

Blue Mountain School District
Enrollment Information
Demographic Information

Student's Last Name		First Name	Middle Name
Student's Legal Name (if different from above)			Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	City and State of Birth (list country if not USA)		Current Grade Level
Mailing Address		Home Phone	Cell Phone
Street Address (if different from above)		City	Zip Code
Is the student Hispanic or Latino?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Race (check all that apply)			
<input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander			

Family Information

Student lives with:			
<input type="checkbox"/> Both parents <input type="checkbox"/> Mother Only * <input type="checkbox"/> Father Only * <input type="checkbox"/> Other * Name and relation _____ * A Child Custody Information form will need to be completed			
Parent/Guardian			Relationship
Workplace		Work Phone Number	
Parent/Guardian			Relationship
Workplace		Work Phone Number	
Brothers/Sisters and Birthdates			

School History

Last School Attended	Dates of attendance	Grade Level(s) attended
Address of Last School	City, State, and Zip Code	Phone Number
Other School(s) Attended:		Dates/Grades attended:
_____		_____
_____		_____
_____		_____

Parent/Guardian Signature:	Date
_____	_____

A. Support Services

Has your child received any of these support services within the past two years? If yes, check all that apply:

- Title I Math Services Title I Reading Services English as a Second Language Homeless Services

B. Special Education Support Services

Has your child received any of these special education services within the past two years? If yes, check all that apply:

- Services through a Gifted Individualized Education Plan (GIEP) Services through a 504 Plan
 Special Education Services through an IEP (Check all that apply)

- Speech and Language Support
- Learning Support
- Autistic Support
- Life Skills Support
- Multiple Disabilities Support
- Emotional Support
- Physical Support
- Blind - Visually Impaired Support
- Deaf and Hard of Hearing Support

Is your child intellectually disabled? YES NO

Specify which disability categories apply to your child (primary and secondary). Check all categories that apply:

- | | | |
|---|----------------------------------|------------------------------------|
| Specific Learning Disability | <input type="checkbox"/> Primary | <input type="checkbox"/> Secondary |
| Serious Emotional Disturbance | <input type="checkbox"/> Primary | <input type="checkbox"/> Secondary |
| Autism | <input type="checkbox"/> Primary | <input type="checkbox"/> Secondary |
| Hearing Impairment | <input type="checkbox"/> Primary | <input type="checkbox"/> Secondary |
| Visual Impairment (including blindness) | <input type="checkbox"/> Primary | <input type="checkbox"/> Secondary |
| Orthopedic Impairment | <input type="checkbox"/> Primary | <input type="checkbox"/> Secondary |
| Multiple Disability | <input type="checkbox"/> Primary | <input type="checkbox"/> Secondary |
| Other Health Impairment | <input type="checkbox"/> Primary | <input type="checkbox"/> Secondary |
| Traumatic Brain Injury | <input type="checkbox"/> Primary | <input type="checkbox"/> Secondary |
| Deaf / Blindness | <input type="checkbox"/> Primary | <input type="checkbox"/> Secondary |
| Speech and Language Impairment | <input type="checkbox"/> Primary | <input type="checkbox"/> Secondary |
| Deafness | <input type="checkbox"/> Primary | <input type="checkbox"/> Secondary |

Do you have copies of your child's IEP, Evaluation, Reevaluation, Reports or other records? YES NO

Office Use Only

Date of District Entry:	Date of School Entry:	Date of entry to PA:	Date of entry to US:
Entry Grade in BMSD:	School:	Date of entry to 9th Grade:	Homeroom/Teacher:
Verification of Residency:	<input type="checkbox"/> Lease/Rental Agreement <input type="checkbox"/> Income Tax Form	<input type="checkbox"/> Deed/Property Sale Agreement <input type="checkbox"/> Other _____	<input type="checkbox"/> Real Estate Tax Bill
Verification of Birth date:	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Hospital Certificate	<input type="checkbox"/> Baptismal Certificate <input type="checkbox"/> Drivers License	<input type="checkbox"/> Passport <input type="checkbox"/> Other _____
BMSD Student ID number		PA Secure ID Number	
Bus Information (Not necessary for BMSD Virtual Academy Students):			
Bus Stop:	Bus Number:	Special Transportation Concerns:	