



Corry Area School District

540 East Pleasant Street
Corry PA 16407
Phone: (814) 664-4677
Fax: (814) 664-9645
<http://www.corrysd.net>

Registration Form

ALL Prospective Students
Completed by Parent or Guardian
Page 1 of 3

CASD OFFICE USE ONLY		CASD OFFICE USE ONLY		CASD OFFICE USE ONLY	
Resident School:		Enrollment School:		Registration Date:	
PA Secure ID #:		CASD ID #		Start Date:	
Bus #:		Locker #:		Homeroom:	

THE INFORMATION BELOW AND ON THE FOLLOWING PAGES IS TO BE PROVIDED BY A PARENT OR GUARDIAN
Please read and complete each section and field carefully. Providing inaccurate or incomplete information will delay entry.

STUDENT INFORMATION **Section A**

Legal Last Name:		Legal First Name:		Middle Name:	
Date of Birth:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Entering Grade:	City of Birth:		
State of Birth:			Country of Birth:		
Ethnicity (Check only one):					
<input type="checkbox"/> Caucasian		<input type="checkbox"/> African-American		<input type="checkbox"/> American Indian	
<input type="checkbox"/> Hawaiian Native/Pacific Islander		<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> Asian	
		<input type="checkbox"/> Other:		<input type="checkbox"/> Hispanic	

PRIMARY RESIDENCE INFORMATION FOR STUDENT **Section B**

Primary Address:					Apt. No:
City:	State:	Zip:	County:	Township:	
<i>(PO Boxes will not be accepted as Primary Resident Address)</i>					
Student at address:					
<input type="checkbox"/> All Week	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday

Mailing Address (If different than Primary):			City:	Zip:
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CONTACT INFORMATION FOR PARENT/GUARDIAN WITH WHOM STUDENT LIVES **Section C**

Student lives at the above address with (check one):					
<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Mother and Father Share Custody*	<input type="checkbox"/> Ward of State	
<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Grandparents*	<input type="checkbox"/> Guardian*	<input type="checkbox"/> Self*	<input type="checkbox"/> Agency: _____	
<input type="checkbox"/> Other:					

<input type="checkbox"/> Supporting Documentation Received*					
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Last Name:		First Name:		Relationship:	
Primary Address:					<input type="checkbox"/> Additional Mailing
City:	State:	Zip:	Primary Phone:	<input type="checkbox"/> Unlisted	
Cell Phone:	Work Phone:	Ext:	Migrant Worker	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Last Name:		First Name:		Relationship:	
Primary Address:					<input type="checkbox"/> Additional Mailing
City:	State:	Zip:	Primary Phone:	<input type="checkbox"/> Unlisted	
Cell Phone:	Work Phone:	Ext:	Migrant Worker	<input type="checkbox"/> Yes	<input type="checkbox"/> No

OTHER PARENT/GUARDIAN CONTACT INFORMATION *(If different than information provided in Section B)* **Section D**

Last Name:		First Name:		Relationship:	
Primary Address:					<input type="checkbox"/> Additional Mailing
City:	State:	Zip:	Primary Phone:	<input type="checkbox"/> Unlisted	
Cell Phone:	Work Phone:	Ext:	Email <i>(Optional)</i>		

Student at address:					
<input type="checkbox"/> All Week	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday

Can child be released to this person?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please explain:
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NON-DISCRIMINATION POLICY (CASD Policy #103)

The Corry Area School District is an equal opportunity education institution and will not discriminate on the basis of race, color, national origin, sex or handicap in its activities, programs or employment practices as required. For information regarding civil rights, grievance procedures or services, contact: Mrs. Sheri L. Yetzer, Superintendent, CASD Administration Building, 540 E Pleasant St, Corry PA 16407 (814) 664-4677.

OTHER PARENT/GUARDIAN CONTACT INFORMATION *(If different than information provided in Section B)* **Section D (cont'd)**

Last Name:		First Name:		Relationship:	
Primary Address:					<input type="checkbox"/> Additional Mailing
City:	State:	Zip:	Primary Phone:		<input type="checkbox"/> Unlisted
Cell Phone:	Work Phone:		Ext:	Email <i>(Optional)</i>	
Student at address:					
<input type="checkbox"/> All Week	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
Can child be released to this person?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, please explain:	

SPECIAL SERVICES **Section E**

Has the child repeated a grade? Yes No If Yes, which grade?

Does your child currently receive any of the following: *(Please check all that apply)*

TITLE 1

SPECIAL EDUCATION

Learning Support Emotional Support Autistic Support Life Skills Support

Deaf/Hearing Impaired Support Blind/Visually Impaired Support Speech/Language Support

504 PLAN (Protected Handicapped)

GIFTED PROGRAM

Attention Registration Personnel, if any special services are indicated, contact the Special Education Office before enrolling student.

PREVIOUS ENROLLMENT IN THE CORRY AREA SCHOOL DISTRICT

Has child ever been enrolled in the Corry Area School District? Yes No

If **Yes**, which school did he/she attend? In what year(s):

PREVIOUS SCHOOL ATTENDED *(Outside of Corry)*

Last School Attended:		Year(s):	Grade Last Attended:	
Address:		City:	State:	Zip:
Phone:	Fax:		Email:	
Previous School Attended:		Year(s):	Grade Last Attended:	
Address:		City:	State:	Zip:
Phone:	Fax:		Email:	

AUTHORIZATION FOR RELEASE OF INFORMATION **Section F**

I give permission for the Corry Area School District to release to obtain from the agency(ies) listed below, information about my child for the purpose of educational planning. Specific information to be released/obtained:

Educational

Other (Specify): _____

Agency Name: _____

Other (Specify): _____

Agency Name: _____

AUTHORIZATION FOR RELEASE OF INFORMATION **Section F (cont'd)**

Any information obtained by CASD will be placed in a file to which parents have access and the capacity to release to a third independent agency. The professional staff of the CASD will monitor this access. Information will be destroyed when it is no longer used for educational purposes. I may revoke this release at any time except to the extent that the person who is to make the disclosure has already acted on it. Except as noted above, this release will expire one year from date signed.

Parent/Guradian Signature _____
Date

Student Signature (if 18 years or older) _____
Date

Are you aware that Special Education Support Service are available in the Corry Area School District? Yes No
 Learned about services from (check all that apply): Newspaper Radio/TV Handouts Friend Other

OUT OF DISTRICT STUDENT INFORMATION **Section G**
(Including Tuition, Tuition Exempt, Foster Students, Wards of State, etc.)

If the student identified in Section A does not reside within the CASD, the following information must be provided.

Check the Most Applicable: Tuition Tuition Exempt Foster Child Ward of State Other
 Resident School District: _____ Resident School: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ Email: _____

OTHER RESIDENTS/CENSUS INFORMATION **Section H**

List **ALL** occupants living at residence

Name <i>(Last, First, Middle)</i>	Birthday <i>(mm/dd/yy)</i>	Sex	Relationship to Head of Household	School Attending	Grade

OUR PLEDGE TO YOU

The information provided throughout the enrollment process will be kept confidential and used only for educational purposes and reporting as mandated by the State of Pennsylvania. As noted by the **Family Educational Rights and Privacy Act (FERPA)**, access to these records by employees within the Corry Area School District is limited to those that have "legitimate educational interest."