

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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2021-2022 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 #	School: <input type="checkbox"/> CSES <input type="checkbox"/> CSHS <input type="checkbox"/> MES <input type="checkbox"/> MHS <input type="checkbox"/> SES <input type="checkbox"/> SHS <input type="checkbox"/> PCA				
Entering Grade:	1st Day of attendance:		BIRTH CERTIFICATE MUST BE ATTACHED		
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 to the 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 agreement, 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'.

Parent/Guardian Signature: _____

Date: _____

SCHOOL: ☐ CSES ☐ CSHS ☐ MES ☐ MHS ☐ SES ☐ SHS ☐ PCA

STUDENT INFORMATION **Section A**

Last Name:		First Name:		Middle Name:	
Primary Address:				PO Box:	Apt. No:
City:	State:	Zip:	Birth Sex:	Birth Date (mm/dd/yyyy):	
Mailing Address:					
Bus #:	Grade:	Age:	Elementary only: Homeroom #:	Teacher:	

Student Lives with (check all that apply): ☐ Both Parents full time ☐ Father ☐ Mother ☐ Guardian(s) ☐ Caregiver

Father:		Step-Mother:	
Address:		Address:	
Home #:	Cell #:	Home #:	Cell #:
Employer:	Work #:	Employer:	Work #:
Email address:			
Mother:		Step-Father:	
Address:		Address:	
Home #:	Cell #:	Home #:	Cell #:
Employer:	Work #:	Employer:	Work #:
Email address:			
Guardian (Male):		Guardian (Female):	
Relationship to student:		Relationship to student:	
Address:		Address:	
Home #:	Cell #:	Home #:	Cell #:
Employer:	Work #:	Employer:	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:		Primary Phone:		Relationship:	
First Name:		Cell Phone:			
Last Name:		Primary Phone:		Relationship:	
First Name:		Cell Phone:			

BROTHERS/SISTERS **Section C**

Last Name	First Name	Age	Grade	School

Continued on back

STUDENT'S NAME: _____

DATE _____

UPDATED MEDICAL HISTORY**Section D**

Does your child have:

Any health problems? ☐ Yes ☐ No If yes, please list: _____Any Allergies? ☐ Yes ☐ No If yes, please list: _____

If yes, describe previous reactions: _____

Does your child have any other physical illness or impairment that might affect his/her normal participation or progress in regular school programs or physical education? ☐ No ☐ Yes

If yes, please explain: _____

*If you answered Yes to the above, please submit a statement from your doctor detailing the nature and the duration of the restriction.*Does your child have any health problems which might require emergency treatment while at school? ☐ Yes ☐ No
(seizures, bee sting or food allergies, bleeding, asthma, heart problems, etc.)

If yes, please explain: _____

Is your child currently taking prescribed medication? ☐ Yes ☐ No

If yes, please specify:

MEDICATION NAME: _____**DOSAGE:** _____**TIME TAKEN:** _____Must medication be administered during school hours? ☐ Yes ☐ No*If Yes, you must read Policy 210-Use of Medication, and complete the Authorization for Medication to be taken during School Hours form.*

Family Doctor: _____

Phone: _____

Family Dentist: _____

Phone: _____

MEDICAL RELEASE**Section E***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.**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'.*_____
Parent Signature_____
Date

Elementary PA Information Management System (PIMS) Enrollment Form

NAME _____

GRADE _____

**** PARENTS – PLEASE DISREGARD FIELD NUMBERING ON THE LEFT OF THE PAGE – FOR INTERNAL USE ONLY**

Field #

N/A Has the student ever been enrolled previously in a PENNCREST School? YES NO

N/A Previously free or reduced lunches? YES NO If yes, circle one FREE REDUCED

N/A Previous school attended _____

173 State of Birth _____

182 Home County _____

41 Primary language spoken in the home _____

123 If not English, home language _____

207 Guardian/parent ACTIVE in the military? _____ (Y or N)

46 Is the student repeating previous grade level? _____ (Y or N)

109 Did the student ever attend school outside of PA? YES NO
If yes, what state? _____ What grade (s)? _____

34 Was the student ever in a special needs class? YES NO

38 If YES, does the student have a current IEP? YES NO

If NO, when was the student's last IEP? _____

The U. S. Department of Education (USDE) has formally adopted their 1997 Race/Ethnicity guidelines. USDE has mandated that these guidelines be implemented by all states in the 2010-11 school year. The guidelines implement a two question format to categorize the race and ethnicity of students and educators. Please answer the following two questions.

1. Ethnicity – please circle **ONE** of the following

Hispanic or Latino

Not Hispanic or Latino

2. Race – please circle **ALL** that apply

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

PENNCREST School District
Health Registration Form

Today's Date _____ Birthdate _____ ☐ M ☐ F Grade _____

Student's Name _____

Last

First

Middle

Address _____ Phone _____

Father's Name _____ Mother's Name _____ Maiden _____

Child lives with: (if other than above) _____

Family Doctor _____ Family Dentist _____

Is your child covered by health insurance? ☐ Yes ☐ No If yes, type: ☐ Private ☐ Med. Assistance ☐ Other

School: ☐ CSES ☐ CSHS ☐ MES ☐ MHS ☐ SES ☐ SHS ☐ PCA Last School Attended: _____

Health History

Please complete the following information, checking only the YES responses:

Developmental	Yes	Describe
Problems with pregnancy		
Problems first six months		
Learning difficulties		
Health Problems	Yes	Date
Attention Deficit Disorder (ADD ADHS)		
Diabetes		
Asthma		
Inhaler		
Medication form needed for school use		
Seizure Disorders		
Type:		
Vision Problems		
Contacts		
Glasses		
Hearing Problems		
Aids		
Frequent Ear Infections		
Ear tubes		
Headaches		
Congenital Heart Defect		
Mitral Valve Prolapse		
Murmur		
with limitations		
Frequent Colds		
Pneumonia		
Bronchitis		
Frequent Nosebleeds		
Strep Throat		
Ulcers		
Urinary Tract Infections		
Kidney Problems		
Scoliosis		
Osgood Schlatter's Disease		
Birth Defects		
Females: Menstrual problems		

Communicable Diseases	Yes	Date
Chicken Pox (varicella)		
Whooping Cough (pertussis)		
Mononucleosis		
Hepatitis		
Rheumatic Fever		
Scarlet Fever		
Tuberculosis		
Other		
Dental Conditions	Yes	Date
Orthodontics		
Other		
Allergies	Yes	Describe
Respiratory		
Medication		
Emergency care for bee insect stings		
Other		
Medications	Yes	Needed at school?
Names		Y / N
		Y / N
		Y / N
		Y / N
Medication forms needed for school use		
Surgery/Hospitalizations	Y / N	Date
Serious Illness/Injuries	Y / N	Date
Any Other Conditions	Y / N	Date
Special School Adjustments	Y / N	Describe
Any adjustments to Phys. Ed. require a Doctor's excuse.		

I verify that the above information is true to the best of my knowledge.

Parent/Guardian signature _____ Date _____

Please attach immunization records to this form.

PENNCREST School District McKinney-Vento Residency Questionnaire

Student's Name: _____ PA SecureID# _____
Date of Birth: _____ Age: _____ Grade: _____ Gender: _____
Parent/Guardian Name(s): _____
Phone number(s): _____
Address: _____
Home School (based on current residence): _____
School of Origin (last school attended): _____

Siblings of student:

Name	School
_____	_____
_____	_____
_____	_____

Please answer the following questions:

1. Is this student's home address a temporary living arrangement? ☐Yes ☐No
2. Is this a temporary living arrangement due to loss of housing or economic hardship? ☐Yes ☐No
3. Is this student in temporary or emergency foster care placement? ☐Yes ☐No
4. As a student, are you living with someone other than your parent or legal guardian? ☐Yes ☐No



If you answered NO to all of the above questions, you may stop here.



If you answered YES to any of the above questions, please complete the remainder of this form.

1. Where is this student currently living? (*check box*)

- ☐ In a motel/hotel- Name of motel/hotel: _____
- ☐ In a shelter- Name of shelter: _____
- ☐ Transitional Housing- Name of transitional housing: _____
- ☐ Group Home- Name of group home: _____
- ☐ Temporary/emergency foster home – Address: _____

☐ Double up with more than one family in a house or apartment – Address: _____

☐ Moving from place to place

☐ In a location not designed for sleeping accommodations such as a car, park, or campsite

2. How long have you lived at this residence? _____

3. Reason for residency change: _____

4. How long do you plan to live at this residence? _____

5. With whom does the student currently live: *(check box)*

☐ Both parents

☐ One parent- Which parent? _____

☐ One parent and another adult- Which parent? _____

☐ A relative- Specify which (e.g. grandmother) _____

☐ Friends or other adults- please identify _____

☐ An adult who is not a parent or legal guardian- please identify _____

6. Describe the current living situation in detail: _____

7. In your child's previous school, did he/she receive any of the following? *(check all that apply)*

☐ Special Education/Exceptional Children's Services- Describe: _____

☐ 504 Accommodation Plan- Describe: _____

☐ English As a Second Language (ESL) services

☐ Help for Behavior Improvement

☐ Academically or Intellectually Gifted services

☐ Counseling services

My signature below affirms the following: (1) the information I have provided on this form is true and accurate to the best of my knowledge or belief; (2) the same information, as well as other information that may identify my child(ren), may be shared without my consent with community and governmental agencies pursuant to an interagency collaboration between this school district; and, (3) the same information, as well as other information that may identify my child(ren), may be shared without my consent with other district staff members for a legitimate educational purpose. In addition, my signature affirms that I have received a copy of my rights under the McKinney-Vento law and I agree to allow PSD staff to conduct screenings as a part of the district's McKinney-Vento program.

Parent/Guardian Signature: _____
(Or Unaccompanied Youth)

Date: _____

PSD School Liaison Signature: _____

Date: _____

Office Use Only

Date of Change Status _____ Date Returned to School _____