

School: \_\_\_\_\_

WOODLAND HILLS SCHOOL DISTRICT  
STUDENT REGISTRATION

Student ID#: \_\_\_\_\_

**Student Information (Please Print)**

Legal Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Suffix (Jr., III) \_\_\_\_\_  
 Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade (for registration) \_\_\_\_\_ Grade(s) Repeated \_\_\_\_\_

Address \_\_\_\_\_ Municipality \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 ( ) ( ) ( )  
 Primary Phone # (Home, Cell or Work) \_\_\_\_\_ Phone # \_\_\_\_\_ Phone # \_\_\_\_\_

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	part A: choose one <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> NOT Hispanic/Latino	Special Ed <input type="checkbox"/> Special Ed <input type="checkbox"/> Gifted <input type="checkbox"/> 504 Agreement
	part B: choose one or more <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander	

City of Birth \_\_\_\_\_ State of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_

**Student lives with: (Please check & list all that apply)**

Mother or  Stepmother: \_\_\_\_\_  
Full Name Address if different from student

Father or  Stepfather: \_\_\_\_\_  
Full Name Address if different from student

Legal Guardian: \_\_\_\_\_ Relation to Student \_\_\_\_\_

Foster Parent: \_\_\_\_\_ Agency placement letter or court order supplied   
 (letter or order MUST be supplied to complete registration)

**Former School or Preschool Information**

Name of former school: \_\_\_\_\_ Grade last attended \_\_\_\_\_

School District \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Has the student ever attended Woodland Hills?  Yes  No Year \_\_\_\_\_ Grade \_\_\_\_ School \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Parent email \_\_\_\_\_

**Please fill in only if applicable**

**To address the requirements of the McKinney-Vento Act the following questions will help the School District determine if the student meets the eligibility criteria for services provided under the McKinney-Vento Act.**

Where does the student stay at night? (check one if applicable)  
 in a shelter  in a motel/hotel  in a car  at a campsite  
 in another location not appropriate for people (ex. an abandoned building)  
 temporarily with more than one family in a house or apartment (because family does not have a place of their own)  
 other (in an arrangement that is not fixed, regular, and adequate and is not described by other choices)  
 Does the living arrangement result from a loss of housing or economic hardship?  Yes  No

District Employee taking registration information: \_\_\_\_\_ Date \_\_\_\_\_



# REQUEST TO RELEASE RECORDS

Phone (    )

Name of Previous School/School District

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Grade

Last Name of Student

First Name

Middle Name

Please forward the following information to:

Name of school student will attend

Address

City

State

Zip Code

PLEASE FAX TO:

\_\_\_\_\_  
\_\_\_\_\_

- \_\_\_ Official administrative record (name, address, birthdate, grade level, PA Secure ID, report card grades, class standing, attendance, standardized achievement test scores)
- \_\_\_ School/counselor generated tests, such as intelligence and aptitude scores
- \_\_\_ Health records with the immunization card
- \_\_\_ Discipline Records (PA Act 26 Mandate)
- \_\_\_ MDE, CER, GIEP & IEP for Special Education - Please mail **ONLY** Special Education Records under separate cover to:
  - Department of Special Education**
  - Woodland Hills School District
  - 531 Jones Avenue
  - North Braddock, PA. 15104
  - FAX: 412-271-1595**
- \_\_\_ Other

I HEREBY AUTHORIZE THE RELEASE OF ALL INFORMATION CHECKED ABOVE

Signature of Parent/Guardian

Date

I hereby certify that the above named student has been admitted to the Woodland Hills School District.

Signature and Title of School Official

Date



Student's Name: \_\_\_\_\_  
(Please Print)

Parent/Guardian Name: \_\_\_\_\_  
(Please Print)

I certify that my child

- is not now, nor has previously been identified as a Special Education student
- has been previously identified as a Special Education student with an IEP, GIEP (gifted), or Speech, but is no longer classified as a Special Education student.
- has been identified as a Special Education student and was receiving services through an IEP, GIEP (gifted), or Speech in his/her previous school.
- has been receiving services through a 504 Agreement at his/her previous school.
- has a food allergy or specific dietary need (request form to complete).

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**HOME LANGUAGE SURVEY\***

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

**School District:** WOODLAND HILLS SCHOOL DISTRICT **Date:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Student's Name:** \_\_\_\_\_

1. **What is/was the student's first language?** \_\_\_\_\_

2. **Does the student speak a language(s) other than English?**  
(Do not include languages learned in school.)

Yes No

**If YES, specify the language(s):** \_\_\_\_\_

**If NO, skip to signature line and sign form.**

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

**If yes, complete the following:**

Name of School	State	Dates Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Person completing this form (if other than parent/guardian):** \_\_\_\_\_

**Parent/Guardian signature:** \_\_\_\_\_

\*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 \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_

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 action of offense involving a weapon, 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 this sheet.)

Reason for suspension/expulsion (optional)

\_\_\_\_\_  
 (Signature of Parent or Guardian)

\_\_\_\_\_  
 (Date)



## SEPARATIONS-DIVORCES

It is the intent of the Woodland Hills School District to remain neutral toward families split by divorce or separation. We do not want to take sides with one parent against the other where there may be possible conflict over children attending school in our District. If you have a legal court document, which establishes you as a sole legal guardian, you will need to provide the District with a copy of the document to be attached to your child(ren)'s permanent records. We will use this as a legal basis for working with you as the custodial parent.

In the absence of such a document, you must be aware that we cannot deny either parent access to his/her child(ren). We cannot withhold information or refuse to see or work with the other parent. We cannot keep the other parent from picking up his/her child(ren) from school.

The Woodland Hills School District wants to protect all children from potentially emotionally upsetting situations. The School District appreciates the parents pursuing whatever can be settled outside the school to forestall any confrontations.

**Is there a divorce or separation that affects your child's custody?**

YES

NO

Child's Name: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Documentation Provided  YES  NO



### PERMISSION TO RELEASE INFORMATION

Student Name: \_\_\_\_\_ Student Birth Date: \_\_\_\_\_

Student Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

I, \_\_\_\_\_,  
(name of parent/guardian) – PLEASE PRINT

Give permission to the following:

Employer, landlord, Internal Revenue Service, Department of Public Welfare, Children, Youth, Family Services, local tax office or other knowledgeable agency to release information pertaining to my residency for use at the Woodland Hills School District.

\_\_\_\_\_  
(signature of parent/guardian)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(TANF/Program # if applicable)

#### VERIFICATION (To be completed by WHSD Central Registration)

To: \_\_\_\_\_

To: \_\_\_\_\_

Student's Address

Same as above

Other than above

\_\_\_\_\_

\_\_\_\_\_

Student's Address

Same as above

Other than above

\_\_\_\_\_

\_\_\_\_\_

#### CAO OR AGENCY VERIFICATION

Category: \_\_\_\_\_ Active: \_\_\_\_\_ Closed \_\_\_\_\_ No Record: \_\_\_\_\_

Caseworker (name or number): \_\_\_\_\_

Agency Contact: \_\_\_\_\_ Date: \_\_\_\_\_







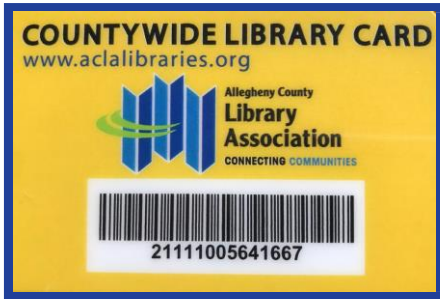
Allegheny County  
**Library  
 Association**  
 CONNECTING COMMUNITIES

**STUDENT Library Card OPT-OUT Form**

**ONLY complete this form if you  
 DO NOT WANT a library card for  
 your child.**

The Woodland Hills School District is partnering with the Allegheny County Library Association to provide every student with a public library card. Your child's new library card will allow free access to libraries across Allegheny County, including a full collection of eBooks and informational databases.

Your child's library card will never be charged a fine for overdue materials. If your child checks materials out of a public library and never returns them, you will be responsible for replacement costs.



*Rachel Brehm*

*Kate Coluccio*

*Erin Pierce*

**Braddock Carnegie Library  
 Association  
 Director Rachel Brehm**

**Carnegie Free Library of  
 Swissvale  
 Director Kate Coluccio**

**C.C.Mellor Memorial Library  
 Edgewood, Forest Hills  
 Director Erin Pierce**

**Student Name:**

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**Parent Name:**

.....

**Parent Signature:**