



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. ENROLLMET 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 4<sup>th</sup> birthday)
- 4 doses of diphtheria\*  
(1 dose on or after the 4<sup>th</sup> 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 7<sup>th</sup> 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