



Canon-McMillan School District

STUDENT REGISTRATION FORM

For Office Use Only:
Student ID # _____

Please check what school your child will be attending:

Elementary Schools (Gr. K-4)

Borland Manor Hills-Hendersonville Wylandville

Cecil Elementary Muse

First Street South Central

Cecil Intermediate (Gr. 5-6)

North Strabane Intermediate (Gr. 5-6)

CM Middle School (Gr. 7-8)

CM High School (Gr. 9-12)

Student Name: _____
Last Name First Name Middle

Mailing Address: _____
Street City/State Zip Code

Date of Birth: _____ **Grade:** _____ **Gender:** Male Female

Home Phone : _____
(This number will be used for emergency messages from the school/district.)

Child resides with:

- Both Parents Mother Only Mother & Step Father Father Only Father & Step Mother Guardian(s)
- Relative(s) Foster Parent(s)

Parents are:

- Married & reside together Divorced Separated Remarried Single Never Married Widow/Widower
- Student is court emancipated

If child resides at the above address with one or both parents:

Mother's Name _____ Phone _____ Email _____

Employed By _____ Occupation _____ Work Phone _____

Father's Name _____ Phone _____ Email _____

Employed By _____ Occupation _____ Work Phone _____

If child resides with one parent only please list non-custodian parent name and information. Non-custodial parent will be included in school data base and will receive progress/report cards, etc.

Name _____ Phone _____ Email _____

Street _____ City/State/Zip code _____

Employed By _____ Occupation _____ Work Phone _____

If child resides with guardians/foster parents at the above student address, list guardian information:

Guardian Name _____ Phone _____ Email _____

Employed By _____ Occupation _____ Work Phone _____

Guardian Name _____ Phone _____ Email _____

Employed By _____ Occupation _____ Work Phone _____

I have read and signed Act 26 Form regarding being suspended and/or expelled Yes No

STUDENT NAME: _____

Does child receive any of the following services (check all that apply):

Has current IEP: Yes No

Has had IEP in Past: Yes No

Learning Disability Speech Hearing ESL/ELL Vision 504/Chapter 15 Agreement
 Other: _____

Pennsylvania State Reporting Information

Resident Non-Resident Foster Homeless Emancipated Minor

Ethnicity:

White, Non-Hispanic Hispanic Black, Non-Hispanic Asian
 American Indian or Alaska Native Native Hawaiian/Other Pacific Islander
 Multiracial (if checking Multiracial, please choose at least two ethnicities from above)

What date did your child enter PA? (Enter birth date if child was born in PA) _____

What month/year did the student initially start school? _____ In what state? _____

What month/year did your child enter 9th Grade? _____

The Pennsylvania Information Management System (PIMS) requires that public schools collect and report data pertaining to birth and state/country entry

Has your child previously attended Canon-McMillan? Yes No

If YES: Please list which CM school(s) and grades attended: _____

Child's Brothers and Sisters:

Name	Date of Birth	Name	Date of Birth

Previous School Information

Name of previous school _____

Address of school _____

City / State / Zip Code of school _____

Phone number _____ Fax Number: _____

Date withdrew previous school _____

I certify that the information that I have provided for admission into Canon-McMillan School District is correct.

Parent/Guardian: _____ Date _____

Relationship to student _____