



DOWNINGTOWN AREA SCHOOL DISTRICT
STUDENT REGISTRATION/CENSUS FORM

For Internal Use Only: Student #
Data Entry Date:
Enrollment Start Date:
School Enrolled:
Grade Enrolled:

Last Name
First Name
Middle Name
Birth Date
Gender Male Female
Nickname

ETHNICITY: (Check One)
White/Non-Hispanic(7)
Black/Non-Hispanic(6)
Hispanic(5)
Asian or Pacific Islander(2)
American Indian or Alaskan Native(1)

GRADE: (Circle One)
Early Intervention, Kindergarten, 01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12

SCHOOL ATTENDANCE AREA: (Circle One)
BC - BH - BW - EW - LE - PV - SC - SM - UH - WB - DM - LM - DE - DW

DISTRICT ENROLLMENT DATE:
STATE ENROLLMENT DATE:
U.S. ENROLLMENT DATE:
Month/Day/Year
(First Day in Downingtown Area School District)
(First Day in a Pennsylvania School)
(First Day in a United States School)

Does the student have any health related problems that require attention?
If yes, what is the nature of the problem?

Has the student been identified for any Special Education Classes or Programs?

TYPE OF RESIDENCY: (Check One)
Resident
Foster Child
Guardianship
Future Resident
Multiple Occupancy Resident
Foreign Exchange

Address:
City:
State:
Zip:

Home Phone Number:
Unlisted:
Student Resides at the address above with:
Both Parents
Father Only
Mother Only
Brother
Sister
Guardian (relationship)
Step Father
Step Mother
Foster Father
Foster Mother
Grandfather
Grandmother
Uncle
Aunt

Mailing Address: (If P.O. Box or you receive mail at a different address than address noted above)
P.O. Box/Street:
City:
State: PA Zip:

Father: (Dr. Mr.)
Guardian: (Dr. Mr.)
Employer:
Work Phone:
Cell Phone:
Home Phone:
Address: \*enter only if address differs from student
City:
State:
Zip:
Address above to also receive district mailings:
Email Address:
Mother (Dr.Mrs.Ms.)
Guardian (Dr.Mrs.Ms.)
Employer:
Work Phone:
Cell Phone:
Home Phone:
Address: \*enter only if address differs from student
City:
State:
Zip:
Address above to also receive district mailings:
Email Address:

I certify that I am a resident of the Downingtown Area School District and the school attendance area (Proof of Residency required). Proof of residency may be a property deed, rental or lease agreement listed as tenants, proof of settlement and a valid driver's license/photo ID. By signing below, I hereby swear and affirm that the information provided on this form is true and accurate.

Signature of Parent/Guardian

Date

Student Name

DASD Student I.D. #

**EMERGENCY CONTACT INFORMATION**

Emergency Contact Information: List those available during the school day Contact Name: _____ Relationship: _____ Home Phone: _____ Cell Phone: _____ Work Phone: _____	Emergency Contact Information: List those available during the school day Contact Name: _____ Relationship: _____ Home Phone: _____ Cell Phone: _____ Work Phone: _____
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**PLEASE LIST ANY BROTHERS OR SISTERS RESIDING AT THE SAME ADDRESS:**

Brother's Last Name, First Name	Date of Birth	Sister's Last Name, First Name	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Census Information:** Please indicate the municipality in which you reside.

Borough:  Downingtown  Currently a Non-Resident (future resident will be moving into DASD)  
 Townships:  East Brandywine  East Caln  Upper Uwchlan  Uwchlan  Wallace  West Bradford  West Pikeland

**Type of Residence:** \_\_\_\_\_  
 Single Home  Double House  Town House  Condo  
 Apartment  Trailer Park  Motel  Shelter  Mobile Home  Group Home

**For Internal Use Only:**

**Transfer Information:**

Name and Address of School from which student is transferring: \_\_\_\_\_ Date Records Requested \_\_\_\_\_  
 School Name: \_\_\_\_\_ Date Records Received \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Homeless:  YES  NO Migrant:  YES  NO

**IMMUNIZATION RECORD:**  Complete, proof ALL doses received at registration (4 DPT, 3 Polio, 3 Hep B, 2 MMR, 1 Varicella)  
 Incomplete Immunizations (IA) proof of at least one of each dose received at registration - \*Inform School Nurse  
 Exemptions  Medical – letter from a doctor that immunization would endanger the life or health of the student  
 Religious/Ethnic Reasons

**PROOF OF RESIDENCY:**  Valid Driver's License/Photo ID and one of the following:  
 Property Deed  Lease Agreement – Listed as tenants  
 Proof of Settlement (Final Sales Agreement)  Rental Agreement – Listed as tenants  
 Multiple Occupancy (Notarized application & certificate)  Future Resident – (requires affidavit & Sales Agreement or Building Contract – moving into DASD, purchasing home or new home being built. Occupancy date must be within 45 school days).

Birth Certificate: State: \_\_\_\_\_ Country (other than United States): \_\_\_\_\_  
 Birth Certificate Number: \_\_\_\_\_