



# Hampton Township School District

## Student Registration Grades 6 thru 12

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Welcome and thank you for your interest in the Hampton Township School District. This enrollment packet provides you with information to start the process for registering a child for school. Please complete the attached forms and bring them with you, along with the required items listed below.

### REGISTRATION CHECKLIST

- 1. Thoroughly read and then Complete Forms (attached)
- 2. Present Birth Certificate
- 3. Present a Copy of Immunization Record/Dates from Physician
- 4. Present Proof of Hampton Residency
  - a) One of the following:
    - Closing Papers
    - Lease Agreement
    - Rent Receipt, or
    - Residency Form

**AND**

- b) One of the following:
  - Utility Bill
  - Cable Bill
  - Paid Wage Tax Receipt
  - Guardianship Form or Court Order, etc.

(These items must have the same address as those listed under "a.")

- 5. Current Grades/Transcript (If available)

# Hampton Township School District

## Student Registration

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

Name student prefers to be called: \_\_\_\_\_

Legal Last Name \_\_\_\_\_ First \_\_\_\_\_ Full Middle \_\_\_\_\_ Generation \_\_\_\_\_

Permanent Home Address - Number/Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(\_\_\_\_) - \_\_\_\_\_ (\_\_\_\_) - \_\_\_\_\_ (\_\_\_\_) - \_\_\_\_\_  
Primary Phone 1 Home, Cell or Work Phone 2 Home, Cell or Work Phone 3 Home, Cell or Work

Email: \_\_\_\_\_

 Male  FemaleDate of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(mm) (dd) (yyyy)

<b>optional</b>	<b>What is your ethnicity?</b>	<b>Hispanic or Latino</b>
	<b>and</b>	<b>Not Hispanic or Latino</b>
	<b>What is your race?</b> (Choose all that apply)	<b>American Indian or Alaska Native</b>
		<b>Native Hawaiian/Other Pacific Islander</b>
		<b>White</b>
		<input type="checkbox"/> <b>Black or African American</b>
		<input type="checkbox"/> <b>Asian</b>

**STUDENT LIVES WITH:** (Please check all that apply)Father or Stepfather: **Dr. Mr.** \_\_\_\_\_Mother or Stepmother: **Dr. Mrs. Ms. Miss** \_\_\_\_\_Legal Guardian(s): \_\_\_\_\_ Relation to Student: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_Foster Parent(s): \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_**To comply with the McKinney-Vento Act, Title X, Part C of the No Child Left Behind Act, your truthful and accurate answers help the District identify services that the student may be eligible to receive. The child being enrolled currently lives in...**

- (check, if applicable):
- an emergency or transitional shelter  shared housing of other persons
  - a motel, hotel, campsite or car due to lack of alternative adequate accommodations
  - a place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings
  - none of the above

**Does the living arrangement checked above result from a loss of housing or economic hardship?**  Yes  No  Unsure**Is the student's parent/guardian an active duty member of a branch of the United States Armed Forces (Army, Navy, Air Force, Marine Corps, and Coast Guard) including full-time National Guard?**  Yes  No Branch: \_\_\_\_\_**FORMER SCHOOL OR PRESCHOOL**

Name of Former School: \_\_\_\_\_ Grade: \_\_\_\_\_

School District: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Has student previously been a Hampton Resident?  Yes  NoHas student previously been enrolled at a Hampton school?  Yes  No

If YES, what: Year: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Does the student have an IEP, GIEP, Speech, Dart Early Intervention, and/or 504 Agreement?

**SIGNATURE OF****PARENT/GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

# Hampton Township School District

## STUDENT REGISTRATION

### Office Use Only

**STUDENT NAME:** \_\_\_\_\_ Student ID: \_\_\_\_\_

**SCHOOL OF ENTRY:**

- Central Elementary      Entry Date: \_\_\_\_\_      Entry Code: \_\_\_\_\_  
 Poff Elementary      Homeroom: \_\_\_\_\_      Grade: \_\_\_\_\_  
 Wyland Elementary  
 Middle School      HR Teacher (Elementary): \_\_\_\_\_      Locker: \_\_\_\_\_  
 High School

1. Birth Certificate #: \_\_\_\_\_      Baptismal/Hospital Certificate #: \_\_\_\_\_  
Birth City: \_\_\_\_\_      Visa/Passport #: \_\_\_\_\_  
Birth State: \_\_\_\_\_  
Birth Country: \_\_\_\_\_

2.  Hampton Resident - Proof of Residency: 1. \_\_\_\_\_ 2. \_\_\_\_\_  
 Non-resident: \_\_\_\_ Tuition - Current Address: \_\_\_\_\_  
Expected Date to move into Hampton: \_\_\_\_\_  
 Foster Child (provide letter from placing agency verifying placement) Date Received: \_\_\_\_\_  
Placing Agency/Address: \_\_\_\_\_

3. McKinney-Vento Act       Not Covered       Covered       Follow-up Required
4. Immunization Records:       Complete       Incomplete (reason): \_\_\_\_\_
5. Home Language Survey:       Complete       Incomplete (reason): \_\_\_\_\_
6. IEP:  Yes  No      Gifted:  Yes  No      Chapter 15/504 Plan:  Yes  No
7. Custody Issue:  Yes  No      If YES,      Legal Documentation Received:  Yes  No \_\_\_\_\_  
Notarized Documents Received:  Yes  No \_\_\_\_\_
8. Transportation Letter \_\_\_\_\_      Bus Stop \_\_\_\_\_

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**ADDITIONAL INFORMATION:**

Signature of School Registrar: \_\_\_\_\_

# Hampton Township School District

## STUDENT CENSUS

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

**STUDENT NAME** \_\_\_\_\_  
Legal Last Name First Full Middle Generation

Permanent Home Address - Number/Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### STUDENT HOUSEHOLD INFORMATION

List all Persons in Household - 18 & over:

First Name	Last Name	Gender	Relation to Student	Employed (list employer); Other – Retired; Home worker; Unemployed; Student	Phone

List all Persons in Household - Under 18:

First Name	Middle Name	Last Name	Gender	Date of Birth M/D/Y	Relation to Student	School/Grade
				/ /		
				/ /		
				/ /		
				/ /		
				/ /		

Parents are:  Married  Divorced  Separated  Deceased: Mother Father

1. Custodial Parent(s): \_\_\_\_\_

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

Primary Phone: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Phone 3: \_\_\_\_\_

Email: \_\_\_\_\_

2. Custody Issue:  Yes  No

If YES, please provide legal documentation, and any other Notarized Forms.

**NOTE: All correspondence regarding this student will be mailed to the custodial parent/guardian at the above address. In the case of joint-custody or another address, please complete this section:**

Should Non-Custodial Parent Receive School Mailings?  Yes  No

If YES, please list Name: \_\_\_\_\_

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

Primary Phone: \_\_\_\_\_ Phone #2: \_\_\_\_\_ Phone #3: \_\_\_\_\_

Email Address: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

# Hampton Township School District

## 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: \_\_\_\_\_

Date: \_\_\_\_\_

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

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

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): \_\_\_\_\_

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:

<u>Name of School:</u>	<u>State</u>	<u>Dates Attended</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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.

Student's Name \_\_\_\_\_

**HEALTH HISTORY**

1. Has the child had any trouble with ears or hearing?  
No  Yes
- If yes, please explain \_\_\_\_\_
2. Has the child had any trouble with eyes or vision?  
No  Yes
- If yes, please explain. \_\_\_\_\_
3. Has a doctor ever said the child had a heart murmur?  
No  Yes
- If yes, are there any activity restrictions? No  Yes
- Please explain \_\_\_\_\_
4. Has the child ever had a seizure or convulsion?  
No  Yes
- If yes, was it due to high fever? No  Yes
- Please explain \_\_\_\_\_
5. Does the child frequently complain of headaches? No  Yes
- If yes, please explain \_\_\_\_\_

6. Does the child frequently complain of stomachaches?  
No  Yes
- If yes, please explain \_\_\_\_\_
7. Has there ever been any trouble with the child's blood (blood disorder)?  
No  Yes
- If yes, please explain \_\_\_\_\_
8. Does the child have any problem with urination?  
No  Yes
- If yes, please explain \_\_\_\_\_
9. Does the child have any skin problems?  
No  Yes
- If yes, please explain \_\_\_\_\_
10. Has the child ever had asthma? No  Yes
- If yes, please explain \_\_\_\_\_

**MEDICAL HISTORY**

1. Has the child ever been in the hospital or had an operation? No  Yes
- If yes, when? \_\_\_\_\_
- For what reason? \_\_\_\_\_
2. Has the child ever had any serious illnesses, accidents, or broken bones? No  Yes
- If yes, when? \_\_\_\_\_
- Please describe \_\_\_\_\_
3. Is the child being followed by the doctor for a chronic health problem? No  Yes
- If yes, please explain \_\_\_\_\_
4. Is the child routinely taking any medications? No  Yes
- If yes, name of medication \_\_\_\_\_
- Reason for medication \_\_\_\_\_
5. Does the child have any allergies (such as medicine, food, insect, etc.)? No  Yes
- If yes, please explain \_\_\_\_\_
6. Does the child have any restrictions to physical activity? No  Yes
- If yes, please explain \_\_\_\_\_
7. Does the child have any developmental delays, speech delays or learning disabilities? No  Yes
- If yes, please explain \_\_\_\_\_
- Any additional information? \_\_\_\_\_

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



**HAMPTON TOWNSHIP SCHOOL DISTRICT  
Affidavit for Registration of a Transfer Student**

In accordance with the Commonwealth of Pennsylvania Act 26 of 1995, I swear and attest that (print student name) \_\_\_\_\_, who is seeking admission to the Hampton Township School District as a transfer student,

\_\_\_\_\_ **has not been** previously suspended, expelled or have any action pending at any private or public school in any commonwealth or other state in the United States of America for offenses involving: (1) weapons, (2) alcohol or drugs, or (3) willful violent acts committed against persons or property.

**OR**

\_\_\_\_\_ **has been** previously suspended, expelled or have any action pending at any private or public school in any commonwealth or other state in the United States of America for offenses involving: (1) weapons, (2) alcohol or drugs, or (3) willful violent acts committed against persons or property.

Please indicate:

School Action	Offense	Date	Disciplinary
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I understand that this affidavit shall be maintained in the student's records as prescribed by law and that the statements made herein are true and accurate. I further understand that any willful false statement shall be subject to prosecution as a misdemeanor under the Commonwealth of Pennsylvania Act 26 of 1995.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



Hampton Township School District  
Records Release Form

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NAME OF SCHOOL TRANSFERRING FROM: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

Please release the following records for the student named below:

- Transcript of Grades/Report Cards
- Attendance Records
- Health and Immunization Records
- Test Results (standardized testing, state testing, SAT's, ACT's, etc)
- Discipline Records
- IEP/GIEP/any Special Education Records/Diagnostic Evaluations including ER's and RR's 504's
- School Personnel Observations
- Career Standards Artifacts

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Print Name of Student \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Parental permission is no longer required when records are requested by authorized school personnel if parent signature is not available. (Family Educational Rights and Privacy Act, Final Rules on Education Records, Federal Register, June 17, 1976, Vol. 41, No. 118, Page 24673.) (34 CFR 99.31)

Please send or fax requested records to:

<b>Hampton High School Guidance Department 2929 McCully Road Allison Park PA 15101</b>	<b>Hampton Middle School Guidance Department 4589 School Drive Allison Park, PA 15101</b>	<b>Central Elementary Guidance Department 4100 Middle Road Allison Park, PA 15101</b>	<b>Poff Elementary Guidance Department 2990 Haberlein Rd. Gibsonia, PA 15044</b>	<b>Wyland Elementary Guidance Department 2284 Wyland Ave. Allison Park, PA 15101</b>
Phone: 412-492-6379 Fax: 412-486-7050	Phone: 412-492-6356 Fax: 412-487-7544	Phone: 412-492-6320 Fax: 412-486-1144	Phone: 412-492-6335 Fax: 724-443-4429	Phone: 412-492-6345 Fax: 412-486-6718