



PALMERTON AREA SCHOOL DISTRICT

Kindergarten 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

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

**PALMERTON SCHOOL DISTRICT
STUDENT REGISTRATION FORM**



Student Biographical Information

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

Gender M F Grade Entering K 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** _____
 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

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 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 Legal First, Middle, Last Name _____

Mother's Name _____

Father's Name _____

Whom Student Resides With _____

Address _____

DOB _____ Grade _____ Gender _____ Race _____ Phone Number _____

Previous School Attended _____

Name and phone number of Family Physician _____

Name and phone number of Family Dentist _____

Were there any problems or complications during pregnancy and/or delivery with mom and/or student? Yes No

If yes, explain _____

Did student have NICU stay? Yes No

If yes, explain _____

Premature? Yes No Gestation _____ weeks Birth Weight _____

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

___Frequent Earaches ___Seizures or Convulsions ___Hyperactivity

___Frequent Upset Stomach ___Unconsciousness ___Short Attention Span

___Frequent Sore Throat ___Nightmares ___Temper Tantrums

___Frequency or Burning on Urination ___Speech Difficulties ___Nail Biting

___Constipation ___Stuttering ___Difficulty separating from parents

___Diarrhea ___Eye Problems ___Difficulty carrying our directions

___Vomiting ___Bed Wetting ___Unusual Fears

___Headaches ___Hearing Defects ___Poor Coordination

___Nosebleeds ___Frequent Stumbling or Falling

Comments: _____

Was your child born with any birth defects? Yes No

If yes, explain _____

Has your child had any childhood diseases? Yes No

If yes, explain _____

Has your child ever had any serious illnesses, hospitalizations, fractures (broken bones) or operations? Yes No

If yes, explain _____

Does your child have any diagnoses or current health conditions? (Asthma, Diabetes, ADHD, ADD, Anxiety, Depression, Migraines, etc) Yes No

If yes, please list _____

If yes, are they currently under any treatment _____

Name of the treating provider _____

Please include any medications or accommodations required _____

Is there an Asthma Action Plan in place? Yes No If yes, we will need a copy.

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

If yes, explain appearance _____

When was the last seizure? _____

Name of Neurologist, if applicable _____

Please include any medications or accommodations required _____

Is there a Seizure Action Plan in place? Yes No If yes, we will need a copy.

Is your child receiving any therapies? (Speech, OT, PT, Counseling, etc) Yes No

If yes, please list _____

Does your child require any assistive devices? (Glasses, hearing aids, braces, etc) Yes No

If yes, please list _____

Does your child have any allergies? (Seasonal, food, insects, plants, medicines, etc) Yes No

If yes, please list _____

If yes, is there an Epi-Pen (Epinephrine) prescribed? Yes No

Name of the Allergist/treating provider _____

Is there an Action Plan in place? Yes No If yes, we will need a copy

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

If yes, explain _____

Does your child have any activity restrictions? Yes No

If yes, please provide a note from his/her health care provider.

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

M- Mother's family

F- Father's family

__Allergies __Asthma __Diabetes __Heart Disease __Lung Disease

__Psychological problems __Convulsive (seizure) 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 there are any changes to your child's health or any new diagnoses throughout their school years, please notify your child's nurse immediately.**

If your child needs to take any medication during the school day, we MUST have an order from a healthcare provider. 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: _____

_____*Andrew Goodbred*_____

Dr. Andrew Goodbred
School Physician

_____*Jodi Frankelli*_____

Dr. Jodi Frankelli
Superintendent

_____*Megan Zurn*_____

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

_____*Laura Thomas*_____

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

_____*Michelle Bisbing*_____

Mrs. Michelle Bisbing, RN PHRN
Parkside School Nurse

_____*Timothy Kleintop*_____

Mr. Timothy Kleintop, RN
Towamensing School Nurse

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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