

# Student Enrollment Forms

Canon-McMillan  
School District



\*An enrollment can include either a new enrollment or a re-enrollment.

Commitment to Excellence

## STUDENT INFORMATION (Please Print)

Last Name: \_\_\_\_\_ First name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: ☐ Male ☐ Female Grade: \_\_\_\_\_

Ethnicity/Race: Is student Hispanic or Latino? ☐ Yes ☐ No  
☐ Asian ☐ Black or African American ☐ White ☐ American Indian or Alaska Native  
☐ Native Hawaiian/Other Pacific Islander ☐ Multiracial (if checking multiracial, please choose at least two ethnicities)

## CMUSD Personnel ONLY:

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

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

Grade: \_\_\_\_\_

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

☐ Special Ed. Student

☐ ESL/ELL

## RESIDENCY

• Home Address (House #, Street Name): \_\_\_\_\_ Apt #: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home address and mailing address are the same? ☐ Yes ☐ No (if yes, do not fill out mailing address)

• Mailing Address \_\_\_\_\_ Apt #: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

The following information will be used for automated messages from the school/district:

• Primary Phone: ☐ Home ☐ Cell \_\_\_\_\_

• Primary email address(es): \_\_\_\_\_

## Child resides with:

☐ Both Parents ☐ Mother only ☐ Mother & Stepfather ☐ Father only ☐ Father & Stepmother ☐ Guardian(s)  
☐ Relative(s) ☐ Foster Parent(s) ☐ Student is court emancipated

## Parents are:

☐ Married & reside together ☐ Divorced ☐ Separated ☐ Remarried ☐ Single ☐ Never married ☐ Widowed

## PIMS INFORMATION

The Pennsylvania Information Management System (PIMS) requires that public schools collect and report data pertaining to birth and state /country entry

Date child most recently entered PA (if never left PA then enter date of birth): \_\_\_\_\_

Month/year student initially started school: \_\_\_\_\_ In what state? \_\_\_\_\_ Month/year student started 9<sup>th</sup> grade: \_\_\_\_\_

Is the student's parent/guardian an active duty member of a branch of the armed forces (Army, Navy, Air Force, Marine Corp, Coast Guard) including full time National Guard? ☐ Yes ☐ No

## SERVICES

Does or has your child received any of the following services (check all that apply)?

Has current IEP ☐ Yes ☐ No Has had an IEP in the past ☐ Yes ☐ No 504/Chapter 15 Agreement ☐ Yes ☐ No

☐ Hearing ☐ Vision ☐ Speech ☐ ESL/ELL Other: \_\_\_\_\_

# Student Enrollment Forms

**Canon-McMillan  
School District**



\*An enrollment can include either a new enrollment or a re-enrollment.

*Commitment to Excellence*

Student Last Name: \_\_\_\_\_

Student First Name: \_\_\_\_\_

## CONTACT INFORMATION

**If the student resides at the home address with one or both parents:**

- Mother's Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

- Father's Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**If the student resides at the home address with guardian/foster parent:**

- Guardian's Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Non-Custodial Parent Information** If student resides with only one parent, please list non-custodial parent information. Non-custodial parent will be included in school database and will receive progress/report cards, etc.

Relationship Type (please check one): ☐ Mother ☐ Father ☐ Other \_\_\_\_\_

- Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

## SCHOOL INFORMATION

- ☐ My child has not previously been enrolled in school. ☐ My child has previously attended a Canon-McMillan school(s).  
☐ My child has attended a non-Canon-McMillan school.

Previous School Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of school : \_\_\_\_\_ Fax: \_\_\_\_\_

Grade level at time of attendance: \_\_\_\_\_ Dates attended: \_\_\_\_\_

**Please list the names and dates of birth of siblings in your household, grades PreK-12 (attending either a public or nonpublic school):**

Name	Date of Birth	Name	Date of Birth

**I certify that the information that I have provided for enrollment into the Canon-McMillan School District is correct.**

Parent/Guardian signature: \_\_\_\_\_ Relationship to student: \_\_\_\_\_ Date: \_\_\_\_\_

## Student Enrollment Forms

***Canon-McMillan  
School District***



\*An enrollment can include either a new enrollment or a re-enrollment.

### Commitment to Excellence

## Residency Articulation

**Your responses to these questions will help staff determine what residency documents are necessary for enrollment of your child.**

Student's name: \_\_\_\_\_

Person completing form: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

In what type of setting is the student living now? (Check one of the boxes below)

SECTION A	SECTION B
<p><input type="checkbox"/> In an emergency or transitional shelter</p> <p><input type="checkbox"/> Sharing the housing of other persons due to loss of housing, economic hardship, or life changing event</p> <p><input type="checkbox"/> In a motel, hotel, campsites, or cars due to a lack of alternative adequate accommodations</p> <p><input type="checkbox"/> In a park, public spaces, abandoned building, substandard housing, bus or train stations, or similar settings</p> <p><input type="checkbox"/> Other places not designed for, or ordinarily used as, a regular sleeping accommodations for human beings</p> <p>CONTINUE completing this page.</p>	<p><input type="checkbox"/> None of the choices in Section A apply.</p> <p>If you checked this section, <b>you do not need</b> to complete the remainder of this page.</p>

Contact number for person completing the form: \_\_\_\_\_

Address where the student is currently living: \_\_\_\_\_

The student is living with (check all that apply):

- ☐ Parent(s) or legal guardian  
☐ Relative, friend(s), or other adult(s)  
☐ Alone  
☐ Other:

- ☐ Siblings:    under 5                    ☐  
                  school age (5-18)    ☐  
                  over 18                    ☐

School last attended by student: \_\_\_\_\_

Address of school: \_\_\_\_\_

Telephone number of school: \_\_\_\_\_

Contact person at school (if known): \_\_\_\_\_

Does the student have an IEP or a Chapter 15/504 agreement?

☐ NO☐ YES

Please explain:

Please list the names and dates of birth of younger siblings in your household (Birth - 5 years of age *not enrolled* in Pre-K or Kindergarten):

Name	Date of Birth	Name	Date of Birth

*CMSD Office Use Only :* Intake by \_\_\_\_\_

☐ Notified District Homeless Liaison☐ Food Service☐ Building Office



# Student Enrollment Forms

**Canon-McMillan  
School District**



*Commitment to Excellence*

\*An enrollment can include either a new enrollment or a re-enrollment.

## PARENTAL REGISTRATION STATEMENT (ACT 26)

Student name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Pennsylvania School Code § 13-1304-A states in part "Prior to admission to any school entity, the parent, guardian or any other person having control or charge of a student shall, upon registration, provide a sworn statement of affirmation stating whether the pupil was previously 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 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 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 to the penalties of 24 P.S. § 13-1304-A(b) and 18 Pa.C.S.A. § 4904, relating to an 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 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 or expulsion: \_\_\_\_\_

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

Signature of School Personnel Witness: \_\_\_\_\_ 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.

# Authorization for Release of Records

**Canon-McMillan  
School District**



*Commitment to Excellence*

Student's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Previous agency or school district name: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

I authorize the release of records concerning my child, as indicated below, to the Canon-McMillan School District.

Parent/Guardian name (please print): \_\_\_\_\_

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

Staff Witness: \_\_\_\_\_ Date: \_\_\_\_\_

## Special Education

- ☐ This student **is** a current or former special education student. ☐ This student is **NOT** a special education student.
- ☐ Please forward **all** Special Education documentation/IEP information directly to the Canon-McMillan Special Education department (fax: **724.746.9604**)

## Specific Information to be released

- ☐ No limitations, **all** of the student's education records including attendance records, disciplinary records, career portfolios, health records and verbal communications
- ☐ Health records and immunizations required by law ☐ Transcript and report cards
- ☐ Signed withdrawal with grades ☐ Standardized test scores (PSSA, SAT, ACT, etc.)

## Please forward records/information to the following location:

☐ **Canon-McMillan High School**  
314 Elm St Ext, Canonsburg, PA 15317  
Phone: 724-873-5166  
Fax: 724-873-5173

☐ **Canonsburg Middle School**  
25 E College St, Canonsburg, PA 15317  
Phone: 724-745-9030  
Fax: 724-873-5230

☐ **Cecil Intermediate School**  
3676 Millers Run Road, McDonald, PA 15057  
Phone: 724-745-2323  
Fax: 724-873-5227

☐ **North Strabane Intermediate School**  
20 Giffin Drive, Canonsburg, PA 15317  
Phone: 724-873-5252  
Fax: 724-873-5216

☐ **Borland Manor Elementary School**  
30 Giffin Drive, Canonsburg, PA 15317  
Phone: 724-745-2700  
Fax: 724-873-5190

☐ **Hills-Hendersonville Elementary School**  
50 Mayview Road, Canonsburg, PA 15317  
Phone: 724-745-8390  
Fax: 724-873-5226

☐ **Muse Elementary School**  
Box 430, 40 Muse School St, Muse, PA 15350  
Phone: 724-745-9014  
Fax: 724-873-5233

☐ **South Central Elementary School**  
230 South Central Ave, Canonsburg, PA 15317  
Phone: 724-745-4475  
Fax: 724-873-5228

☐ **Wylandville Elementary School**  
1254 Rt. 519, Eighty-Four, PA 15330  
Phone: 724-222-2507  
Fax: 724-225-5971

## Student Enrollment Forms

***Canon-McMillan  
School District***



\*An enrollment can include either a new enrollment or a re-enrollment.

### Commitment to Excellence

## 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 last 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? \_\_\_\_\_
4. Was the student born in the United States? ☐ Yes ☐ No

Has the student attended any other school in the United States during his/her lifetime? ☐ Yes ☐ No

[illegible]

In what language would you prefer to have district communications (language of correspondence)?: \_\_\_\_\_

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

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

Interpreter Provided ☐ Yes ☐ No



# Student Enrollment Forms

Canon-McMillan  
School District



\*An enrollment can include either a new enrollment or a re-enrollment.

Commitment to Excellence

## HEALTH SURVEY

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ ☐ Male ☐ Female  
Phone: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_  
Physician's name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date of last exam: \_\_\_\_\_  
Dentist's name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date of last exam: \_\_\_\_\_

### Part I: Student Health Status (please use back of form if needed)

**Health History** (complete the checklist by indicating any past or present conditions and explain below)

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> ADD/ADHD         | <input type="checkbox"/> Depression             | <input type="checkbox"/> Hospitalizations/surgeries | <input type="checkbox"/> Seizures, tics or tremors          |
| <input type="checkbox"/> Arthritis/joints | <input type="checkbox"/> Developmental delays   | <input type="checkbox"/> Learning problems          | <input type="checkbox"/> Serious illnesses                  |
| <input type="checkbox"/> Asthma           | <input type="checkbox"/> Diabetes               | <input type="checkbox"/> Menstrual problems         | <input type="checkbox"/> Skin problems                      |
| <input type="checkbox"/> Autism           | <input type="checkbox"/> Fainting               | <input type="checkbox"/> Mental health issues       | <input type="checkbox"/> Stomach problems                   |
| <input type="checkbox"/> Birth defects    | <input type="checkbox"/> Head injury/concussion | <input type="checkbox"/> Migraines                  | <input type="checkbox"/> Surgeries                          |
| <input type="checkbox"/> Blood disorder   | <input type="checkbox"/> Hearing problems       | <input type="checkbox"/> Nose bleeds                | <input type="checkbox"/> Urinary problems                   |
| <input type="checkbox"/> Bowel problems   | <input type="checkbox"/> Heart problems         | <input type="checkbox"/> Physical limitations       | <input type="checkbox"/> Vision problems (glasses/contacts) |
| <input type="checkbox"/> Cancer           | <input type="checkbox"/> Hepatitis              | <input type="checkbox"/> Relationship issues        | <input type="checkbox"/> Other                              |

Explain: \_\_\_\_\_

**Allergies** ☐ YES (indicate below) ☐ No known allergies

	Name/Type	Reaction	Treatment
<input type="checkbox"/> Medication	_____	_____	_____
<input type="checkbox"/> Environmental	_____	_____	_____
<input type="checkbox"/> Food	_____	_____	_____
<input type="checkbox"/> Insects	_____	_____	_____
<input type="checkbox"/> Other	_____	_____	_____

### Part II: Medications (please use back of form if needed)

- ☐ My child has asthma ☐ Mild ☐ Moderate ☐ Severe Inhaler prescribed? ☐ Yes ☐ No
- ☐ My child has allergies ☐ Mild ☐ Moderate ☐ Severe EpiPen prescribed? ☐ Yes ☐ No
- ☐ My child is diabetic ☐ Insulin dependent ☐ Non-insulin dependent Is glucometer and/or care needed at school? ☐ Yes ☐ No
- ☐ My child has a seizure disorder Describe type and medications taken: \_\_\_\_\_

Does your child take any prescribed or over the counter medications? ☐ Yes ☐ No

If yes, list dosage, frequency and reason: \_\_\_\_\_

### Part III: Consents and Signature

- I understand that, to provide the safest possible environment and most complete educational program for my child, the school needs to be informed of any health or medical conditions that may affect my child's school day or impact their learning.
- I understand that medications of any kind are **not** allowed on school grounds without the proper medical authorization on file. If my child needs medication administered during the day, I will complete a separate authorization form and file it with the school nurse.
- I understand that for the safety of my child, or to provide for their educational program, the school nurse may need to share information with appropriate school staff. This will be done in a confidential manner. If I *do not* wish the information contained on this form to be shared, I will make my request in writing and file it with the school nurse.

By my signature, I verify that the information provided on this form is true and correct to the best of my knowledge.

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



---

## Google Apps for Education Parental Consent Form

Dear Parents/Guardians,

As you know, technology is an integral part of Canon-McMillan's unique curriculum, and we strive to use technology in ways that will assist learning and prepare students for life after graduation. Canon-McMillan's students, teachers, and staff use Google Apps for Education to allow students to collaborate on school projects, communicate with their teachers and one another, and continue learning regardless of their location. Google Apps for Education are provided without advertisements and include the following online services for students:

- **Email** – an individual email account for school use, managed by Canon-McMillan.
- **Calendar** – an individual calendar used to record and collaborate on assignments, educational activities, or project schedules
- **Drive** – a set of tools providing for the creation and storage of word processing documents, spreadsheets, presentations, etc.
- **Classroom** – an online classroom providing tools for teachers to assign assignments and projects

To set up the necessary Google Apps for Education account for your child, Canon-McMillan provides Google with only the student's first name, last name and username. No other personal information is required to open the account.

However, given the nature of the services being provided, your student's email, assignments, projects, and other classwork stored in Google Apps for Education may include personal information about your child. Google has agreed to comply with the Family Educational Rights and Privacy Act (FERPA), the federal law that protects the confidentiality of student educational records and personally identifiable information, and to adhere to industry standards with respect to the security of the information.

You can read more about Google's privacy practices on their website at <http://www.google.com/policies/privacy>  
The terms of Google's agreement with Canon-McMillan are at:  
[http://www.google.com/apps/intl/en/terms/education\\_terms.html](http://www.google.com/apps/intl/en/terms/education_terms.html)

By signing this document you provide consent for your student to utilize Google Apps for Education while enrolled at Canon-McMillan School District.

Student Name (Printed) : \_\_\_\_\_

Parent Name (Printed) : \_\_\_\_\_

Parent Signature : \_\_\_\_\_



# SCHOOL VACCINATION REQUIREMENTS FOR ATTENDANCE IN PENNSYLVANIA SCHOOLS

## FOR ATTENDANCE IN ALL GRADES CHILDREN NEED THE FOLLOWING:



- 4 doses of tetanus, diphtheria, and acellular pertussis\* (1 dose on or after the 4th birthday)
- 4 doses of polio (4th dose on or after 4th birthday and at least 6 months after previous dose given)\*\*
- 2 doses of measles, mumps, rubella\*\*\*
- 3 doses of hepatitis B
- 2 doses of varicella (chickenpox) or evidence of immunity

*\*Usually given as DTP or DTaP or if medically advisable, DT or Td*

*\*\* A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose*

*\*\*\*Usually given as MMR*



**ON THE FIRST DAY OF SCHOOL,** unless the child has a medical or religious/philosophical exemption, a child must have had at least one dose of the above vaccinations or risk exclusion.

- If a child does not have all the doses listed above, needs additional doses, and the next dose is medically appropriate, the child must receive that dose within the first five days of school or risk exclusion. If the next dose is not the final dose of the series, the child must also provide a medical plan (red and white card) within the first five days of school for obtaining the required immunizations or risk exclusion.
- If a child does not have all the doses listed above, needs additional doses, and the next dose is not medically appropriate, the child must provide a medical plan (red and white card) within the first five days of school for obtaining the required immunizations or risk exclusion.
- The medical plan must be followed or risk exclusion.

## FOR ATTENDANCE IN 7TH GRADE:

- 1 dose of tetanus, diphtheria, acellular pertussis (Tdap) on the first day of 7th grade.
- 1 dose of meningococcal conjugate vaccine (MCV) on the first day of 7th grade.

**ON THE FIRST DAY OF 7TH GRADE,** unless the child has a medical or religious/philosophical exemption, a child must have had the above vaccines or risk exclusion.

## FOR ATTENDANCE IN 12TH GRADE:

- 1 dose of MCV on the first day of 12th grade. If one dose was given at 16 years of age or older, that shall count as the twelfth grade dose.

**ON THE FIRST DAY OF 12TH GRADE,** unless the child has a medical or religious/philosophical exemption, a child must have had the above vaccines or risk exclusion.

**The vaccines required for entrance, 7th grade and 12th grade continue to be required in each succeeding school year.**

These requirements allow for the following exemptions: medical reason, religious belief, or philosophical/strong moral or ethical conviction. Even if your child is exempt from immunizations, he or she may be excluded from school during an outbreak of vaccine preventable disease.

Pennsylvania's school immunization requirements can be found in 28 Pa.CODE CH.23 (School Immunization). Contact your healthcare provider or call 1-877-PA-HEALTH for more information.



**pennsylvania**  
DEPARTMENT OF HEALTH