Documents to be completed and returned at Registration

__ Form A  North Penn School District Registration Form
__ Form B  Emergency Contact Information
__ Form C  Home Language Survey
__ Form D  Elementary Health History
__ Form E  Affirmation of Prior Discipline Record
__ Form F  Previous School District Release of Information
__ Form G  Child Custody (if applicable)

Documents Required at Registration

__ Proof of Child’s Age  
(birth certificate, hospital certificate, baptismal certificate)

__ Proof of Residency  
(current utility bill (i.e. electric, gas, water, sewer, trash, oil; mortgage statement/payment; real estate tax receipt; signed lease; agreement of sale)

__ Proof of Immunizations
STUDENT REGISTRATION (FORM A)

NAME: ____________________________________________ GENDER ____________________________________________

LAST FIRST MIDDLE M F

ADDRESS: ____________________________________________ STREET ____________________________________________ CITY ZIP

PHONE #: ____________________________________________

BIRTHDATE: ________________ PLACE OF BIRTH (CITY & STATE): ____________________________________________

INITIAL U.S. ENROLLMENT DATE: ___________ MOST RECENT PA ENTRY: ________________________________

ETHNIC: ________________ HISPANIC/LATINO _____YES _____NO

RACE: ___________ AMERICAN INDIAN/ALASKAN NATIVE ___________ ASIAN

____ BLACK/AFRICAN AMERICAN/NON-HISPANIC ___________ HISPANIC

____ PACIFIC ISLANDER ___________ WHITE/CAUCASIAN/NON-HISPANIC

____ MULTI

Is this student in a foster home or group home? ____________ YES ____________ NO

IF YES:

Name: ____________________________________________

Address: ____________________________________________ Phone: ____________________________________________

Are there legal/custody papers for this child? ____________ YES ____________ NO

Does the student have an IEP/504/GIEP Plan? ____________ YES ____________ NO

If yes, please provide a copy of the plan.

School student last attended:

Name: ____________________________________________

Address: ____________________________________________ Phone: ____________________________________________

Has the student ever attended North Penn School District? ____________ YES ____________ NO

IF YES, in what years and in which building did he/she attend? ____________________________________________

============================================================================================================

DISTRICT USE ONLY

VERIFICATION OF DATE OF BIRTH __________ BIRTH CERTIFICATE # ______________________________

IMMUNIZATIONS

PROOF OF RESIDENCY __________ SETTLEMENT STATEMENT __________ LEASE __________ UTILITY BILL __________ OTHER

EXPLAIN OTHER ______________________________

============================================================================================================

OFFICIAL ENROLLMENT DATE ________________ ANTICIPATED DATE OF ATTENDANCE ________________
FAMILY INFORMATION:
MARITAL STATUS (Mark one): Married Single Separated Widow(er) Divorced

Mark one: MOTHER STEP MOTHER GUARDIAN (Need custody papers)

NAME:
LAST FIRST MIDDLE TITLE

ADDRESS:
STREET CITY ZIP CODE

E-MAIL ADDRESS:

HOME PHONE #: UNLISTED?

CELL PHONE #: WORK PHONE #:

NAME & ADDRESS OF EMPLOYER:

ACTIVE DUTY MEMBER OF A BRANCH OF THE U.S. ARMED FORCES:

Mark one: FATHER STEP FATHER GUARDIAN (Need custody papers)

NAME:
LAST FIRST MIDDLE TITLE

ADDRESS:
STREET CITY ZIP CODE

E-MAIL ADDRESS:

HOME PHONE #: UNLISTED?

CELL PHONE #: WORK PHONE #:

NAME & ADDRESS OF EMPLOYER:

ACTIVE DUTY MEMBER OF A BRANCH OF THE U.S. ARMED FORCES:

SIBLINGS (Brothers & Sisters):

<table>
<thead>
<tr>
<th>Name</th>
<th>GENDER</th>
<th>Birthdate</th>
<th>If child is attending school: Name of School</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Please supply the following information regarding your child. Report any additions or changes that occur during the school year to the nurse IMMEDIATELY. Everything on this card must be completed.

<table>
<thead>
<tr>
<th>Student’s Last Name</th>
<th>First</th>
<th>Middle</th>
<th>Gender</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Parent address if different from student: ________________________________________________________________

Father’s E-mail Address: __________________________________________________ Mother’s E-mail Address: ________________________________

Father’s/Guardian’s Employer: __________________________ City or Town: _______ Hours: ______ Phone #: ______

Mother’s/Guardian’s Employer: __________________________ City or Town: _______ Hours: ______ Phone #: ______ Pager/Cell Phone: ______

| Name ___________________________________________________________________________ | Phone # ______________________________________________________________________ |
| Local person to care for child if unable to reach parent/guardian |

| Name ___________________________________________________________________________ | Phone # ______________________________________________________________________ |
| Second person to care for child as above |

**Medical Concerns**

Does your child have any allergies or specific medical or emotional condition? No ____ Yes _______
If yes, please specify: ____________________________________________________________

Does your child take any medications on a daily basis? No ____ Yes _______
If yes, please specify: ____________________________________________________________

My child wears glasses: YES □ NO □ My child wears contact lenses: YES □ NO □

Known Bee Sting Reaction: Local: _______ Anaphylactic: _______

My child has permission to carry an inhaler: YES □ NO □ My child has an Epi Pen: YES □ NO □

My child may receive the following during school hours from an authorized school employee or physician:
Acetaminophen - (Grades K-12) YES □ NO □
Ibuprofen - (Grades 6-12) YES □ NO □

Family Doctor: __________________________ Phone: __________________________
Family Dentist: __________________________ Phone: __________________________

As a parent or guardian, I have carefully supplied and/or checked all information. I hereby authorize treatment for my son/daughter for any medical emergency treatment that might arise at a time when I cannot be contacted.

Parent/Guardian Signature __________________________ Date __________________________
HOME LANGUAGE SURVEY (Form C)

The Office of Civil Rights (OCR) requires that school districts identify limited English proficient (LEP) students. Pennsylvania has selected the Home Language Survey as the method for the identification.

Name of Student: ____________________________________________
   (Last)               (First)               (Middle)

Date of Registration: ___________________________ Grade: __________

School: ______________________________________________________

Date of Birth: ___________ Age _______ Select One: _Male _Female

Person completing this form (if other than parent/guardian): ________________________________

Parent/Guardian Signature __________________________________________________________________

Please answer the following three questions:

1. What is the parents'/guardians' first language? __________________________________________

2. When at home, does your child speak a language other than English more than half of the time?  
   Yes _____ No _____
   If Yes, what language does your child understand and speak? ____________________________
   If Yes, what language does your child read and write? __________________________________

3. Has your child attended any United States school in any 3 years during his/her lifetime? Yes__No____
   If Yes, was your child identified as an EL student? Yes ___ No ___ Did your child exit the ELD Program? _____

Please complete the following, if your child attended any United States school.

Name of School ___________________________ State ______ Date Attended __________

______________________________________ __________

______________________________________ __________

______________________________________ __________

* The North Penn School District has the responsibility under the federal law to serve students who are limited English proficient and need English instructional services. Given this responsibility, the school district has the right to ask for the information it needs to identify English Learners (ELs). As part of the responsibility to locate and identify ELs, the school district may conduct screenings or ask for related information about students who are already enrolled in the district as well as from students who enroll in the school district in the future. Rev 1.31.19
NORTH PENN SCHOOL DISTRICT SCHOOL HEALTH SERVICES
HEALTH HISTORY (FORM D)

To Parents or Guardian: The information requested on this form will be of help to the school in determining the health status of your child and will help the school in assisting him/her to receive the maximum benefits from the educational opportunities. Please complete it FULLY and return it PROMPTLY to the school nurse.

Student’s Name: ___________________________ School: ___________________________

Birthdate: ___________________________ Sex: __ Birthplace: __________________________

Father’s Name: Last: ___________________________ First: ___________________________ Middle: __________________________

Mother’s Name: Last: ___________________________ First: ___________________________ Middle: __________________________

Mother’s Maiden Name: ___________________________ Home Telephone #: __________________________

Home Address: ___________________________

Person with whom student lives, if other than parent:

Last ___________________________ First ___________________________ Relationship ___________________________

If your child has had any of the following, give dates:

<table>
<thead>
<tr>
<th>Disease/Condition</th>
<th>DATE</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hypoglycemia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthma/Wheezing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bronchitis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumonia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strep Infection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scarlet Fever</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ear Infections</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicken Pox</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Whooping Cough</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Broken bones</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Head Injuries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Removal of Adenoids/Tonsils</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Surgeries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospitalizations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vision Correction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attention Deficit Disorder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavior problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Convulsions/Seizures/</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fainting</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note any complications to above ____________________________________________________________

Explanation for any checked above __________________________________________________________

Allergies (List) __________________________________________________________

REMARKS OR RECOMMENDATIONS CONCERNING YOUR CHILD’S HEALTH:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Is your child under medical treatment or on medication: Yes ________ No ________

If yes, give reason or medication: _________________________________________________________

MEDICAL INFORMATION

Name of Insurance

Per Pennsylvania Department of Health regulations, your child needs a physical and dental examination on file. Please indicate your choice below (examinations should be completed by October 15):

Private Physical ________ School Physical ________

Private Dental ________ School Dental ________

In the event of an emergency when I cannot be contacted, I, the undersigned, hereby give my consent for my child to be taken to the hospital for emergency treatment.

Parent/Guardian Signature ______________________________________________________________ Date ________________
Pennsylvania Immunization Requirements

The Pennsylvania Department of Health updated regulations beginning with the 2017-2018 school year.

Students will be permitted five days to provide documentation of immunizations.

If documentation in not submitted within five days of school attendance, students will be excluded from school and subject to truancy proceedings.*

Children in ALL grades (K-12) need the following vaccines:

- 4 doses of tetanus, diphtheria and acellular pertussis – usually given as DTP or DTaP or DT or Td (1 dose on or after the 4th birthday)
- 4 doses of polio (4th dose on or after 4th birthday and at least 6 months after previous dose given - A 4th dose not necessary if the 3rd dose was administered at age 4 years or older and at least 6 months after the previous dose
- 2 doses of measles, mumps, rubella - usually given as MMR
- 3 doses of hepatitis B
- 2 doses of varicella (chickenpox) or evidence of immunity

7th Grade ADDITIONAL immunization requirements for entry**:  

- 1 dose meningococcal conjugate vaccine (MCV)
- 1 dose of tetanus, diphtheria, acellular pertussis(DTap) [if five years have elapsed since last tetanus immunization]

12th Grade ADDITIONAL immunization requirement for entry**:  

- An additional second dose of meningococcal conjugate vaccine (MCV)

* The only exemptions to the school laws for immunizations are medical reasons, religious beliefs, or philosophical/strong moral or ethical conviction. If your child is exempt from immunizations, he or she may be removed from school during an outbreak.

** The vaccines required for entrance, 7th and 12th grade continue to be required in each succeeding school year.
AFFIRMATION OF PRIOR DISCIPLINE RECORD (Form E)

Pennsylvania law requires that the parent(s) of each new student must provide the school district with a sworn statement or affirmation, stating whether or not their son/daughter has been previously or is presently suspended or expelled from any school for any of the following reasons:

1. An act or offense involving weapons.
2. Use of alcohol or any other drugs.
3. For willful infliction of injury to another person.
4. For any act of violence committed on school property.

I, ________________________________, hereby swear or affirm that my son/daughter,

(Annotation: Your child’s name)

Name of Student: ________________________________:

Last                     First                     Middle

CHECK ONE OF THE FOLLOWING:                      CHECK ONE OF THE FOLLOWING:

is not presently suspended or                      has not been suspended or
expelled for one or more of the reasons            expelled for one or more of the reasons
listed above.                                      listed above.

is presently suspended or                          has been suspended or
expelled for one or more of the reasons             expelled for one or more of the reasons
listed above.

listed above.

If your son/daughter has ever been suspended or expelled, please provide the following information:

Name of school district: ________________________________

Name of school: ________________________________

School address: ________________________________

School telephone: ________________________________

Reason for suspension or expulsion: ________________________________

Duration of suspension or expulsion: ________________________________

Name of person who suspended or expelled your son/daughter: ________________________________

Parent/Guardian’s Signature ________________________________     Date ____________________
RELEASE OF STUDENT RECORDS (FORM F)

TO BE COMPLETED BY PARENT/GUARDIAN (please print)

FORMER SCHOOL:

_________________________________________________________
Name of School

_________________________________________________________
Address

_________________________________________________________
Phone Number          Fax Number

I hereby grant permission for the release of all student records (including, but not limited to; education, health, special education records, etc.) of the below identified student and for a district representative to communicate with and receive information from the above referenced school.

Student:

Last ___________________________________________            First ___________________________________________
Middle ___________________________________________

Date of Birth: ___________________________________________

__________________________________________      ________________________________
Date                                              Signature of Parent or Guardian

******************************************************************************

Please send/bring records to:

Name of School ___________________________________________
Address ___________________________________________
Phone ___________________________________________      Fax ____________________________

The information being released is solely for the confidential use of the North Penn School District and its contents may not be released or communicated to anyone else unless authorized by the parents or guardians.

Signature __________________________________ Title ______________________ Date _____________
CHILD CUSTODY INFORMATION (FORM G)

The information requested below is necessary for a child who does not live with both natural parents due to separation or divorce. Although the parent with whom the child resides is the custodial parent, both parents, by law, have equal access to the child and his/her records unless a written court order prohibits said access. The school should have a copy of any court order limiting non-custodial parent’s rights (see #5 below).

1. Child’s name: ____________________________________________________________

2. Name of custodial parent with whom the child resides:

   ____________________________________________________________

3. Name and address (if known) of non-custodial parent:

   ____________________________________________________________

4. Do you have legal custody through a court order?

   ___Yes   ___No   ___Pending   (date finalization expected): ____________

   Explain your type of custody (e.g. sole, primary, joint/shared, etc.):

   ____________________________________________________________

5. If there is a court order, does it limit the non-custodial parent’s access to school records?

   ___Yes   ___No

   If yes, a copy of the court’s order should be placed in the child’s school file.

6. May the child be released from school to the non-custodial parent?   ___Yes   ___No

7. Will you provide the non-custodial parent, on a regular basis, with progress information about the child, such as report cards and conference reports?    ___Yes   ___No

8. Please provide any additional information regarding the custody of your child.

   ____________________________________________________________

Date ______________________  Print Name ______________________  Signature of Custodial Parent ______________________