

**SOUDERTON AREA SCHOOL DISTRICT
REGISTRATION FORM
STUDENT INFORMATION**

DISTRICT USE ONLY

STUDENT ID: _____

BUILDING: _____

GRADE: _____

NAME: _____ **GENDER:** _____

LAST

FIRST

MIDDLE

ADDRESS: _____

STREET

CITY

ZIP

PHONE NUMBER: _____

BIRTHDATE: _____ **PLACE OF BIRTH (CITY & STATE):** _____

PREFERRED HOUSEHOLD LANGUAGE: _____

ETHNIC: HISPANIC/LATINO _____ YES _____ NO

RACE: _____ AMERICAN INDIAN/ALASKAN NATIVE/NON-HISPANIC _____ ASIAN/NON-HISPANIC

_____ BLACK/AFRICAN AMERICAN/NON-HISPANIC _____ HISPANIC

_____ NATIVE HAWAIIAN/PACIFIC ISLANDER/NON-HISPANIC _____ WHITE/CAUCASIAN/NON-HISPANIC

_____ MULTI-RACIAL/NON-HISPANIC

Is this student in a foster home or group home? _____ YES _____ NO

If YES,

Name: _____

Address: _____

Are there legal/custody papers for this child? _____ YES _____ NO

Does the student have an IEP/504 Plan _____ YES _____ NO

List any special education programs: _____

(A copy of student's IEP must be provided)

School student last attended

Name: _____ **Address:** _____

Has the student ever attended Souderton Area School District? _____ YES _____ NO

If YES, in what years and in which building did he/she attend? _____

Did the student receive free or reduced lunches? _____ YES _____ NO

If student's parent(s)/guardian(s) an active duty member of a branch of the United States Armed Forces (Army, Navy, Air Force, Marine Corp, and Coast Guard) including full-time National Guard? _____ YES _____ NO

DISTRICT USE ONLY

VERIFICATION OF DATE OF BIRTH _____ **BIRTH CERTIFICATE #** _____

IMMUNIZATIONS _____

PROOF OF RESIDENCY:

_____ SETTLEMENT STATEMENT _____ LEASE _____ UTILITY BILL _____ OTHER, EXPLAIN: _____

OFFICIAL ENROLLMENT DATE _____ **ANTICIPATED DATE OF ATTENDANCE** _____

MARITAL STATUS (Mark one): ☐ Married ☐ Single ☐ Separated ☐ Widow(er) ☐ Divorced

+++++

NAME	GENDER	BIRTHDATE	If child is attending school, NAME OF SCHOOL	GRADE



RELEASE OF INFORMATION

(We must have the following information. Name, address, and phone number of school last attended.)

I hereby grant permission for the release of the following information from/to the Souderton Area School District:

Student: _____
Last First Middle

Date of Birth: _____

School Records	_____
Health Records	_____
Psychological Reports	_____
IST/Child Study Reports	_____
IEP	_____
CER	_____
Other (list)	_____

The following information will be completed by school personnel:

Person _____

Title _____

Address _____

Date

Signature of Parent or Guardian

The information being released is solely for the confidential use of the Souderton Area School District and its contents may not be released or communicated to anyone else unless authorized by the parents or guardians.

Signed _____
Title _____
Date _____

SOUDERTON AREA SCHOOL DISTRICT
HOME LANGUAGE SURVEY

The Office of Civil Rights (OCR) requires that school districts identify limited English proficient (LEP) students. Pennsylvania has selected the Home Language Survey as the method for the identification.

Name of Student _____
(Last) (First) (Middle)

Date of Registration _____ **Grade** _____

School _____

Date of Birth _____ **Age** _____ **Select One:** __Male __Female

Person completing this form (if other than parent/guardian): _____

Parent/Guardian Signature _____

Please answer the following three questions:

1. What is/was the first language your child learned to speak?

2. Does your child speak a language other than English? If yes, please specify the language (do not include languages learned in school):

3. What language(s) is/are spoken in your home?

4. Has the student attended any United States school in any 3 years during his/her lifetime?

Yes _____ No _____ When? _____

*The Souderton Area School District 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 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 may conduct screenings or ask for related information about students who are already enrolled in the district as well as from students who enroll in the school district in the future.

PARENTAL CONSENT FOR USE OF IMAGES

Sometimes photographs, video or other images of students are taken during school activities by the Souderton Area School District (the "District") or under its direction. When this is done for normal school use within the District, such as in classwork, school yearbooks, school video/television productions, school newspapers, and the like, parent permission is not required.

Parent permission is required, however, when student images are presented, with or without the students' names, in various District sponsored media that may be shared with the general public, including but not limited to broadcast and print media, brochures, playbills, programs, annual reports, Education Foundation publications, Internet and online Web pages, and social media (e.g. Twitter, Facebook). There are many activities and accomplishments that take place in our schools which are positive, newsworthy, and of interest to the community. At the same time, parents and students could feel that portraying these student photographs or images and identifying students by name could be invasive or harmful to the students in some fashion.

In order to protect the level of privacy your child and you desire, please indicate your consent. By consenting, you remise, release, and forever discharge the District from any liability for any injury or action against the below-named student resulting from the use of such photographs, video footage, or other image in any medium utilized. This release includes that the District will not be responsible for other Internet or social media users' reproduction, display, distribution, or modification of students' images used, in whole or in part, in any manner, nor will the District be responsible for, among others, the copyright infringement, misrepresentation, criminal acts, or others' use of the District's media images and information.

- ☐ I, the parent/guardian, hereby give consent to the District to use my student's name and photograph/image **in all forms of District media**, including those listed above, for an indefinite period of time or until removal is requested by me in writing.
- ☐ I, the parent/guardian, hereby **DO NOT give consent** to the District to use my student's photograph/image in any forms of District media, including those listed above. *Please note that your consent is NOT required in the event your child's photograph or image is taken in a public place where there is no expectation of privacy.*

Name of Student _____

School _____ Grade _____

Name of Parent _____ Signature _____ Date _____

PARENTAL CONSENT FOR PUBLISHING OF STUDENT WORK

Sometimes the work produced by students in school is considered for publication in school-sponsored media. Parents have the right to determine whether the student work is published in this manner. In order to protect the level of privacy your child and you desire, please review the stipulations and indicate your consent below.

A student's artwork, writing, musical, video and/or audio and/or visual presentation, or other project may be under consideration for publication at some point during his/her academic career, in whole or in part, individually or in conjunction with other works, by the District or under its discretion, in various school sponsored media, including but not limited to photographs, videotape productions, newspapers, television programs, brochures, handbooks, programs, District social media (e.g. Twitter, Facebook, etc.) and Internet and online Web pages. When student work is published by the District, the work will appear with a copyright notice prohibiting the copying of the work without express written permission. If a request for permission is received by the District, the request will be forwarded to the parent. The District will adhere to the additional guidelines below when publishing student work.

- Directory information including a student's name, grade, school, and class/teacher name may appear on or with the work. Other personal information, such as home address, telephone number, or names of family members will not be published on or with the work;
- The work may not contain any information that indicates the physical location of my child at a given time, nor may it contain any inappropriate material or point directly or indirectly to inappropriate material;
- The work must conform to all School District policies and established guidelines and publication must be approved by a designated school official;
- The School District will have sole discretion to include the work in the applicable District media, with or without notice to the student or parent; and
- No payment or other compensation will be made or given to the student or parent.

By consenting, you remise, release, and forever discharge the District from any liability for any injury or action against the below-named student resulting from the publication of the student's work. This release includes that the District will not be responsible for other Internet or social media users' reproduction, display, distribution, or modification of students' published work used, in whole or in part, in any manner, nor will the District be responsible for, among others, the copyright infringement, misrepresentation, criminal acts, or others' use of the District's media images and information.

- ☐ I, the parent/guardian, hereby give consent to the District to publish my student's work on the School District's media for an indefinite period of time or until removal is requested by me in writing.
- ☐ I, the parent/guardian, hereby **DO NOT give consent** to the District to publish my student's work on the School District's media.

Name of Student _____

School _____ Grade _____

Name of Parent _____ Signature _____ Date _____

SOUDERTON AREA SCHOOL DISTRICT
SCHOOL HEALTH SERVICES
HEALTH HISTORY

To Parent or Guardian: The information requested on this form will be of help to the school in determining the health status of your child and will help the school in assisting him/her to receive the maximum benefits from the educational opportunities available in our school district. Please complete it **FULLY** and return it **PROMPTLY** to the school nurse.

Student's Name _____ Home Phone Number: _____
Last First Middle

School _____

Date of Birth _____ Gender _____ Place of Birth _____

Father: Last Name _____ First Name _____ Middle Name _____

Mother: Last Name _____ First Name _____ Middle Name _____

Mother's Maiden Name _____

Home Address _____

Person with whom student lives, if other than parent _____

Last Name _____ First Name _____ Relationship _____

If your child has had any of the following, give dates:

Diabetes _____

Hypoglycemia _____

Asthma/Wheezing _____

Bronchitis _____

Pneumonia _____

Strep Infection _____

Scarlet Fever _____

Chicken Pox _____

Hepatitis _____

Whooping Cough _____

Allergies (list) _____

Heart Problems _____

Broken Bones _____

Head Injuries _____

Removal of Adenoids/Tonsils _____

Eating/Feeding Problems _____

Hospitalizations _____

Vision Correction _____

Convulsions/Seizures/Fainting _____

Ear Infections _____

Surgeries _____

Please note any complications to the above: _____

NOTE ANY HISTORY OF THE FOLLOWING DISEASES IN THE FAMILY:

Heart Disease (Rheumatic Fever) _____ Diabetes _____ Tuberculosis _____

Vision Problems _____ Epilepsy _____ Asthma _____

Hearing Problems _____ Allergies (list) _____

REMARKS OR RECOMMENDATIONS CONCERNING YOUR CHILD'S HEALTH:

Is your child under medical treatment or on medication: ____ Yes ____ No

If yes, give reason or medication: _____

Date of child's last dentist visit: _____

Signature of Parent or Guardian _____ Date _____

SOUDERTON AREA SCHOOL DISTRICT

PERMISSION FORM

Child's Name _____
 Last First Middle

Dear Parent or Guardian:

The School Health Law requires dental examinations for those children on original entry (i.e., kindergarten or first grade), 3rd and 7th grades; medical examinations for those on original entry, 6th and 11th grades; scoliosis screening in 6th and 7th grades. These grades were selected because they represent critical periods of growth and development in a child's life.

We are recommending that these examinations be done by your family dentists and physicians since they can best evaluate your child's health and assist you in obtaining necessary treatments and corrections.

At this time, please check the appropriate space indicating your desire to have the exam done by your family dentist and/or physician at your own expense **or** a school exam.

You will be provided with the appropriate form for the anticipated year.

Dental Examination by Dentist		
Kindergarten, 3rd & 7th grades	(School)	(Private)

Physical Examination by Physician		
Kindergarten, 6th & 11th grades.	(School)	(Private)

Date _____

Parent or Guardian Signature

We appreciate your cooperation in helping us carry out this phase of the health program in our school.

Sincerely,

School Nurse

Please note that the private examination may be completed within 1 year of the first day of the specified school year.

Form #8



Recently enacted legislation requires that the parent(s) of each new student must provide the school district with a sworn statement or affirmation, stating whether or not their son/daughter has been previously or is presently suspended or expelled from any school for any of the following reasons:

1. **An act or offense involving weapons.**
2. **Use of alcohol or any other drugs.**
3. **For willful infliction of injury to another person.**
4. **For any act of violence committed on school property.**

I, _____, hereby swear or affirm that my son/daughter,
(parent/guardian's name)

Name of Student: _____:

Last

First

Middle

CHECK ONE OF THE FOLLOWING:

_____ **is not** presently suspended or expelled for one or more of the reasons listed above.

_____ **is** presently suspended or expelled for one or more of the reasons listed above.

*
*
*
*
*
*
*
*
*
*

CHECK ONE OF THE FOLLOWING:

_____ **has not been** suspended or expelled for one or more of the reasons listed above.

_____ **has been** suspended or expelled for one or more of the reasons listed above.

If your son/daughter has **ever** been suspended or expelled, please provide the following information:

Name of school district: _____

Name of school: _____

School address: _____

School telephone: _____

Reason for suspension or expulsion: _____

Duration of suspension or expulsion: _____

Name of person who suspended or expelled your son/daughter: _____

Parent/Guardian's Signature

Date

**Earned Income Tax Information for
Residents of the Souderton Area School District**

As you may know, school districts in Pennsylvania have tax revenue sources other than real estate taxes from which they may obtain funds to support schools and education. Authority for levying these additional taxes was granted to local school districts and municipalities by the Pennsylvania General Assembly in 1965 through passage of the Local Tax Enabling Act (LTEA), commonly referred to as 'Act511'. The Earned Income Tax or 'Wage Tax' is usually a tax of one percent (1%) on gross wages and/or net profits from a business or profession.

Berkheimer Associates is the appointed earned income tax officer for the Souderton Area School District and the municipalities which comprise the School District. As the appointed earned income tax collector, Berkheimer Associates is charged with the duty of administering the school district's, township's, and/or borough's taxes. This includes collecting the tax, establishing rules and regulations to fairly enforce such tax and creating accurate tax records for each taxpayer.

Below is an Earned Income Tax Registration Form. A completed Registration Form will fulfill your registration requirements under the Earned Income Tax rules and regulations adopted by the Souderton Area School District and your resident municipality. More importantly, this information will ensure that your tax dollars are sent to your home taxing jurisdiction. All residents should complete this form, regardless of employment status (unemployed, retired, college student, military personnel, or homemaker). If you have recently moved, please give your current and former address.

Most resident taxpayers will have this tax deducted by their employers. Although, if your work in a jurisdiction where it is not withheld, or you are self-employed, you will have to pay the tax directly to Berkheimer Associates. Your completed registration form will be forwarded to Berkheimer Associates, who will create an accurate tax account reflecting your correct reporting status and send you the necessary forms.

We appreciate your cooperation in completing the registration form. Kindly refer to the back of this letter for general questions and answers about the earned income tax. If you have any additional questions, you may contact Berkheimer Associates at 610-588-0965, extension 2, or in person at your local Berkheimer Office.

**Souderton Area School District
Earned Income Tax Registration Form**

Father's Name (Last First Middle) Father's Social Security No.

Mother's Name (Last First Middle) Mother's Social Security No.

Address _____

City _____ State _____ Zip _____

Resident Municipality (Township or Borough in which you reside) - *Mark one:*

☐ Telford Borough ☐ Franconia Township ☐ Souderton Borough
☐ Upper Salford Township ☐ Salford Township ☐ Lower Salford Township

Date you moved to the above address _____

Did you move here from another Pennsylvania location? Yes ☐ No ☐

If yes, please list previous address and resident school district _____

Mother's Employer _____ Father's Employer _____

Working Jurisdiction (Twp/Boro/City) _____ Working Jurisdiction (Twp/Boro/City) _____

Is the Earned Income Tax withheld from your pay? Yes ☐ No ☐ From Spouse's Pay? Yes ☐ No ☐

Are you self-employed? Yes ☐ No ☐ Is your spouse self-employed? Yes ☐ No ☐

If you have no earned income, please record the reason why (e.g. retired/homemaker/temporarily unemployed/disabled/student/minor (please state age)/other (please specify)) _____

You _____ Spouse _____

Your Signature _____ Date _____

QUESTIONS AND ANSWERS ABOUT THE EARNED INCOME TAX

WHAT IS THE "EARNED INCOME TAX?"

The Earned Income Tax, commonly called a "Wage Tax", is usually a tax of one percent (1%) on gross wages and/or net profits from a business or profession. In Home Rule communities, the tax rate may vary and can even be higher than one percent (1%). Typically, individuals who receive "earned income", including salaries, wages, commissions, bonuses, incentive payments, fees, tips and/or other compensation for services rendered, whether in cash or property, are subject to the tax. In addition, those who conduct businesses, professions and other activities for profit must pay tax on the net profit derived from their operation after deductions have been made of all costs and expenses incurred in conducting said businesses.

WHAT INCOME IS SPECIFICALLY EXEMPT FROM THE EARNED INCOME TAX?

Unearned income such as dividends, interest, income from trusts, bonds, insurance and stocks is exempt. Also exempt are payments for sick or disability benefits, old age benefits, retirement pay, pensions - including social security payments, public assistance or unemployment compensation payments made by any governmental agency, and any wages or compensation paid by the United States for active service in the forces of the United States including bonuses or additional compensation for such service. In addition, net profits of corporations are exempt under state law.

IF THE TAX IS WITHHELD IN ANOTHER COMMUNITY WHERE I WORK, DO I ALSO PAY THE DISTRICT IN WHICH I LIVE?

No, the tax withheld by your employer will be remitted to your resident taxing jurisdiction. It is still required that our Registration Form be answered by ALL residents.

WHOSE EARNED INCOME TAX WILL BE WITHHELD BY THEIR EMPLOYER?

Any individual working in a jurisdiction that levies the tax will have the tax withheld by their employer. Occasionally, employers located in a jurisdiction where the tax is not levied will volunteer to withhold if your resident jurisdiction levies the tax.

FROM WHOM WILL THE EARNED INCOME TAX BE COLLECTED DIRECTLY?

The earned income tax will be collected directly from those who are: 1) self-employed; 2) salaried but self-employed in a side business; or 3) work in a municipality where the tax is not in place. Those persons must file a declaration of the total of such estimated net profits or income, together with the total estimated tax due, with the Earned Income Tax Collector. Proper forms for reporting the quarterly payments will be sent to each person so liable.

MUST ALL TAXPAYERS FILE A FINAL RETURN?

Yes.

WHAT HAPPENS IF I NEITHER FILE A RETURN NOR PAY THE TAX DUE?

State law, as well as the local tax resolutions and/or ordinances, make it a summary criminal offense if a taxpayer fails to file a tax return as required, and subjects the taxpayer to a fine not to exceed \$500.00 per offense, plus the cost of prosecution; in default of payment of said fine and costs, the taxpayer may be imprisoned for a period not exceeding thirty (30) days per offense. In addition, distress sale, wage attachment and/or civil suit proceedings may be used to collect any unpaid tax found to be due, and penalties and interest may also be assessed.