



401 East Hancock Street
Lansdale, PA 19446
215.853.1097

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 electric bill, mortgage payment, tax receipt, signed lease, agreement of sale)
- ___ **Proof of Immunizations**
(including Hepatitis B and Varicella {chicken pox} immunization or proof of chicken pox disease)



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

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Mark one:	MOTHER	STEP MOTHER	GUARDIAN (Need custody papers)
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NAME: _____
LAST FIRST MIDDLE TITLE

ADDRESS: _____
STREET CITY ZIP CODE

E-MAIL ADDRESS _____

HOME PHONE #: _____ UNLISTED? _____

MOBILE PHONE #: _____ WORK PHONE#: _____

NAME & ADDRESS OF EMPLOYER: _____

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Mark one:	FATHER	STEP FATHER	GUARDIAN (Need custody papers)
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NAME: _____
LAST FIRST MIDDLE TITLE

ADDRESS: _____
STREET CITY ZIP CODE

E-MAIL ADDRESS _____

HOME PHONE #: _____ UNLISTED? _____

MOBILE PHONE #: _____ WORK PHONE#: _____

NAME & ADDRESS OF EMPLOYER: _____

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SIBLINGS (Brothers & Sisters):

Name	GENDER	Birthdate	If child is attending school: Name of School	Grade



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Indicate: Walker _____
Bus No. _____

**NORTH PENN SCHOOL DISTRICT
EMERGENCY INFORMATION (FORM B)**

Date of Birth _____
Homeroom _____

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.

Student's Last Name _____ First _____ Middle _____ Gender _____ Grade _____

Address _____ Town _____ Zip _____ Phone # _____

Parent address if different from student: _____

Father's E-mail Address _____ Mother's E-mail Address _____

Father's/Guardian's Name (Last First Middle) _____ Mother's/Guardian's Name (Last First Middle) _____

Father's/Guardian's Employer _____ City or Town _____ Hours _____ Phone # _____ Pager/Cell 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 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 _____



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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 ESL student? Yes ___ No ___ Did your child exit the ESL 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 Language Learners (ELLs). As part of the responsibility to locate and identify ELLs, 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. Rev11.12.15

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 No. _____

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:

DATE	DATE
Diabetes _____	Heart problems _____
Hypoglycemia _____	Broken bones _____
Asthma/Wheezing _____	Head Injuries _____
Bronchitis _____	Removal of Adenoids/Tonsils _____
Pneumonia _____	Other Surgeries _____
Strep Infection _____	Hospitalizations _____
Scarlet Fever _____	Vision Correction _____
Ear Infections _____	Attention Deficit Disorder _____
Hepatitis _____	Behavior problems _____
Chicken Pox _____	Allergies (List) _____
Whooping Cough _____	Convulsions/Seizures/Fainting _____

Note any complications to above _____

**NOTE ANY HISTORY OF THE FOLLOWING DISEASE IN
HE FAMILY:**

Heart Disease (Rheumatic Fever) _____ Diabetes _____ Tuberculosis _____
Vision Problems _____ Epilepsy _____ Asthma _____
Hearing Problems _____ 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

Attention Parents/Guardians

DON'T WAIT -----VACCINATE NOW
FOR ATTENDANCE IN ALL GRADES children need the following:



- 4 doses of tetanus*
(1 dose on or after the 4th birthday)
- 4 doses of diphtheria*
(1 dose on or after the 4th birthday)
- 3 doses of polio
- 2 doses of measles**
- 2 doses of mumps**
- 1 dose of rubella (German measles)**
- 3 doses of hepatitis B
- 2 doses of varicella (chickenpox) vaccine or history of disease

*Usually given as DTP or DTaP or DT or Td

**Usually given as MMR

Children ATTENDING 7th grade need the following:

- 1 dose of tetanus, diphtheria, acellular pertussis (Tdap)
(if 5 years has elapsed since last tetanus immunization)
- 1 dose of meningococcal conjugate vaccine (MCV)

These requirements allow for medical reasons and religious beliefs.

If your child is exempt from immunizations, He/she may
be removed from school during an outbreak.

Pennsylvania's school immunization requirements can be found in 28 PA.CODE CH.23 (School Immunization)
Contact your health care provider or 1-877 PA HEALTH for more information





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,
(parent/guardian's name)

Name of Student: _____:

Last

First

Middle

CHECK ONE OF THE FOLLOWING:

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

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

*
*
*
*
*
*
*
*
*

CHECK ONE OF THE FOLLOWING:

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

_____ has been suspended or expelled for one or more of the reasons 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



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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 _____



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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 reside:

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