



PALMERTON AREA SCHOOL DISTRICT

Student Registration

Required Document Checklist

___ **Parkside**

___ **Towamensing**

In order for a student to begin school, we must have on file or have seen the following:

- Proof of Immunizations - **copy**
- Proof of Age & Name (birth certificate, baptismal certificate, passport) - **copy**
- Proof of Residency – 2 items from Lists below

List - verify	List - copy
Deed	PA Driver's License/ID
Mortgage	PA Auto Registration
Property Tax Bill	Utility Bill
Lease/Rental Agreement	Tax Return
Sales Agreement	Moving Permit

- Special Education paperwork (IEP, 504 plan)-if applicable – **copy**
- Busing instructions for before or after school

We reserve the right to make copies of any and/or all of the above documents.

**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 _____ PASecure 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 _____ Grade 9 Entry Date _____

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 ____/____/____

Employer _____

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 ____/____/____

Employer _____

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)

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

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

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

Is the student going to/from school from somewhere other than your residence? Y N Pickup Drop Off Both

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

Second Parent Information (Parent does NOT reside with student)

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:

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

Emergency Information

	Contact 1	Contact 2	Contact 3
Name			
Relationship			
Phone			
Alt Phone			

Notes:

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

SCHOOL HEALTH SERVICES

Dear Parents/Guardians:

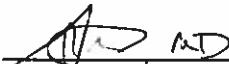
A severe allergic reaction (anaphylaxis) is a serious and life-threatening condition that can be fatal unless immediate intervention is made. In case there is a severe life-threatening allergic reaction, authorized school personnel will administer epinephrine (adrenaline) using an Epi-pen (syringe). 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




Dr. Jodi Frankelli
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 BHRN
Parkside School Nurse



Mr. Timothy Kleintop, RN
Towamensing School Nurse



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
 680 FOURTH STREET
 PALMERTON, PA 18071
 610-826-7101

RESIDENCY QUESTIONNAIRE

NAME OF PARENT/GUARDIAN:			TELEPHONE #:	
CURRENT ADDRESS:				
TOWNSHIP OR BOROUGH OF:			SINCE:	
PREVIOUS ADDRESS:				
MY EMPLOYER:			OCCUPATION:	
EMPLOYER ADDRESS:				
SELF EMPLOYED	HOMEMAKER	DISABLED	RETIRED	STUDENT
LIST ALL PERSONS LIVING AT THE ABOVE ADDRESS:				
NAME	EMPLOYER	OCCUPATION	ATLEAST 18 YEARS OLD (Y OR N)	

PLEASE INFORM YOUR EMPLOYER OF YOUR CORRECT TAXING DISTRICT – **NOT SCHOOL DISTRICT.**

I CERTIFY THAT ALL INFORMATION AND STATEMENTS HEREIN ARE CORRECT.

SIGNATURE:	DATE:
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FOR OFFICIAL USE

DATE MAILED:	NOTES:
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