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 # _____

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

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
_____ Single Family Home
_____ Multi-Family Home
_____ Shelter
_____ Campground/Campsite
_____ Hotel/Motel
_____ Car
_____ 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:

☐ 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)

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 ethic/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:

FOR OFFICIAL USE

DATE MAILED:	NOTES: