ☐ Date: \_\_\_\_\_ (please provide copy)  
Did student have a Gifted IEP? YES ☐ NO ☐ Date: \_\_\_\_\_ (please provide copy)  
Other Special Services Received \_\_\_\_\_

### Home Language Survey

Has your child received ESL services at any other school district? YES NO

1. What was the first language your child learned to speak? \_\_\_\_\_  
2. What language/s does your child speak most often at home? \_\_\_\_\_  
3. What language/s is spoken most often by family members in your home? \_\_\_\_\_

*If you did not answer **ENGLISH** to questions 1-3, please complete Home Language Survey and participate in Family Interview with Enrollment Staff*

### Custodial Information

**\*NOTE:** This section needs to be completed **only if** the student doesn't live with both birth/adoptive parents OR if neither of the responsible adults listed in the Primary Residence is the birth parent or legally adoptive parent of the student.

#### If you are the Foster Parent:

Name and Address of Placement Agency: \_\_\_\_\_

Agency Telephone #: \_\_\_\_\_ Placement Date: \_\_\_\_\_

Birth Parent/s Name: \_\_\_\_\_ Unknown ☐

Birth Parent/s Address: \_\_\_\_\_ Unknown ☐

#### If you are the Guardian:

Do you have a legal affidavit indicating your parental responsibility? YES ☐ NO ☐ (If yes, please provide copy of document)

Birth Parent/s Name: \_\_\_\_\_ Unknown ☐

Birth Parent/s Address: \_\_\_\_\_ Unknown ☐

#### If you are the Custodial Parent:

Do you have legal custody through a court order? YES ☐ NO ☐ (If yes, please provide copy of court document)

If yes, does the court order limit the non-custodial parent's access to school records? YES ☐ NO ☐

May the child be released from school to the non-custodial parent? YES ☐ NO ☐

*When a student resides with only one birth/adoptive parent, **that** parent will be considered the custodial parent. The non-custodial parent should be listed under the Secondary Residence information. The non-custodial parent has access to the child's records unless there is a court order forbidding it. It is the responsibility of the custodial parent to provide the school with any limiting court order.*

### Office Use Only

Proposed Start Date \_\_\_\_\_ Photo ID: YES ☐ NO ☐ Bus \_\_\_\_\_ Walker \_\_\_\_\_

**ESL:** YES ☐ NO ☐ **IEP:** YES ☐ NO ☐ **IU:** YES ☐ NO ☐ **Immunization Rec'd:** YES ☐ NO ☐