



PALMERTON AREA SCHOOL DISTRICT

PARKSIDE EDUCATION CENTER
680 Fourth Street
Palmerton, Pennsylvania 18071
610-826-4914, Fax 610-826-4934
Mary A. Brumbach, Principal

TOWAMENSING ELEMENTARY SCHOOL
7920 Interchange Road
Leighton PA 18235
610-681-4024, Fax 610-671-6410
Christine C. Steigerwalt, Principal

March 6, 2019

Dear Parent/Guardian:

Welcome to the Palmerton Area School District!

If you are new to our district, please know that our kindergarten programs throughout the district are a full day of instruction for our kindergarten students. Registration for Kindergarten for the 2019 – 2020 school year will be held Monday, April 8th, Tuesday, April 9th, and Wednesday, April 10th.

All Kindergarten registrations will take place in the district offices, which are located on the Third Floor of Parkside Education Center, 680 Fourth Street, Palmerton. In order to facilitate the registration process, you are asked to **schedule an appointment to register your child for Kindergarten by calling Mrs. Kimberly Ottinger at 610-826-7101, ext. 5023.** Appointment times will be scheduled 8:30 – 11:00 a.m. and 12:30 to 2:45 p.m., Monday, April 8th, Tuesday, April 9th, and Wednesday, April 10th.

Children who will be five (5) years of age on or before September 1, 2019 are eligible for Kindergarten for the 2019 – 2020 school year, according to district policy.

There are several forms that you will need to complete and/or provide in order to register your child for school. You may obtain these forms prior to registration on our district website www.palmerton.org, or you may stop by the district office to pick up a registration packet. If you prefer, you may complete all of the necessary paperwork at your registration appointment. However, please be aware that **a state issued birth certificate or other acceptable proof of age and name is required for your child to be registered.** If these papers are not available at the time of registration, your child should still be registered, but the documents must be provided before your child will be admitted on the first day of school. In addition, parent photo ID as well as another proof of residency is required at the time of registration.

State law requires that all children entering school for the first time must have written proof of the following immunizations:

4 doses of Tetanus	1 dose must have been administered on or after the child's fourth birthday
4 doses of Diphtheria	1 dose must have been administered on or after the child's fourth birthday
4 doses of Acellular Pertussis	1 dose must have been administered on or after the child's fourth birthday
4 doses of Polio	4 th dose must have been administered on or after the child's fourth birthday and at least 6 months after previous dose given
3 doses of Hepatitis B	
2 doses of Measles	
2 doses of Mumps	
2 doses of Rubella (German Measles)	
2 doses of Varicella (Chicken Pox)	Or a record of having Chicken Pox

**PALMERTON SCHOOL DISTRICT
STUDENT REGISTRATION FORM**



Student Biographical Information

Student Name _____ Birthdate ____/____/____ Age ____
(Last) (First) (Middle) (mm) (dd) (yyyy)

Gender M F

Grade Entering _____

Proof of Age Documentation attached Y N

Name of Last School Attended _____

Address of Last School Attended _____ Last School's Phone # _____

(City) (State) (Zip Code) Last School's Fax # _____

Has student ever attended in this school district? Y N If yes, which school. _____

Has student ever attended school in PA? Y N If yes, list school and grade _____

Did student ever attend school outside of the United States? Y N If yes, where. _____

If yes, what year did student first attend a school in the United States? _____

For state and federal reporting requirements, use the following definitions (select one race code and one primary ethnicity):

Race Code: Asian; Pacific Islander; Black/African American; American Indian/Alaskan Native; Caucasian/White

Select Primary Ethnicity Hispanic; Non-Hispanic
(any race) (any race)

Building:

Palmerton High School Palmerton Jr. High School SS Palmer Elementary Parkside Education Center Towamensing Elementary

Student Miscellaneous Information

Student's Native Language _____ Is the student a U.S. Citizen? _____

Student's City, State and Country of Birth _____

Is there a Court Order involving this student? Y N If YES, please provide a copy to the school office, otherwise we are unable to abide by its contents.

Is this student in the custody of someone other than a parent? Y N If yes, what is the relationship _____

FOR OFFICE USE ONLY

Student ID# _____ Date Entered/Reentered _____ PAMSecure ID _____

Institutionalized Child (1306) Y N (If yes, complete PDE-4605 and submit to child accounting)

Foster Child (1305) Y N (If yes, attach 1305 – Affidavit)

Bus Assignment: Bus # _____ Time _____

AM _____

PM _____

Special transportation needs? NONE Wheel Chair Door-to-Door Other

First Adult Resident with whom student resides

Name _____ Mr./Mrs./Ms./Dr.
(Last) (First) (Middle) (circle one)

Relationship to Child _____

Birthdate ____ / ____ / ____

Primary Phone Number's:

Home ____ - ____ - ____ Work ____ - ____ - ____ Ext ____; Cell ____ - ____ - ____

E-Mail Address _____

Second Adult Resident with whom student resides

Name _____ Mr./Mrs./Ms./Dr.
(Last) (First) (Middle) (circle one)

Relationship to Child _____

Birthdate ____ / ____ / ____

Primary Phone Number's:

Home ____ - ____ - ____ Work ____ - ____ - ____ Ext ____ Cell ____ - ____ - ____

E-Mail Address _____

Address of Adult Resident(s) with whom student resides

The Residence is: _____ Apartment _____ Campground/Campsite
_____ Single Family Home _____ Hotel/Motel
_____ Multi-Family Home _____ Car
_____ Shelter _____ Other

(Physical Address of Residence) (City) (State) (Zip Code)

(Mailing Address of Residence-if different from above) (City) (State) (Zip Code)

Exact Directions to Residence:

Name of Development/Subdivision: _____

Municipality to which you pay taxes: Palmerton Borough Bowmanstown Borough Towamensing Township
 Lower Towamensing Township

Additional Information

Do you live on federal property or work for the federal government? Y N

Other children living at this address:

- 1.) Full Name _____ Birthdate ___/___/___ Grade ___ School _____ M F
- 2.) Full Name _____ Birthdate ___/___/___ Grade ___ School _____ M F
- 3.) Full Name _____ Birthdate ___/___/___ Grade ___ School _____ M F
- 4.) Full Name _____ Birthdate ___/___/___ Grade ___ School _____ M F

Will the student be riding the bus from somewhere other than your residence? Y N Pickup Drop Off Both

If yes, from where Day Care Day Care name, location & phone # _____
 Babysitter Babysitter name, location & phone # _____

Second Parent Information (Parent student does NOT reside with)

Name _____ Mr./Mrs./Ms./Dr.
(Last) (First) (Middle) (circle one)

Relationship to Child _____ Is this parent to receive notices? Y N

Birthdate ___/___/___

Mailing Address: _____

Primary Phone Numbers:

Home _____ - _____ - _____ Work _____ - _____ - _____ Ext _____ Cell _____ - _____ - _____

E-Mail Address _____

Student Program Information

Check **ALL** services that your child is currently receiving:

- | | | |
|--|--|---|
| <input type="checkbox"/> Individualized Education Plan
(Special Education Services) | <input type="checkbox"/> Gifted Individualized Education Plan
(Gifted Education Services) | <input type="checkbox"/> Section 504/Chapter 15 Service Agreement
(Special Accommodations for Health/Physical needs) |
| <input type="checkbox"/> ESL (English as a Second Language) | <input type="checkbox"/> Speech/Language Support | <input type="checkbox"/> Early Intervention Program |
| <input type="checkbox"/> Remedial Math (Extra Help) | <input type="checkbox"/> Remedial Reading (Extra Help) | <input type="checkbox"/> IST (Instructional Support Team) |

Federal Ethnicity and Race

Each year the Pennsylvania Department of Education (PDE) requires the School District to complete a report which sorts data on all students by grade, homeroom, age and ethnic/race categories. Under the new guidelines provided by the U.S. Department of Education, schools are required to collect the race/ethnic data by using the following two question format. Please answer the question by choosing a Yes or No answer; the second question asks you to select an ethnic/racial group that best describes your child's ethnic/racial background.

1) Is the child Hispanic/Latino/Spanish? Yes No

(Hispanic/Latino means a person of Cuban, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.)

The federal government considers "Hispanic/Latino" to be an ethnicity, not a race. That is why Hispanic/Latino is not listed as a race identification category.

2) Please select one race from the following five racial groups that best describes your child's ethnic/racial background.

American Indian or Alaskan Native: A person having origins in any of the original peoples of North and South America (including Central America) and who maintains a tribal affiliation or community attachment.

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American: A person having origins in any of the black racial groups in Africa.

Native Hawaiian or other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

White: A person having origins in any original peoples of Europe, the Middle East or North Africa.

Student's Name: _____ **Grade:** _____ **Date of Birth:** _____

Parent's Signature: _____ **Date:** _____



PALMERTON AREA SCHOOL DISTRICT

HOME LANGUAGE SURVEY

ALL newly registering students regardless of race, nationality, or language origin MUST complete this form. Federal law requires that all Local Education Agencies (LEAs) utilize a non-biased procedure for identifying which students are potential English Learners (ELs) in order to provide appropriate language instruction educational programs and services. Given this responsibility, LEAs have the right to ask for the information contained on this and other forms associated with the identification process.

Student Information (Parents/Guardians should complete this section):

Child's first name: _____

Child's family (last) name: _____

Child's Date of Birth: _____

Questions for Parents/Guardians

1. Is a language other than English spoken in the child's home?

NO

YES (language) _____

2. Does your child communicate in a language other than English?

NO

YES (language) _____

3. What is the language that your child first learned to speak?

Parent/Guardian Signature: _____ Date: _____

Interpreter Provided: NO YES



PALMERTON AREA SCHOOL DISTRICT

GUIDANCE QUESTIONNAIRE

Student's Name: _____ Grade _____

List the schools that the student has previously attended. Please include Headstart, Project Connect or any preschool for those students in grades K-3.

School	Grade	Year(s) attended

Was the student ever retained (circle)? Yes No

If so, what grade(s) _____

Student presently lives with: Name _____

Relationship to student: _____

Is there presently a custody issue (circle)? Yes No

If yes, custody papers must be provided. Papers provided (circle): Yes No

Any comments or concerns you wish to make known to the Counselor?

Are there any special services that your child presently receives or has received in the past?

PALMERTON SCHOOL DISTRICT
SCHOOL HEALTH SERVICES

SPECIAL HEALTH NEEDS

Student's First, Middle, Last Name _____

Mother's Name _____

Father's Name _____

Whom Student Resides With _____

Address _____

DOB _____ Sex _____ Race _____ Grade _____ Phone _____

It would be helpful to have the following information so that the school can immediately meet any special health needs of your child.

Name of Family Physician and phone number _____

Name of Family Dentist and phone number _____

Were there any complications during pregnancy? Yes No
If yes, explain _____

Premature? Yes No Gestation _____ weeks Birth Weight _____

Infancy and Early Childhood (please check all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> Hyperactivity | <input type="checkbox"/> Difficulty carrying out directions | <input type="checkbox"/> Speech difficulties |
| <input type="checkbox"/> Short attention span | <input type="checkbox"/> Unusual fears | <input type="checkbox"/> Stuttering |
| <input type="checkbox"/> Temper tantrums | <input type="checkbox"/> Poor coordination | <input type="checkbox"/> Eye problems |
| <input type="checkbox"/> Nail biting | <input type="checkbox"/> Frequent stumbling or falling | <input type="checkbox"/> Bed wetting |
| <input type="checkbox"/> Difficulty separating from parents | <input type="checkbox"/> Frequent sore throats | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Frequent earaches | <input type="checkbox"/> Unconsciousness | <input type="checkbox"/> Hearing defects |
| <input type="checkbox"/> Frequent upset stomach | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Nosebleeds |
| <input type="checkbox"/> Seizures or convulsions | <input type="checkbox"/> Frequency or burning on urination | |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Nightmares | |
| <input type="checkbox"/> Diarrhea | | |

Comments: _____

Was your child born with any birth defects or have they had any childhood diseases?
Yes No
If yes, explain _____

Has your child ever had any serious illnesses or accidents, fractures, or operations?
Yes No
If yes, explain _____

SEE REVERSE**

Has your child ever had any convulsions or seizures? Yes No

If yes, explain and include date of occurrence

Is your child allergic to anything? I.e.: food (milk, peanuts), insects, plants, medicines?

Yes No

If yes, explain

Does your child need a special diet or have a food problem? Yes No

If yes, explain

Please indicate if any relatives have or have had any of the following diseases:

M- Mother's family

F- Father's family

Allergies Asthma Cancer Diabetes
 Heart disease Tuberculosis Convulsive disorders Emotional problems

Does your child take any medication on a regular basis? Yes No

If yes, please include the name, dosage, timetable, and reason for taking the medication

If your child needs to take any medication during the school day, the medication must be brought to the health office by an adult and it must be in the original container. The label on the container must include the name of the child, the name of the medication, the dosage, and the timetable for dispensing the medication. If the medication is prescribed, a signed authorization from the healthcare provider must accompany the medication. Over the counter medications only need a written authorization from the parent or guardian.

Signature _____ Date _____



PALMERTON AREA SCHOOL DISTRICT

PARENTAL CONSENT FOR HEALTH INFORMATION TO BE SHARED BETWEEN THE NURSE AND STAFF

Currently, the law does not allow the nurse to share any health information with teachers unless parents sign a written consent. For the safety of your child, it is important that the staff is aware of your child's health status. Any information that you provide will be kept confidential for staff knowledge only.

Student's Name _____

As the parent or guardian of the above named student, I give the nurse permission to notify my child's teachers and other appropriate staff members about health concerns during the school year. Likewise, the staff has permission to notify the nurse if medical conditions should any arise.

Parent/Guardian Signature _____

Date _____

Daytime phone number _____

Of particular importance for the nurse and staff to know is the following:

PALMERTON AREA SCHOOL DISTRICT

SCHOOL HEALTH SERVICES

Dear Parents/Guardians:

A severe allergic reaction (anaphylaxis) is a serious and life-threatening condition that can be fatal unless immediate intervention is made. In case there is a severe life-threatening allergic reaction, authorized school personnel will administer epinephrine (adrenaline) using an Epi-pen (syringe). If a child has been given epinephrine, he/she will immediately be transported to a hospital. Parents will be notified as soon as possible.


Please carefully read the question below and indicate your choice. Return this paper to your child's teacher as soon as possible. If you have any further questions or concerns, please call your family doctor or school nurse.

Does the school have permission to administer adrenaline/epinephrine via Epi-pen to the student _____ when symptoms of a life-threatening allergic reaction occur?


_____ YES _____ NO

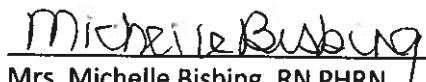
Parent Signature: _____

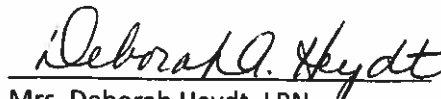

Dr. Andrew Goodbred
School Physician


Mr. Scot Engler
Superintendent


Mrs. Megan Zurn RN CSN MSN
S.S. Palmer School Nurse


Mrs. Laura Thomas, RN BSN
High School/Jr. High School Nurse


Mrs. Michelle Bisbing, RN PHRN
Parkside School Nurse


Mrs. Deborah Heydt, LPN
Towamensing School Nurse

**PALMERTON AREA SCHOOL DISTRICT
680 FOURTH STREET
PALMERTON, PA 18071
610/826-7101**

RESIDENCY QUESTIONNAIRE

NAME _____ TELEPHONE # _____

CURRENT ADDRESS _____

I LIVE IN THE TOWNSHIP OR BOROUGH OF _____ SINCE _____
MONTH/DAY/YEAR

I AM 18 YEARS OF AGE OR OLDER: YES NO

MY PREVIOUS ADDRESS WAS _____

MY EMPLOYER IS _____ OCCUPATION _____

EMPLOYER ADDRESS _____

SELF EMPLOYED YES NO

IF NOT EMPLOYED, ARE YOU: HOUSEWIFE DISABLED STUDENT RETIRED

PLEASE LIST ANY OTHER PERSONS LIVING AT YOUR CURRENT ADDRESS:

NAME	EMPLOYER	OCCUPATION	18 YE. AGE OR O
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NC
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NC
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NC
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NC
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NC
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NC

PLEASE INFORM YOUR EMPLOYER OF YOUR CORRECT TAXING DISTRICT - **NOT SCHOOL DISTRICT**

I CERTIFY THAT ALL INFORMATION AND STATEMENTS HEREIN ARE CORRECT.

SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY

DATE MAILED _____ NOTES _____