

PYMATUNING VALLEY REGISTRATION FORM			Entered in ESIS	
Date Entered	Bus #	Homeroom		
Health Records	Birth Certificate	Custody Papers	SF-14	OGT
Transcript/Report Card	Proof of Residency/What Proof			IEP/MFE

Please Print

Name of Student: _____
Last First Middle Initial

Date of Birth: Month _____ Day _____ Year _____ Birthplace: City _____ State _____

Student's Social Security _____ - _____ - _____ Primary Phone: _____ Parent's Cell _____

Student's Address: _____
House Number Street City Zip

Student's Mailing Address: _____
(If Different From Above – Ex: P.O. Box or Apt#)

Parent's Primary Email Address _____
(Student and School Information Will Be Sent To This Email Address)

First Language _____ Language Spoken At Home _____

Last Grade Completed _____ Grade To Be Entered In At PV _____

Name Of Student's Previous School District _____ Phone# _____

Has The Student Ever Attended Pymatuning Valley Schools: Yes ___ No ___ (If Yes, Which Bldg: HS MS PS)

PARENT/CUSTODIAN INFORMATION:

Name Of Biological Father _____ Name Of Biological Mother _____

Address: _____ Address: _____

(if different from student) Phone# (if different from student) Phone#

Does the student live with **BOTH** biological parents? (Mother and Father) Yes ___ NO ___

If no, Who is the residential parent? _____ Do you have custody papers? Yes ___ No ___

Does the student live with a stepmother or stepfather: Yes ___ No ___ Step Parents Name _____

Does the student reside in the PV district with a Guardian or Custodian under court order: Yes ___ No ___
(Is the student Court placed with someone other than biological parent?)

If Yes, name and address _____

I swear that I am a full time permanent resident of the Pymatuning Valley School District or have duly noted otherwise. I hereby assure that the above information is accurate. I will notify the school district immediately if any of the information provided on the registration form changes subsequent to registration. I understand there are penalties for falsification of information to public officials.

Signature of parent/legal guardian/other _____ Relationship _____ Date _____