

# 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  **Student Social Security #** \_\_\_\_\_ (optional)  **Opt-out Media**  **Opt-out Military**

**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

**Student Lives With:** Both Parents  Mother Only  Father Only  Guardian  Foster Parent/s   
Mother/Stepfather  Father/Stepmother  Other \_\_\_\_\_

### **Primary Residence Responsible Party Information** (SAME address as Student)

|                               |                               |
|-------------------------------|-------------------------------|
| 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 Party Information**

(complete this section **only** if there is a shared custody arrangement between birth parents **OR** if **neither** of the Primary Responsible Parties 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 secondary 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 lavender Home Language Survey form.*

**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 parties 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**

Appointment at Building \_\_\_\_\_ Proposed Start Date \_\_\_\_\_ Teacher \_\_\_\_\_ Photo ID: YES  NO   
Date Records Requested \_\_\_\_\_ Date Records Received \_\_\_\_\_ Bus # \_\_\_\_\_ Bus Stop \_\_\_\_\_  
**ESL:** YES  NO  **IEP:** YES  NO  **IU:** YES  NO  **Immunization Rec'd:** YES  NO