



**PENNCREST**  
EMPOWERING LIFE-LONG LEARNERS

23-24 School Year

Welcome to PENNCREST!

## NEW STUDENT ENROLLMENT CHECKLIST

- \_\_\_\_\_ Student Information Form complete
- \_\_\_\_\_ Emergency Form complete
- \_\_\_\_\_ PIMS Enrollment Form complete
- \_\_\_\_\_ Health Registration Form complete
- \_\_\_\_\_ Birth Certificate
- \_\_\_\_\_ Proof of Residency (deed, lease, property taxes, etc.)
- \_\_\_\_\_ Photo ID
- \_\_\_\_\_ Request for Student Records complete
- \_\_\_\_\_ iPad Agreement signed
- \_\_\_\_\_ Rights & Responsibilities signed
- \_\_\_\_\_ Interim IEP(circle)    Yes      No
- \_\_\_\_\_ McKinney Vento
- \_\_\_\_\_ Home Language Survey

**PENNCREST School District**

18741 State Hwy. 198  
 Saegertown, PA 16433  
 Phone: 814/337-1600

**Student INFORMATION Form**

Completed by Parent or Guardian

Page 1 of 2

**2023-2024 School Year**

<b>STUDENT INFORMATION</b>	<b>Section A</b>
----------------------------	------------------

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:		<b><u>BIRTH CERTIFICATE MUST BE ATTACHED</u></b>		
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					
<b>FATHER'S NAME:</b>			<b>Step-Parent Name:</b>		
Father's Address :					
<input type="checkbox"/> Own <input type="checkbox"/> Rent Landlord's Name:			Employer:		
Employer:	Work #:	Work #:			
Home #:	Cell #:	Home #:	Cell #:		
Email address:					
<b>MOTHER'S NAME:</b>			<b>Step-Parent Name:</b>		
Mother's Address:					
<input type="checkbox"/> Own <input type="checkbox"/> Rent Landlord's Name:			Employer:		
Employer:	Work #:	Work #:			
Home #:	Cell #:	Home #:	Cell #:		
Email address:					
<b>GUARDIAN (MALE):</b>			<b>GUARDIAN (FEMALE):</b>		
Guardian(s) Address:					
<input type="checkbox"/> Own <input type="checkbox"/> Rent Landlord's Name:			Relationship to student:		
Employer:			Employer:		
Cell #:			Cell #:		
Home #:			Work #:		

<b>EMERGENCY CONTACT INFORMATION</b>	<b>Section B</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:

<b>PESTICIDE MANAGEMENT</b>	<b>Section C</b>
-----------------------------	------------------

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.

*Continued on back*

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 tot he 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 agrrement, 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'.*

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): <input type="checkbox"/> Both Parents full time <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian(s) <input type="checkbox"/> 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 #:
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
Continued on back						

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

# 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**  
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		
Attention Deficit Disorder (ADD/ADHS)			Hepatitis		
Diabetes			Rheumatic Fever		
Asthma			Scarlet Fever		
Inhaler			Tuberculosis		
Medication form needed for school use			Dental Conditions		
Seizure Disorders			Orthodontics		
Type:			Other		
Vision Problems			Allergies		
Contacts			Respiratory		
Glasses			Medication		
Hearing Problems			Emergency care for bee/insect stings		
Aids			Other		
Frequent Ear Infections			Medications		
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					
Bronchitis			Serious Illness/Injuries	Y / N	Date
Frequent Nosebleeds					
Strep Throat					
Ulcers			Any Other Conditions	Y / N	Date
Urinary Tract Infections					
Kidney Problems					
Scoliosis			Special School Adjustments	Y / N	Describe
Osgood Schlatter's Disease					
Birth Defects					
Females: Menstrual problems			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.



# 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



# 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 style="text-align: center;"></div> <div style="text-align: center;"></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.**