

STUDENT REGISTRATION



PENNCREST

EMPOWERING LIFE-LONG LEARNERS

Welcome to the PENNCREST School District. This enrollment packet provides you with information to help you start the process of registering your child in one of our schools. Please complete the attached forms and bring them with you.

*The following items **MUST** be presented at the time of registration:*

- Registration packet filled out in its entirety
- Photo ID
- Birth Certificate
- Immunization Records
- Guardianship and/or custody agreement (if applicable)
- Proof of Residency (Mortgage, Deed, Taxes, Lease or Rental Agreement)

If you have any questions, please contact the school where your child will attend:

Cambridge Springs Elementary	(814) 398-4636
Cambridge Springs High	(814) 398-4631
Maplewood Elementary	(814) 337-1659
Maplewood High	(814) 337-1673
Saegertown Elementary	(814) 763-2314
Saegertown High	(814) 763-2615

Kindergarten students must be 5 on or before August 31st of that particular school year
(Policy 201)

P NEW STUDENT ENROLLMENT CHECKLIST

E

_____ Student Information Form complete

N

_____ Emergency Form complete

N

_____ PIMS Enrollment Form complete

C

_____ Health Registration Form complete

R

_____ Birth Certificate

E

_____ Proof of Address

S

_____ Request for Student Records complete

T

_____ iPad Agreement signed

_____ Rights & Responsibilities signed

_____ Interim IEP Yes No

PENNCREST School District

Phone: 814/337-1600 Fax: 814/763-5129 Web: www.penncrest.org

An Equal Opportunities/Affirmative Action Employer

PENNCREST School District – Change of Status Form (2022-2023)

Student Name _____

Grade _____

Withdrawal/Transfer Date (last day in school) _____

Student # _____

Check the reason for **withdrawal**:

Moved from district

Transferred to:

Other attendance zone (name) _____

Private School

Cyber/Charter School (name) _____

Drop Out:

Academic Problems

Behavior Problems

Disliked School

Lack of Attendance

Wanted to Work

Runaway/Expelled

Other Reason _____

Other _____

Check the Reason for **Change of Status**:

Affidavit

Add

Drop

Alternative Education: Bethesda
Hermitage

Add

Drop

Add

Drop

Crawford CTC

Add

Drop

Home School/Home Tutor

Add

Drop

Homeless

Add

Drop

PENNCREST Cyber Academy (PCA)

Add

Drop

Principal – Principal Agreement

Add

Drop

Special Education (IEP/GIEP)

Add

Drop

Other _____

Partial Hospitalization _____

Rehabilitation Facility _____

New Family Address: _____

Residency verification document provided: _____

New phone number: _____

Parent Signature: _____

Principal Signature: _____

Official Use Only:

- Building Administrative Assistant will print transcript, attendance, discipline, schedule, report card, current grades, and progress reports. Student's records will be routed to the new school where necessary. _____ initial _____ date
- Building Administrative Assistant will route this form to:
 - PIMS Administrator _____ initial _____ date
 - Plant/Transportation _____ initial _____ date
 - Superintendent _____ initial _____ date (file complete)

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.

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 #:
Email address:			

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

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
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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	Communicable Diseases	Yes	Date
Problems with pregnancy			Chicken Pox (varicella)		
Problems first six months			Whooping Cough (pertussis)		
Learning difficulties			Mononucleosis		
Health Problems	Yes	Date	Hepatitis		
Attention Deficit Disorder (ADD/ADHS)			Rheumatic Fever		
Diabetes			Scarlet Fever		
Asthma			Tuberculosis		
Inhaler			Other		
Medication form needed for school use			Dental Conditions	Yes	Date
Seizure Disorders			Orthodontics		
Type:			Other		
Vision Problems			Allergies	Yes	Describe
Contacts			Respiratory		
Glasses			Medication		
Hearing Problems			Emergency care for bee/insect stings		
Aids			Other		
Frequent Ear Infections			Medications	Yes	Needed at school?
Ear tubes			Names		Y / N
Headaches					Y / N
Congenital Heart Defect					Y / N
Mitral Valve Prolapse					Y / N
Murmur			Medication forms needed for school use		
with limitations			Surgery/Hospitalizations	Y / N	Date
Frequent Colds					
Pneumonia			Serious Illness/Injuries	Y / N	Date
Bronchitis					
Frequent Nosebleeds			Any Other Conditions	Y / N	Date
Strep Throat					
Ulcers			Special School Adjustments	Y / N	Describe
Urinary Tract Infections					
Kidney Problems					
Scoliosis					
Osgood Schlatter's Disease					
Birth Defects					
<i>Females: Menstrual problems</i>					
			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.

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

STUDENT RESIDENCY QUESTIONNAIRE

The McKinney-Vento Act, as amended by the Every Student Succeeds Act of 2015 (ESSA), defines the rights of students who live in housing situations that are not fixed, regular or adequate. Your responses to these questions will help staff determine what residency documents are necessary for enrollment of your child(ren) or yourself if you are an unaccompanied youth who does not live with a parent or legal guardian appointed through the court system. Thank you for your cooperation.

1. **Student name:** _____ **Birth Date:** _____

Person completing form: _____ Relationship to child: _____

2. **In what type of setting is the student living now?**

Check one box below –

SECTION A	SECTION B
<p><input type="checkbox"/> In an emergency or transitional shelter, including hotels used as shelter</p> <p><input type="checkbox"/> Sharing the housing of other persons due to loss of housing, financial hardship, safety issues, or similar reason (sometimes called: “doubled up” or “couch surfing”)</p> <p><input type="checkbox"/> In a motel, hotel, campsites, a place with no heat or water, due to a lack of alternative adequate accommodations</p> <p><input type="checkbox"/> In a car, park, public spaces, abandoned building, storage unit, garage, bus or train stations, or similar settings</p> <p><input type="checkbox"/> Other places not designed for, or ordinarily used as, a regular sleeping accommodation for human beings</p> <p><input type="checkbox"/> You are a student separated from your parent or legal guardian due to conflict, domestic violence, safety reasons, abandonment, incarceration of parent, poverty, or runaway</p> <p>CONTINUE to Question 3 if you checked any box in SECTION A</p>	<p><input type="checkbox"/> None of the choices in Section A apply.</p> <p>If you checked this section, you do not need to complete the remainder of this form. Submit the form to school personnel now.</p> <div data-bbox="1036 1199 1398 1478"></div> <div data-bbox="922 1787 1032 1892"></div>

3. Contact number for person completing the form: _____

Alternate contact information: _____

Address where student is now living: _____

4. The student lives with:

Check all that apply

Parent(s) or court appointed legal guardian

Relative, friend(s), or other adult(s)

Alone

Other: _____

5. School student attended last : _____

Address of school: _____

Telephone number of school: _____

Contact person at school (if known): _____

6. Does the student have an IEP, GIEP, or a Chapter 15/504 agreement?

NO

YES. Please explain: _____

The staff person who is helping you register will contact the McKinney-Vento Liaison to review the information provided. If your eligibility is verified, no additional information will be needed to complete enrollment. The building representative will contact you by the end of the next school day (or sooner) to share the determination regarding status, to gather additional information, and to discuss the plans for placement and transportation (if needed).

Signature of Parent/Legal Guardian:

_____ Date: _____

Signature of Student **if Unaccompanied Youth (14 years of age or older):**

_____ Date: _____

Signature of of "hosting" person **if Unaccompanied Youth:**

_____ Date: _____

Signature of District McKinney-Vento Liaison:

_____ Date: _____

NOTE TO STAFF: All forms with a checkbox in Section A are to be faxed *immediately* to the McKinney-Vento Liaison to eliminate any delay.

Updated: 10/27/21



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 name: _____

Child's Date of Birth: _____
(Month/Day/Year)

Questions for Parents or 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