## Upper Darby School District Registration Form (PLEASE PRINT)

School:	ID:	In Person	□Synchronous	□Asynchronous	
		Change of Address	☐ Foster		
Transportation Only to: Re-Entry (Date Last Attended)					
Student Name Last: Birth Date: Address: Previous Address:	_ Grade:	Age: Sex:	□ Male  □ Fema Phone #:	ale	
☐Mother ☐Stepmother Address: Home Phone:			Email:		
□Father □Stepfather I Address: Home Phone:			Email:		
Previous School:					
Private School/Charter School If student is requesting transportation to a <u>private school</u> or if you are registering for a <u>charter school</u> : School Name: Phone Number: School Address:					
Other Children in Home: Name		Date of Birth	Current Sc		

Please list two (2) adults likely to be available to assist in the event of an emergency, if the parent or guardian cannot be reached:					
Name:	Relationship:	Phone:			
Name:	Relationship:	Phone:			
Medical Information					
	וח				
	e of Student's Doctor: Phone:				
Medications the student is currently taking:					
Health Issue(s) past or current (please include allergies):					
What else would you like us to know about your child?					
PLEASE BE ADVISED by completing your registration you are certifying that the information provided is correct and realize tuition is required if the residency information is false. If the District determines that (a) you have supplied false information to the District and/or (b) the information that you provided ceases to be true and you have failed to inform the District of the change in circumstances prior to or at the time the change occurred, then in addition to or in lieu of civil proceedings for collection of nonresidential tuition and/or exclusion proceedings, the District may refer the matter to appropriate law enforcement officials and/or initiate a private criminal complaint against you for unsworn falsification to authorities, theft of services and/or any other applicable criminal offense.					
Parent/Guardian Signature:		Date:			
Reviewed by: Date:					