

William Penn School District

Student Information Packet for



Registering Parent or Guardian Signature _____

For Registration/School Office Use Only

_____ Date: _____
Registration Coordinator/Designee

Student ID Number _____ School Assigned To _____ Grade _____
Special Ed: Yes No ESL: Yes No Foster Student: Yes No M.O.: Yes No
Early Intervention: Yes No Homeless: Yes No Charter/Cyber School: Yes No Self Registered:
Change of Guardianship: Parent/Student Name Change:
Assigned Placement: Yes No Home School: _____
Re-Enrollment _____ WPSD School last enrolled in _____
PASECURE ID _____



William Penn School District
STUDENT INFORMATION FORM

Student's Legal Name _____
First Middle Last

Complete Address _____
House/Apt # Street Name

City State Zip

Home Telephone _____ Sex: Male _____ Female _____

Ethnicity (circle one)

- (1) American Indian / Alaskan Native: A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliations or community recognition.
(2) Black /African American: A person having origins in any of the black racial groups of Africa.
(3) Asian /Pacific Islander: A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.
(4) Caucasian: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
(5) Latino/Hispanic: A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

Date of Birth _____ Place of Birth (City, State) _____

Verification for date of birth: [] Birth Certificate [] Baptismal Certificate [] Other _____

Birth Certificate Number _____ Transfer Card _____ Date of Entry into Pennsylvania _____

For All Registrations - Student Background Information
FOR KINDERGARTEN REGISTRATIONS: PLEASE INCLUDE PRE-SCHOOL INFORMATION

Former School District _____ Withdrawal Date _____

Former School Name _____

Former School Address _____

Age _____ Grade _____ Grades Repeated _____ Reason for withdrawal _____

Has Student ever been in special education program? []Yes []No

If yes, which program? _____

Does your child have an existing IEP/GIEP/Service Plan? []Yes []No

(If yes, please provide copies of the most recent IEP/GIEP/Service Plan, Evaluations and Re-Evaluations.)

Child Living with: []Mother []Father []Both []Other

If Other, Relationship _____

Child's parents: []Single []Married []Separated []Divorced []Widow/Widower

Primary physical custodial parent/guardian _____

Special custodial court instructions _____Yes _____No

(If yes, please provide a copy of the court order)



Parent Information

Mother's Name _____ Date of Birth _____

Address _____

Home Phone _____ e-mail _____

Employer's Name _____ Business Phone _____ Cell# _____

If applicable: Step-parent's Name _____ Business Phone _____

*** If this address differs from the student's, can the district release information? ___ Yes ___ No**

Father's Name _____ Date of Birth _____

Address _____

Home Phone _____ e-mail _____

Employer's Name _____ Business Phone _____ Cell# _____

If applicable: Step-parent's Name _____ Business Phone _____

*** If this address differs from the student's can the district release information? ___ Yes ___ No**

If the student is living with Guardian(s) other than parent, Please fill in this section

Guardian(s) Name _____ Date of Birth _____

Address _____

Home Phone _____ e-mail _____

Employer's Name _____ Business Phone _____ Cell# _____

Siblings (living in home)	Date of Birth	Male/Female	Grade/School

I DO HEREBY DECLARE THAT I AM A RESIDENT OF THE WILLIAM PENN SCHOOL DISTRICT AND RESIDE AT THE ADDRESS LISTED ON THIS FORM. ALL INFORMATION REGARDING RESIDENCY IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSE INFORMATION WILL RESULT IN THE IMMEDIATE REMOVAL OF THE STUDENT AND WILL MAKE ME PERSONALLY LIABLE FOR THE ANNUAL TUITON RATE.

Property Owner/Lessee Signature _____



WILLIAM PENN SCHOOL DISTRICT
PROOF OF RESIDENCY

Student Name: _____

Owner Name: _____ Phone: _____

Mortgage Co: _____

Deed Vol/Pg or Mortgage No/Folio No: _____

Lessee Name: _____ Phone: _____

Landlord, if leased: _____ Phone: _____

Date of lease: _____

Parent/Guardian Identification:

(1) Utility: _____ Account #: _____

(2) Utility: _____ Account #: _____

Driver's License #: _____ Exp. Date: _____

Vehicle Registration Exp. Date: _____ Auto Tag#: _____

Voter Registration Card copy attached Yes _____ No _____

Pay stub copy attached: Yes _____ No _____

Letter from employer, county assistance, etc: Yes _____ No _____



Health History

To Parent or Guardian: The information requested on this form will be helpful to the school authorities in determining the health status of your child and in assisting him/her to receive maximum benefits from his/her educational opportunities. Physicals are required for all new students, Kindergarten, 6th grade and 11th grade.

Name of Child _____ Male Female

Address _____ Date of Birth _____

Mother's/Guardian's Name _____

Father's/Guardian's Name _____

Name and Phone Number of Child's Physician or Other Source of Medical Care:

Name _____ Phone _____

Provide Details of Medical History and attach copy of immunizations:

- | | | | | | |
|----------------|--|----------|--|------------------------|--|
| Chickenpox | Yes <input type="checkbox"/> No <input type="checkbox"/> | Diabetes | Yes <input type="checkbox"/> No <input type="checkbox"/> | Chronic Ear Infections | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Peanut Allergy | Yes <input type="checkbox"/> No <input type="checkbox"/> | ADHD | Yes <input type="checkbox"/> No <input type="checkbox"/> | Bee Sting Allergy | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Convulsions | Yes <input type="checkbox"/> No <input type="checkbox"/> | Asthma | Yes <input type="checkbox"/> No <input type="checkbox"/> | Lactose Intolerant | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Allergies: Yes No if yes, describe _____

Tuberculosis or contact: Yes No if yes, describe _____

Serious Illness: Yes No if yes, describe _____

Operations: Yes No if yes, describe _____

Head Injuries or Serious Accidents: Yes No if yes, describe _____

Have any problem with vision, hearing or speech? Yes No if yes, describe _____

Take medication? Yes No if yes, describe _____

Other pertinent information about your child's health: _____

Is your child able to participate in a full school program? Yes No if not, state reason _____

_____(Information from your physician will be required if restriction is necessary)

Signature: _____ **Date:** _____

For office use only: School _____ Grade _____ Room _____ Date _____
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WILLIAM PENN SCHOOL DISTRICT
IMMUNIZATION HISTORY

Student Name: _____

Diphtheria (DPT) 4 Required

Tetanus and diphtheria (Tdap) 1 Required if at least 5 years have elapsed since last dose

Polio (OPV) 4 Required

Measles, Mumps & Rubella (MMR) 2 Required the first given after age 1

Hepatitis B (HBV) 3 Required

Meningococcal Conjugate Vaccine (MCV) 1 Required

Varicella (VPD/VAC) 2 Required

Child Physical Received: _____ Yes _____ No

Parent Signature: _____ Date: _____



Interpreter Provided: Yes No

The Office of Civil Rights (OCR) requires that school districts, charter schools, and full day AVTS identify Limited English Proficient (LEP) students in order to provide appropriate language instructional programs for all. Pennsylvania has selected the Home Language Survey as the method for identification.

School District – William Penn	Date:
School:	Grade:
Student’s First Name:	Student’s Last Name:

What is your child’s country of birth?	
What language did your child speak when he/she first learned to talk?	
Does your child speak English?	
What languages other than English does your child speak at home? Specify dialect if applicable.	
What language(s) do the adults in the home speak most frequently?	
What language(s) do you use most frequently when speaking to your Child?	
Has your child attended a school in the United States in any 3 years During his/her lifetime? If Yes – complete the section below regarding Schools.	_____ YES _____ NO
If your child attended a school in the United States, did he/she receive English Language Learner Services?	_____ YES _____ NO
What is your preferred language in which to receive communication From the school district?	

School(s) attended in the United States:

Name of School	City, State	Grades Completed	Dates Attended

Parent/Guardian signature: _____ Date: _____

If the parent/guardian is unable to complete this form, list the name of the person completing the form and the relationship to the parent/guardian:

_____ Relationship to parent/guardian

_____ Person completing form

The school district/charter school/full day AVTS has the responsibility under the federal law to serve students who are limited English proficient and need English instructional services. Given this responsibility, the school district/charter school/full day AVTS has the right to ask for the information it needs to identify English Language Learners (ELLs). As part of the responsibility to locate and identify ELLs, the school district/charter school/full day AVTS may conduct screenings or ask for related information about students who are already enrolled in the school as well as from students who enroll in the school district/charter school/full day AVTS in the future.



Parental Registration Statement

Student Name _____

Date of Birth _____ Grade _____

Parent or Guardian Name _____

Address _____

Telephone Number _____

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 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.

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.

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

Name of the school from which student was suspended or expelled:

Dates of suspension or expulsion: _____

(Please provide additional schools and dates of expulsion or suspension on back of the sheet)

Reason for suspensions/expulsion: _____

Signature of Parent or Guardian

Date

Any willful false statement, made above shall be a misdemeanor of the third degree.
This form shall be maintained as part of the student's disciplinary record



William Penn School District
REQUEST FOR RELEASE OF INFORMATION FROM FILES

TO: _____

On _____, _____ registered at _____ school.

We are requesting the release of the following information:

- Official Administrative Record (name, address, birth date, grade level completed, grades, class standing, attendance record)
Standardized Achievement, Intelligence and Aptitude Test Scores
Teacher and Counselor Observations and Ratings
Record of Extracurricular Activities
Family Background Data
Special Education Data (psychological neurological, psychiatric, IEP, NOREP, etc.)
Health Background Data
Discipline Background Data and Files: (As required by Act 26 of 1995, SC 1317-2)

A. Has student been suspended or expelled or is student currently under suspension or expulsion. Please explain.

B. Has student ever had an incident involving weapons, violence, drugs or alcohol? Please explain.

Date _____

Parent Signature _____

Office use only, please do not write below this line

PLEASE SEND RECORDS TO:

- Aldan Elementary, Ardmore Avenue Elementary, Bell Avenue Elementary, Colwyn Elementary, East Lansdowne Elementary, Evans Elementary, Park Lane Elementary, Walnut Street Elementary, Penn Wood Middle School, Penn Wood High, Penn Wood High, William Penn School District Registration Office



**WILLIAM PENN SCHOOL DISTRICT
OFFICE OF SPECIAL EDUCATION**

(All registrants must sign and acknowledge that they have read this document)

Does your child currently receive any of the following Special Services:

Special Education and/or related services (*including Speech/Language Therapy*)

Does he/she have a **current** Individualized Education Plan (IEP) Yes No

IEP Includes: Speech/Language Therapy Yes No

Occupational Therapy Yes No Physical Therapy Yes No

Does he/she have a **current** Evaluation or Reevaluation Report (ER/RR) Yes No

Gifted Education

Does he/she have a **current** Gifted Individualized Education Plan (GIEP) Yes No

Does he/she have a Gifted Written Report (GWR) Yes No

504 Service Agreement

Does he/she have a **current** 504 Service Agreement Yes No

504 Includes: Occupational Therapy Yes No Physical Therapy Yes No

My child _____ **DOES NOT** receive special services
Child's Name

Please provide the registrar with a copy of all documents pertaining to your child's special services.

Sign below acknowledging that the above information is correct

I _____, the Parent/Guardian of _____, acknowledge that the questions above are answered to the best of my knowledge and understanding.

Parent/Guardian Signature

Print Parent/Guardian Name

If you have any questions in reference to special services please contact the office of Special Education at 610-284-8005 ext. 1254.



William Penn School District REQUEST FOR DISCIPLINE RECORDS

24 PS § 13-1305 A under Article XIII-A PUBLIC SCHOOL CODE – SAFE SCHOOLS – Title 24 Education requires the enrolling school to obtain a certified copy of the student’s discipline record from the sending school. **The sending school has 10 days from receipt of the request to comply.** Parent permission is not required.

On _____ (date), _____ (student name) registered at _____ school. We are requesting the discipline records as required by the law mentioned above within 10 days of receipt of this request.

Date _____

Parent Signature _____

Office use only, please do not write below this line.

PLEASE SEND RECORDS TO:

_____ Aldan Elementary
1 North Woodlawn Avenue
Aldan, PA 19018

_____ Ardmore Avenue Elementary
161 Ardmore Avenue
Lansdowne, PA 19050

_____ Bell Avenue Elementary
1000 Bell Avenue
Yeadon, PA 19050

_____ Colwyn Elementary
211 Pine Street
Colwyn, PA 19023

_____ East Lansdowne Elementary
401 Emerson Avenue
East Lansdowne, PA 19050

_____ Evans Elementary
900 Baily Road
Yeadon, PA 19050

_____ Park Lane Elementary
1300 Park Lane
Darby, PA 19023

_____ Walnut Street Elementary
224 South Sixth Street
Darby, PA 19023

_____ Penn Wood Middle School
121 Summit Street
Darby, PA 19023

_____ Penn Wood High
Cypress Street Campus
600 Cypress Street
Yeadon, PA 19050

_____ Penn Wood High
Green Avenue Campus
100 Green Avenue
Lansdowne, PA 19050

_____ William Penn School District
Registration Office
100 Green Avenue
Lansdowne, PA 19050



AUTHORIZATION FOR VERIFICATION OF ADDRESS RELEASE OF INFORMATION AGREEMENT

(Parent or Legal Guardian will print his/her name and address)

I, _____, do hereby give the William Penn School District authorization to contact any or all of the following to obtain verification of my address which is on file, or which I have used in filing forms with them. I further authorize the agency or employer contacted to release the requested information which will verify my address upon receipt of a photocopy or electronically transmitted copy of this form.

1. Internal Revenue Service
2. Employer
3. Welfare Agency or related Health Service Agencies
4. Bureau of Motor Vehicles
5. U.S. Postal Service
6. Credit Reporting Agencies
7. Landlord of (previous) address _____
8. Landlord of current address _____

Date

Signature of registering parent or guardian

Street Address and Apt. #

City, State and Zip Code



WILLIAM PENN SCHOOL DISTRICT
"ASSIGNMENT WITHIN THE DISTRICT"

The Superintendent may assign a student to a school other than that designated by the attendance area when such exception is justified by circumstances and in the proper educational interest of the student. These circumstances may include but not limited to:

Lack of class size space in your home school

Change of address

Limited English proficiency

Special Service placement

Date

Parent/Guardian Signature