

Student ID# _____

Frazier School District

142 Constitution Street

Perryopolis, PA 15473

FAX (724) 736-0688

REGISTRATION FORM

2019-2020

Registration Date _____ Grade _____ Homeroom _____

Last Name _____ First Name _____

Full Middle Name _____ Generation _____

Nickname _____ Primary Phone # _____

Place of Birth _____ Date of Birth _____
(City) (State) Female _____ Male _____

Race/Ethnicity: _____ Hispanic _____ White, not of Hispanic origin _____ Asian
_____ Black, not of Hispanic origin _____ American Indian

Preferred Language: _____ Email Address: _____

Student Address: P.O. Box _____ House # _____ Street _____

City _____ Zip Code _____

Mother's Full Name _____

Mother's Address _____

Mother's Phone #: Home _____ Cell _____ Work _____

Father's Full Name _____

Father's Address _____

Father's Phone #: Home _____ Cell _____ Work _____

Guardian's Full Name _____

Guardian's Address _____

Guardian's Phone #: Home _____ Cell _____ Work _____

Is the Student's Parent/Guardian an active duty member of the Military? _____ YES _____ NO

School Previously Attended _____

Address _____

First Day of Class at FRAZIER (Date) _____

*Parent / Guardian (SIGNATURE REQUIRED)

*Admission Clerk (SIGNATURE REQUIRED)