



PALMERTON AREA SCHOOL DISTRICT

Student Registration

Required Document Checklist

___ Palmerton HS ___ Palmerton JrHS ___ SS Palmer ___ 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 List

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

The copies of the below documents would be appreciated:

- Academic records (report card, transcript) - **copy**
- 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:



200-AR-2. PARENTAL REGISTRATION SWORN STATEMENT

Student Name _____ Grade _____ Date of Birth _____

Parent/Guardian Name _____ Phone _____

Address _____

To comply with state law, please accurately complete **both** sections 24 P.S. §13-1304-A and 24 P.S. §13-1318.1 below:

24 P.S. §13-1304-A

Pennsylvania School Code §13-1304-A states in part “Prior to admission to any school entity, the parent, guardian, or other person having control or charge of a student shall, upon registration, provide a sworn statement or affirmation stating whether the pupil was previously or is presently suspended or expelled from any public or private school of this Commonwealth or any other state for an action or offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property.”

Please complete the following:

I hereby swear or affirm that my child was was not previously suspended or expelled, or is is not presently suspended or expelled from any public or private school of this Commonwealth or any other state for an act or offense involving weapons, alcohol, or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property. I make this statement subject to the penalties of 24 P.S. §13-1304-A(b), and 18 Pa. C.S.A. §4904, relating to unsworn falsification to authorities, and the facts contained herein are true and correct to the best of my knowledge, information, and belief.

24 P.S. §13-1318.1

Pennsylvania School Code §13-1318.1 states in part “Prior to admission to a public school entity, the parent, guardian, or other person having control or charge of a student shall, upon registration, provide a sworn statement or affirmation stating whether the student was previously or is presently expelled under the provisions of this section.” This section of the Pennsylvania School Code contains provisions regarding Students Convicted or Adjudicated Delinquent of Sexual Assault.

Please complete the following:

I hereby swear or affirm that my child was was not previously expelled, or is is not presently expelled from any public or private school of this Commonwealth for reason of being convicted or adjudicated delinquent of sexual assault of a student enrolled in the same school entity. I make this statement subject to the penalties of 24 P.S. §13-1318.1 and 18 Pa. C.S.A. §4904, relating to unsworn falsification to authorities, and the facts contained herein are true and correct to the best of my knowledge, information, and belief.

If this student has been or is presently suspended or expelled from another school, please complete:

Name of the school(s) and address(es) from which student was suspended or expelled:

Date(s) of suspension or expulsion: _____

Reason(s) for suspension/expulsion:

If necessary, please attach another sheet to provide additional schools, dates, and reasons for expulsion or suspension.

I assert that the facts set forth herein are true and correct to the best of my knowledge, information, and belief. Any willful false statement made above shall be a misdemeanor of the third degree. I understand that it is a summary criminal offense to knowingly provide false information in this sworn statement for the purpose of enrolling a child in the district's schools, and that the penalty for such an offense is a fine of not more than three hundred dollars (\$300.00) or 240 hours of community service, or both, in addition to payment of the district's court costs and tuition fees.

I further certify that I will notify the Palmerton Area School District immediately in the event the facts set for herein shall no longer be correct or shall change. I also certify that I will cooperate with and be responsive to requests for information or investigation concerning the continuing validity of this statement.

I, the resident, have read and understand the contents of this document and have received a copy for my records. I have received a copy of the Pennsylvania school immunization requirements and required documents for application for registration for school attendance in Pennsylvania. I understand that my child will not be officially enrolled in the Palmerton Area School District until all completed required documents have been approved by the school authorities. I grant the school district permission to investigate the above information that I have presented in this sworn statement for confirmation and factual accuracy.

Commonwealth of Pennsylvania

County of _____

Signature required in presence of notary

Sworn to and subscribed before me this _____ day

of _____, 20_____.

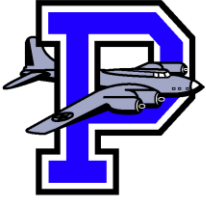
Printed Name of Parent or Guardian

Date

Notary Public

PALMERTON AREA SCHOOL DISTRICT PROVIDES NOTARY SERVICES FREE OF CHARGE FOR THIS FORM.

This form shall be maintained as part of the student's disciplinary record.



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

RELEASE OF RECORDS

- | | | |
|--|--|---|
| <input type="checkbox"/> Palmerton Area High School
Grades 9-12
3523 Fireline Road
Palmerton, PA 18071
610-826-3155
610-826-4929 Fax | <input type="checkbox"/> Palmerton Area Jr. High School
Grades 7-8
3529 Fireline Road
Palmerton, PA 18071
610-826-2492
lschaffer@palmerton.org | <input type="checkbox"/> S. S. Palmer Elementary
Grades 2-6
298 Lafayette Avenue
Palmerton, PA 18071
610-826-7538
610-826-7528 Fax |
| <input type="checkbox"/> Parkside Education Center
Grades K-1
680 Fourth Street
Palmerton, PA 18071
610-826-4914
610-826-4934 Fax | <input type="checkbox"/> Towamensing Elementary
Grades K-6
7920 Interchange Road
Lehighton, PA 18235
610-681-4024
610-681-6410 Fax | <input type="checkbox"/> Palmerton School Dist. Special Education Dept.
680 Fourth Street
Palmerton, PA 18071
610-826-7101 x 5018
610-826-4958 Fax |

We/I hereby authorize:

Previous School Name: _____

Address _____

Phone Number: _____ Fax Number: _____

To release information from the records of:

Student _____ DOB _____ Grade _____

Anticipated Start date with the Palmerton Area School District _____

The purpose of this release is to register students with the Palmerton Area School District.

Please release all data that applies to the student including:

- | | | |
|----------------------------------|---|------------------------------------|
| Scholastic/Education Record | Team Action Plan (IST, SAP, etc.) | Medical History |
| Academic Evaluations | SAP Initiated D & A Evaluation | Psychiatric Evaluation |
| Developmental History/Social | Psychological Evaluation/ER/GWR | Immunization Records |
| Discharge Summary/Aftercare Plan | Notice of Recommended Ed. Placement (NOREP) | Individualized Educ. Program (IEP) |
| Section 504 Service Agreement | Notice of Recommended Assignment (NORA) | Gifted IEP (GIEP) |
| Other: _____ | | |

Please forward information to the school checked above.

IF THE STUDENT HAS AN INDIVIDUALIZED EDUCATION PROGRAM (IEP), GIFTED (GIEP) or SECTION 504 SERVICE AGREEMENT, please forward to: Special Education Department @ address and phone listed above.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Signature of Student (14 years or older)

Date

This consent expires one year from date of signature(s).



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):

- | | | |
|--|--|---|
| <input type="checkbox"/> Frequent Earaches | <input type="checkbox"/> Seizures or Convulsions | <input type="checkbox"/> Hyperactivity |
| <input type="checkbox"/> Frequent Upset Stomach | <input type="checkbox"/> Unconsciousness | <input type="checkbox"/> Short Attention Span |
| <input type="checkbox"/> Frequent Sore Throat | <input type="checkbox"/> Nightmares | <input type="checkbox"/> Temper Tantrums |
| <input type="checkbox"/> Frequency or Burning on Urination | <input type="checkbox"/> Speech Difficulties | <input type="checkbox"/> Nail Biting |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Stuttering | <input type="checkbox"/> Difficulty separating from parents |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Eye Problems | <input type="checkbox"/> Difficulty carrying our directions |
| <input type="checkbox"/> Vomiting | <input type="checkbox"/> Bed Wetting | <input type="checkbox"/> Unusual Fears |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Hearing Defects | <input type="checkbox"/> Poor Coordination |
| <input type="checkbox"/> Nosebleeds | | <input type="checkbox"/> 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		
<input type="checkbox"/> Allergies	<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Lung Disease
<input type="checkbox"/> Psychological problems	<input type="checkbox"/> Convulsive (seizure) disorders		<input type="checkbox"/> 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

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

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 Technology

Parent/ Guardian:

Palmerton Area School District is fortunate to have a lot of educational technology for student use. This letter outlines a few of the items that are in the Palmerton Area School District's Acceptable Use Policy for General Computing and Internet Access.

- Once a user receives a user ID to be used to access the computer system on the network, he/she is solely responsible for his/her actions
- No user shall share their user ID with any other person. (If you share your user ID with another person, you will be solely responsible for the actions of that person.)
- Any unauthorized, deliberate action, which damages or disrupts a computing system, alters its normal performance, or causes it to malfunction in any way, is a violation of this policy (regardless of system location or time duration).
- No user shall physically abuse any computer equipment.
- The use of the Internet is a privilege, not a right; and any inappropriate use will result in a cancellation of access privileges.
- The use of any account must be in support of education and research and consistent with the educational objectives of the Palmerton Area School District.
- The use of the network for any actions not related to the school's curricula shall not be allowed.
- The administration will deem what is inappropriate.
- Each user is personally responsible for the transmission of any material in violation of Federal or state regulations. This includes (but is not limited to) copyrighted material, material protected by trade secret, or threatening or obscene material, and criminal activity.

To read the Acceptable Use Policy for General Computing and Internet Access in full, please go to www.palmerton.org and click on Technology. If you have any question about our district policy, please contact the school.

Sincerely,

Dan Heaney
Director of Technology
Palmerton Area School District

I have read and agree to the provisions, requirements, and prohibitions of the network use as outlined in the Palmerton Area School District's Acceptable Use Policy for General Computing and Internet Access. Your signature verifies acceptance of the policy provisions.

Student's Name _____ Grade _____

Parent/ Guardian Signature _____

PALMERTON AREA SCHOOL DISTRICT



POWER SCHOOL

Dear Parent/Guardian(s):

The Palmerton Area School District offers public access for Power School to all students in grades 1 through 12. This means you will be able to see your student's grades and attendance on a daily basis. If you are interested in having access to your student's information, please complete this form. If you have any questions regarding Power School, please email hzingales@palmerton.org.

Sincerely,

Dan Heaney
Director of Technology

Parent Email Address _____

Student(s) Name	User Name (Parents) all lower case	Password
1.		Bombers01!
2.		Bombers01!
3.		Bombers01!
4.		Bombers01!

Power School Summary:

1. The internet address is <https://pspalmerton.ciu.org/public/home.html> or you can go to www.palmerton.org and click Parent Resources. Then scroll down and click on [Parent PowerSchool SignIn](#).
2. A login window will appear. You will type in your username and temporary password (Bombers01!) created at registration. Username and password will be lowercase type with no space. You only need one login for all of your students. When you log in, you will be asked to reset your password.
3. If your login is successful, you will see you student's information. If you have more than one student, you will see their names in the upper left corner of your screen. Just click on the student you want to see, and you will have access to their information such as attendance and grades.
4. On the left-hand side of the screen is a list of icons to navigate through Power School. All teachers' names are blue and if you click on their name, an email box will open you and can directly email questions to your student's teacher. As a general rule, if something is in blue ink, you can click on it and it will open a more detail list of information. For example, a course grade is in blue. Click the grade and you will see a list of all the items that are included in that grade along with their individual scores (tests, quizzes, papers, homework, etc.).

Parent's Username: _____

Password: Bombers01!

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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