

LAKELAND SCHOOL DISTRICT  
 1355 Lakeland Drive  
 Scott Township, Pennsylvania 18433  
 Telephone: 570-254-9485  
 Fax: 570-254-6730

**OFFICE USE ONLY**

ELIGIBLE  
 INELIGIBLE

Homeroom \_\_\_\_\_

Registration Date \_\_\_\_\_ ID Number \_\_\_\_\_ PAsecure ID \_\_\_\_\_ Grade \_\_\_\_\_ First Day Attendance \_\_\_\_\_

Multiple Occupancy  Foster/Court-Placed (1305/1306)  Non-resident Tuition

Male  Hispanic/Latino  Not Hispanic/Latino  
 Female  Check All That Apply  Amer. Indian/Alaskan Native  Asian  Hawaiiin/Pacific Islander  Black  White

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Multiracial

Student's Last Name, First Name, Middle Initial \_\_\_\_\_ Place of Birth (State) \_\_\_\_\_ Birth Certificate Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_ Apt or Lot # \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_

Do you own or rent your house?  Own  Rent. If renting, whose name is on the rental agreement? \_\_\_\_\_  
 Are you currently living in the Lakeland SD?  Yes  No. If no, on what date do you expect to move into the district? \_\_\_\_\_

**Does the student currently have an IEP/504/GIEP (If yes, circle one)?**  Yes  No  I don't know  
**Is the student court-placed, or a foster child?**  Yes, Provide documentation from agency  No

Name of Previous School \_\_\_\_\_ Address of Previous School \_\_\_\_\_ Phone # \_\_\_\_\_

Initial PA \_\_\_\_\_ 9<sup>th</sup> Grade  
 Enrollment Date: \_\_\_\_\_ US Enrollment Date: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Residing Parent/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Residing Parent/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_ Cell: \_\_\_\_\_

(if not residing) Mother Name/Address/Email/Phone: \_\_\_\_\_

(if not residing) Father Name/Address/Email/Phone: \_\_\_\_\_

**Emergency Contact** – Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**SIBLING(S) who attend Lakeland (Use back of form for additional space if needed)**

Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

**1305/1306 INFORMATION ONLY**

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Name of Placing Agency: \_\_\_\_\_ Phone: \_\_\_\_\_ Social Worker: \_\_\_\_\_  
 Address: \_\_\_\_\_ School District of Natural Parents: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Parent or Guardian

\_\_\_\_\_  
 Date