



Marple Newtown School District Student Registration Form

For District Use Only	
PA Secure ID#	<input style="width: 90%;" type="text"/>
Student #	<input style="width: 90%;" type="text"/>
Homeroom #	<input style="width: 90%;" type="text"/>

Date of Registration Appointment _____

Student First Name:		Gender		Birth Certificate # & State	
Middle Name:		Birthdate:		Passport #	
Last Name:		Entering Grade:		Ethnicity	
Nickname:		Date of Entry		Language Spoken at Home	

Address:		Living with:	
Apartment#/Complex		Parent/Guardian Full Name:	
City/State/Zip		Residence Phone:	
Email Address:		Work Phone:	
Preschool/School Last Attended:		Parent #2 Name:	
Address		Address (if different)	
		Phone:	

Brothers/Sisters:

Name:	Gender	Birthdate:
Name:	Gender	Birthdate:
Name:	Gender	Birthdate:
Name:	Gender	Birthdate:

*Voluntary -- for census only

I do hereby declare that I am a resident of the Marple Newtown School District and reside at the above address.

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<input type="checkbox"/> Deed <input type="checkbox"/> Lease <input type="checkbox"/> Multiple Occupancy <input type="checkbox"/> Other Proof of Residency <input type="checkbox"/> Affidavit Needed <input type="checkbox"/> Custody Agreement <input type="checkbox"/> Restraining Order	Curriculum Grade Building <input type="checkbox"/> Transcripts received <input type="checkbox"/> IEP Needed <input type="checkbox"/> Emergency Cards <input type="checkbox"/> Immunizations

Parent/Guardian Signature

Date