

**SOUTHERN YORK COUNTY SCHOOL DISTRICT
REGISTRATION, TRANSPORTATION, CENSUS FORM**

DATE _____

for office use only

DMP # _____

Name	Student	Birth Date	Race	Sex	School					Guid Coun	Ltr Code	Entry/Re-entry Date	Bus				
					Cd	Tp	Kindg	Grad	Year of				Student Number	Bld	Gr	Rm	Tchr
.....																	
Brother / Sister																	
Brother / Sister																	
Brother / Sister																	
Brother / Sister																	

Name	ID #	Birth Date	Race	Living in		Employer Name / Address	Job Title	Pt. Time	
				Household	Household			Yes / No	Work Ph
Father				Yes	No				
Mother				Yes	No				
Step Parent				Yes	No				

Mailing Address _____ Zip _____

Current Twp. or Boro. _____
 Prior Owner _____

Date Moved into School District _____ Phone No. _____ Do You Rent Yes No

Unlisted Yes No If Yes, Owners Name _____

Previous Address _____

Comments or Special Instructions i.e. babysitters _____

Previous School Name _____

Address _____

Directions to your home _____

(x) if rev. side of form is used