SOUTHERN YORK COUNTY SCHOOL DISTRICT
REGISTRATION, TRANSPORTATION, CENSUS FORM

DATE _____

for office use only

DMP #

list all members in household only	Birth			School		Year of		Student								Guid		Entry/Re-entry		Bus	
Name	Date	Race	Sex	Cd	Tp	Kndg	Grad	Number	Bld	Gr	Rm	Tchr	Res	Cur	Coun	Lkr	Code	Date	No.	Stop
Student																				
SS #																				
Brother / Sister																				
SS #																				
Brother / Sister																				
SS #																				
Brother / Sister																				
SS #																				
Brother / Sister																				
SS #																				

Name ID #	Birthdate	Race	Living in Household	
Father				
SS #			Yes	No
Mother				
SS #			Yes	No
Step Parent				
SS #			Yes	No

Mailing Address _____

_____ Zip _____

Current Twp. or Boro. _____

Prior Owner _____

Date Moved into School District _____

Phone No. _____

Unlisted Yes No

Do You Rent Yes No

If Yes, Owners Name _____

Previous Address _____

_____

Previous School Name _____

Address _____

Comments or Special Instructions I.e. babysitters _____

_____

_____

Directions to your home _____ (x) if rev. side of form is used

f:excel:gam/registration