

PENNCREST School District

PO Box 808

Saegertown, PA 16433

Phone: 814/337-1600

Student INFORMATION Form

Completed by Parent or Guardian

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2019-2020 School Year**STUDENT INFORMATION****Section A**

Legal Last Name:		Legal First Name:		Middle:	Birth Sex:
Primary Address:				PO Box:	Apt. #:
City:	State:	Zip:	County:	Birth Date (mm/dd/yyyy):	
Home Phone:	For Office use only: Student # _____ Previous School: _____				
SS #	Building: <input type="checkbox"/> CSES <input type="checkbox"/> CSHS <input type="checkbox"/> MES <input type="checkbox"/> MHS <input type="checkbox"/> SES <input type="checkbox"/> SHS				
Entering Grade:	1st Day of attendance:		<u>BIRTH CERTIFICATE MUST BE ATTACHED</u>		
Student Lives with (check all that apply): <input type="checkbox"/> Both Parents full time <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian(s) <input type="checkbox"/> Other					
FATHER'S NAME:			Step-Parent Name:		
Father's Address :					
<input type="checkbox"/> Own <input type="checkbox"/> Rent Landlord's Name:			Employer:		
Employer:	Work #:	Work #:			
Home #:	Cell #:	Home #:	Cell #:		
Email address:					
MOTHER'S NAME:			Step-Parent Name:		
Mother's Address:					
<input type="checkbox"/> Own <input type="checkbox"/> Rent Landlord's Name:			Employer:		
Employer:	Work #:	Work #:			
Home #:	Cell #:	Home #:	Cell #:		
Email address:					
GUARDIAN (MALE):			GUARDIAN (FEMALE):		
Guardian(s) Address:					
<input type="checkbox"/> Own <input type="checkbox"/> Rent Landlord's Name:			Relationship to student:		
Employer:			Employer:		
Cell #:			Cell #:		
Home #:			Work #:		

EMERGENCY CONTACT INFORMATION**Section B**

In the case of emergency, every attempt will be made to contact the person(s) identified in Section A of this form. In addition, you must provide two (2) alternate contacts (living outside of the primary residence) that would provide transportation or care for your child if he/she becomes ill or injured.

Last Name:	First Name:	Relationship:
Primary Phone:	Cell #:	
Last Name:	First Name:	Relationship:
Primary Phone:	Cell #:	
Family Doctor:	Phone:	
Family Dentist:	Phone:	

PESTICIDE MANAGEMENT**Section C**

The PENNCREST School District uses an Integrated Pest Management (IPM) approach to manage insects and rodents in the school buildings, and weeds on school property. The goal of the District is to minimize exposure of students to pesticides. Parents/Guardians of PENNCREST students may request prior notification of specific pesticide applications made at the schools. To receive notification, you must be placed on the pesticide registry. Please notify the District, in writing, to be added to this list. You must contact the District IPM coordinator prior to the start of each school year to remain on the list for notification. If you have questions, please call 814/337-1629.

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STUDENT'S NAME:

DATE

BLACKBOARD CONNECT AUTO CONTACT

Section D

Please provide phone numbers where the primary parent/guardian can be reached should there be the need to issue a Blackboard Connect call.

Phone #

Phone #

PARENTAL REGISTRATION STATEMENT

Section E

PA School Code 13-1304A 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 of affirmation stating whether the student was previously suspended or expelled from any public or private school in the Commonwealth or any other state for an act of 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 hereby swear or affirm that my child was _____ or was not _____ previously suspended or expelled, or is _____ is not _____ previously suspended or expelled from any public or private school of this Commonwealth or any other state for any of the above mentioned offenses. I make this statement subject to the penalties of 24 P.S. 13-1305-A (b) and 18 Pa. C.S.A.-#4904, relating to unsworn falsification to authorities, and the facts contained herein are true and correct tot he best of my knowledge, information and belief.

Parent/Guardian Signature: _____

Date: _____

CUSTODY ACKNOWLEDGEMENT

Section F

Please complete the section that applies to your family situation:

Initials

There is no split custody and therefore no court-ordered custody agreement needed at this time.

There is split custody; however, there is no court-ordered custody agreement.

It is understood that since there is no court-ordered custody agreement, the parent(s) as named on the birth certificate will be allowed to have access to the student and all school records pertaining to the student.

It is understood that if/when a court-ordered custody agreement is in place, a copy must be provided to the building in which the student attends as soon as possible.

It is understood that since there is no court-ordered custody agrrement, the student's physical address will be used for all transportation purposes.

There is a court-ordered custody agreement in place.

It is understood that PENNCREST School District has one (1) full business day after the receipt of a court-ordered custody agreement to make the necessary transportation changes.

I hereby state that should custody status change, I will provide a copy of any court-ordered custody agreement to the building my student attends as soon as possible.

Parent/Guardian Signature: _____

Date: _____

MEDICAL RELEASE

Section G

Medical information will be shared with school staff as deemed necessary for the safety of your child.

Does your child have medical insurance? ☐ No ☐ Yes ☐ CHIP ☐ Medical Assistance ☐ Private

It is understood that in case of emergency, the school authorities use their own judgement in sending the child to the nearest hospital or a physician most easily accessible if the parent/guardian cannot be reached.

BROTHERS OR SISTERS

Section H

Last Name	First Name	Age	Grade	School

The information provided throughout the enrollment process will be kept confidential and used only for education purposes and reporting as mandated by the State of Pennsylvania. Family Educational Right and Privacy Act (FERPA) is a federal law giving parents the right to inspect all records maintained by the school, upon request. This law also limits the access to these records to those that have 'legitimate educational interest'.