

Date \_\_\_\_\_

**STUDENT DEMOGRAPHIC INFORMATION**

Grade Entering \_\_\_\_\_

Please Print Clearly

Student's Legal Name: \_\_\_\_\_ Male / Female \_\_\_\_\_ Birth Date \_\_\_\_\_  
Last First Middle Initial (circle one)

Primary Address: \_\_\_\_\_  
Street City State Zip

Place of Birth \_\_\_\_\_ Date entered PA \_\_\_\_\_ Does the student live in the district \_\_\_\_\_ Yes \_\_\_\_\_ No  
State

Secondary Address: \_\_\_\_\_  
Street City State Zip

Primary Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Secondary Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Email Address: \_\_\_\_\_

Ethnicity (Please check all that apply) \_\_\_\_\_ Caucasian \_\_\_\_\_ African-American  
\_\_\_\_\_ Native American \_\_\_\_\_ Asian \_\_\_\_\_ Hispanic  
\_\_\_\_\_ Other (Please Specify) \_\_\_\_\_

Does the student have a Physical Handicap? \_\_\_\_\_

Are there any court documents that pertain to the student? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are there any special comments regarding the student's custody? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does the student reside in a Foster Home? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please specify \_\_\_\_\_

Was the student previously enrolled in Charleroi Area School District? Y or N

If yes, please complete: \_\_\_\_\_ Year \_\_\_\_\_ Grade. Was the student ever retained? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, what grade? \_\_\_\_\_

**Student Permanently Lives With Which Legal Guardian:**

	(First Name)	(Last Name)	Active Military Check if Yes
<input type="checkbox"/> Mother	<input type="checkbox"/> Stepmother:	_____	<input type="checkbox"/>
<input type="checkbox"/> Father	<input type="checkbox"/> Stepfather:	_____	<input type="checkbox"/>
<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Legal Guardian:	_____	<input type="checkbox"/>

**If parents live in separate households please list other parent's name and address below:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\*\*\*\*\*  
**COMPLETE THIS SECTION IF STUDENT WAS PREVIOUSLY ENROLLED IN ANOTHER SCHOOL DISTRICT**

Previous School Name \_\_\_\_\_ Phone: \_\_\_\_\_

Last Grade Successfully Completed \_\_\_\_\_

**Circle any and all that apply:**

**504 Service Agreement / Special Education (IEP) / Speech / Gifted / ESL / Title I Services**

Does your child have a disability in which they were in any type of Support classes \_\_\_\_\_ Yes \_\_\_\_\_ No

Type of disability \_\_\_\_\_

**(PLEASE TURN OVER AND COMPLETE BACK OF THIS FORM)**

**OTHER K-12 SCHOOL AGE CHILDREN ADDRESSED IN THE SAME RESIDENCE:**

<b>Name</b>	<b>Gender</b>	<b>Birth Date</b>	<b>Age</b>	<b>Grade</b>	<b>Name of School Enrolled</b>

**IF STUDENT ATTENDED MULTIPLE DISTRICTS IN THE PAST 4 YEARS PLEASE LIST BELOW:**

<b>School District and State</b>	<b>Grade</b>	<b>Building Name</b>

**What Keystone Assessments have you taken?**  
(Please check all that apply)

**Algebra** \_\_\_\_\_

**Biology** \_\_\_\_\_

**Literature** \_\_\_\_\_