

NEW CASTLE AREA SCHOOL DISTRICT
New Castle, Pennsylvania

HOME SCHOOLERS REGISTRATION FORM
Athletic and Extracurricular Activities

1. Pupil's Name _____
Last First Middle
2. Grade _____ Birthdate _____
3. Street Address _____

City State Zip Code
4. Parent's/Guardian's Name _____
5. Home Telephone Number _____
6. District school which child should attend if registered _____
7. Number of days your child received instruction during the past semester _____
8. Emergency contact:

Name Relationship Telephone Number