

CANTON AREA SCHOOL DISTRICT
STUDENT ENROLLMENT FORM

Household Name _____

Students Name First _____ Middle _____ Last _____

Street Address _____

Canton Boro _____ Canton Twsp _____ LeRoy Twsp _____ McIntyre Twsp _____ McNett Twsp _____ Union Twsp _____

Student Ethnicity Hispanic/Latino _____ Not Hispanic/Latino _____ D.O.B. _____

Race (Must choose at least one; may choose more than one) Hawaiian/Pacific Islander _____ White _____

Multi Racial _____ American Indian/Alaskan Native _____ Asian _____ Black/African American _____

Gender _____ Primary Language _____ SS# _____ Birth State/Country _____

Proof of Birth – Birth Cert _____ Baptismal Cert _____ Driver's Lic _____ Passport _____ Other _____

Do you have custody paperwork? Yes _____ No _____

Do the custody papers limit the child from being picked up at school by the non-custodial parent? _____

CHILD LIVES WITH: Both Parents _____ Mother _____ Father _____ Guardian _____ Foster Care _____

Previous School's Name / Address / Phone

If child was placed in your custody by an agency, give name and address of agency:

Legal Parent Name & Address:

Home School District:

PARENT/GUARDIAN INFORMATION

Father's Name & Address: _____

Phone: (H) _____ (Cell) _____ Email _____

Employer: _____

Mother's Name & Address _____

Phone: (H) _____ (Cell) _____ Email _____

Employer: _____

Parent/Guardian Signature: _____

School Use Only

Grade _____ Age _____ Homeroom _____ Bus# _____ Student ID# _____ PA Secure ID# _____

Resident _____ Non Resident _____ Economically Disadvantaged _____

Curriculum: Regular _____ Learning Support _____ Gifted _____ Alt Ed _____ Special Needs _____

Entry Code _____ Entry Date _____ Withdraw Code _____ Withdraw Date _____ Entered by _____

CANTON AREA SCHOOL DISTRICT
Household Information

Surname _____ Date _____

Head of Household _____

Street Address _____ County _____

Mailing Address _____

Household Phone _____

Canton Boro ____ Canton Twsp ____ LeRoy Twsp ____ McIntyre Twsp ____ McNett Twsp ____ Union Twsp ____

ALL STUDENTS LIVING IN THIS HOUSEHOLD:

Last Name	First Name	Grade
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

CANTON AREA SCHOOL DISTRICT

"WARRIOR PRIDE"

ADMINISTRATIVE OFFICES

509 East Main Street - Canton, PA 17724
Ph: (570) 673-3191 Fax: (570) 673-3680

OFFICE OF SUPPORT SERVICES

545 East Main Street - Canton, PA 17724
Ph: (570) 673-3983 Fax: (570) 673-4652



www.canton.k12.pa.us

CANTON AREA ELEMENTARY SCHOOL

545 East Main Street, Canton, PA 17724
Ph: (570) 673-5196 Fax: (570) 673-7929

CANTON JR. SR. HIGH SCHOOL

509 East Main Street, Canton, PA 17724
Ph: (570) 673-5134 Fax: (570) 673-5566

Parental Registration Statement

Student Name _____

Date of Birth _____ Grade _____

Parent or Guardian Name _____

Address _____

Telephone Number _____

Pennsylvania School Code §13-1304-A states in part "Prior to admission to any school entity, the parent, guardian or other person having control or charge of a student shall, upon registration provide a sworn statement or affirmation stating whether the pupil was previously or is presently suspended or expelled from any public or private school of this Commonwealth or any other state for an action of offense involving a weapon, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property."

Please complete the following:

I hereby swear or affirm that my child was _____ was not _____ previously suspended or expelled, or is _____ is not _____ presently suspended or expelled from any public or private school of this Commonwealth or any other state for an act or offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property. I make this statement subject to the penalties of 24 P.S. §13-1304-A(b) and 18 Pa. C.S.A. §4904, relating to unsworn falsification to authorities, and the facts contained herein are true and correct to the best of my knowledge, information and belief.

If this student has been or is presently suspended or expelled from another school, please complete:

Name of the school from which student was suspended or expelled:

Dates of suspension or expulsion:

(Please provide additional schools and dates of expulsion or suspension on back of this sheet.)

Reason for suspension/expulsion (optional) _____

(Signature of Parent or Guardian)

(Date)

Any willful false statement made above shall be a misdemeanor of the third degree.
This form shall be maintained as part of the student's disciplinary record.

Canton Area School District is an Equal Opportunity Employer in Compliance with Title IX and Section 504

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TRANSPORTATION ENROLLMENT/CHANGE FORM

STUDENT NAME _____ GRADE _____ DOB _____

PARENT(S)/GUARDIAN(S) NAME _____

HOME ADDRESS _____

PHONE NUMBER _____

DIRECTIONS TO RESIDENCE FROM SCHOOL _____

DESCRIPTION OF RESIDENCE _____

NEAREST NEIGHBOR(S) _____

DOES A BUS CURRENTLY TRAVEL BY RESIDENCE/BUS NUMBER _____

EXISTING BUS STOP CLOSEST TO YOUR RESIDENCE (if known) _____

ARE THERE ANY CUSTODY ARRANGEMENTS THAT AFFECT TRANSPORTATION: YES _____ NO _____

Please provide necessary information: _____

PARENT SIGNATURE _____ DATE _____

Student ID _____

STUDENT RECORDS REQUEST

STUDENT NAME: _____ DATE: _____

DATE OF BIRTH: _____ GRADE: _____

PARENT/GUARDIAN(S): _____

ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

INFORMATION TO BE RELEASED:

_____ CUMULATIVE FOLDER

_____ HEALTH RECORD, DENTAL RECORDS

_____ ATTENDANCE REPORT

_____ TEST RESULTS, INCLUDING PSYCHOLOGICAL

_____ IEP-INDIVIDUAL EVALUATION PLAN/COMPREHENSIVE EVALUATION REPORT

_____ THIRD PARTY REPORTS, INCLUDING MEDICAL, PSYCHOLOGICAL, LEGAL, AND SOCIAL SERVICES

_____ OTHER _____

.....
I hereby authorize the Canton Area School District, Canton PA, to receive or release the information specified above upon request form:

I also acknowledge being informed that I may request copy of the school records if desired.

Please print the name and address of school/office information is coming from.

Parent/Guardian(s) Signature: _____

PLEASE SEND RECORDS TO MRS. JAMIE MAY @ jmay@canton.k12.pa.us or fax 570-673-5566

Canton Jr./Sr. High School
509 E. Main Street
Canton, PA 17724