

Student ID# \_\_\_\_\_

# *Frazier School District*

142 Constitution Street

Perryopolis, PA 15473

FAX (724) 736-0688

## REGISTRATION FORM

2020-2021

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)