



# LOWER MORELAND TOWNSHIP SCHOOL DISTRICT

*An exemplary learning community...  
committed to preparing and empowering all learners*

Please review our Central Registration website at <https://www.lmtsd.org/Domain/56> for general information and requirements. During this time of social distancing, enrollments are being accepted online through email without an in-person meeting.

The attached student registration packet includes registration forms and health forms (pages 1-19), the Out-of-District Tuition form for future residents only (page 20), and the Multiple Occupancy form for non-residents only (pages 21-23).

Please fill out paperwork, attach required documents,  
and scan all to District Registration: [registration@lmtsd.org](mailto:registration@lmtsd.org)

## STUDENT REGISTRATION PACKET includes the following forms:

- Student Registration Form (2 pages)
- Statement of Residency (sign and date only)
- Residency Verification Form (translated versions are available online)
- Parental Registration Statements (2 forms: PA School Code and Act 110)
- Emergency Information Card (for Emergency Early Dismissal section, please choose only ONE option)
- Authorization for Exchange of Information (fill out previous school's name, complete address, city & state)
- Parental Custody and Access to School Information (if parents reside at separate addresses, attach custody paperwork or parental agreement)
- Educational Activities Media Release Form (two checkmarks required)
- Home Language Survey (list all U.S. schooling from Kindergarten on, which grades for each school, and the calendar years attended)
- Speech & Language Support Program Form (for students entering kindergarten only)

## REQUIRED HEALTH FORMS

- Initial Health History School Nursing Service Form (filled out by parent)
- Health History Update Form (filled out by parent)
- Permission to Administer Medication Form (filled out by parent, **even if not applicable**)
- Immunization Update Form (fill in student's name & attach a list of immunizations to this form)
- Private Physician Exam Form (*due to COVID-19 this form can be waived at the time of registration, but will be required at a later date*)
- Private Dental Exam Form (*due to COVID-19 this form can be waived at the time of registration, but will be required at a later date*)
- Tuberculosis Screening Form (filled out by parent - circle answers to questions 1 and 2 only)

These are the documents to be emailed to District Registration: [registration@lmtsd.org](mailto:registration@lmtsd.org)

- your child's birth certificate
- driver's license as ID for parent(s) or guardian(s)
  - ✓ If separated or divorced, the other parent's license is not required, but you should submit paperwork showing who has physical custody. If court documentation is not available, we will accept a parental agreement, which states where your child will be living, signed by both of you and **notarized**.
- one of the following: property deed (or signed settlement papers), *most recent* Lower Moreland tax bill, or a **notarized** lease
- two additional proofs of residency which are any recently dated bills or statements (utility, insurance, banking) from institutions or businesses showing your name and address in Lower Moreland
- Multiple Occupancy Form - (if **applicable**) necessary only if parent/guardian does not own or lease property in Lower Moreland Township School District but resides with a Lower Moreland Township resident on a full-time basis. Both property owner and the multiple occupant (parent/guardian) must complete their portion of the form and provide the following documents:
  - ✓ property owner: ID, deed or recent LM tax bill, plus two recent proofs of residency
  - ✓ multiple occupant: ID plus two recent proofs of residency
  - ✓ Form must be **notarized**.
- for future residents: the Agreement of Sale and an Out of District Tuition form are both required
  - ✓ Deed (or signed settlement papers) and two proofs of residency will be required after settlement
- your child's most recent report card or last year's final report cards (or transcript) and results of any standardized tests taken
- a copy of the most recent IEP/GIEP and Evaluation Report from previous school *if your child has participated in a Special Education program*

Please contact the Registrar by phone or email if you have any questions.

Debra Kanefsky, LMTSD Central Registrar

(215) 938-0230, ext. 3217

Email: [registration@lmtsd.org](mailto:registration@lmtsd.org)

LOWER MORELAND TOWNSHIP SCHOOL DISTRICT  
2551 MURRAY AVENUE, HUNTINGDON VALLEY, PENNSYLVANIA 19006



Expanding Horizons...  
Individualizing Excellence

# STUDENT REGISTRATION FORM

Name \_\_\_\_\_ / \_\_\_\_\_ Entered \_\_\_\_\_ Grade \_\_\_\_\_  
Last First Date

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Cell Phone(s) \_\_\_\_\_

Student Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(optional)

Initial PA School Enrollment Date \_\_\_\_\_ US Enrollment Date \_\_\_\_\_

Has your child ever been registered in Lower Moreland School District? \_\_\_\_ Yes \_\_\_\_ No

**Hispanic/Latino:** Is the student Hispanic, Latino, or of Spanish origin? \_\_\_\_ Yes \_\_\_\_ No  
(i.e., a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race)

**Race:** Select one (1) or more races from the following racial groups that best describe the student.  
Check at least **ONE**.

\_\_\_\_ **American Indian or Alaska Native:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

\_\_\_\_ **Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Phillippine Islands, Thailand and Vietnam.

\_\_\_\_ **Black or African American:** A person having origins in any of the black racial groups of Africa.

\_\_\_\_ **Native Hawaiian or other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

\_\_\_\_ **White:** A person having origins in any of the original peoples of Europe, including Spain, North Africa or the Middle East.

City of Birth \_\_\_\_\_ Gender \_\_\_\_\_

U.S. Citizenship \_\_\_\_ Yes \_\_\_\_ No Country of Origin \_\_\_\_\_ Immigrant \_\_\_\_ Yes \_\_\_\_ No

Proof of Birth \_\_\_\_\_ Proof of Residency \_\_\_\_\_

Resides with Parents: \_\_\_\_ Mother \_\_\_\_ Father \_\_\_\_ Step Parent \_\_\_\_ Other \_\_\_\_\_

Entered from \_\_\_\_\_ Grade \_\_\_\_\_  
School Address

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Physical Disabilities/Allergies \_\_\_\_\_

Person to call if not available \_\_\_\_\_  
Name Address Phone

Does this student currently have a 504 Plan? \_\_\_\_ Yes \_\_\_\_ No

Does this student currently have an IEP/GIEP? \_\_\_\_ Yes \_\_\_\_ No  
(If "Yes" please provide a copy of the current evaluation report and IEP/GIEP.)

Has this student ever been tested or been in an ESOL program? \_\_\_\_ Yes \_\_\_\_ No  
(If "Yes" please provide documentation.)



**Family Information**

	(circle one) *Father - Guardian - Step - Foster	(circle one) *Mother - Guardian - Step - Foster
Name: include last name if different		
Address:		
E-mail Address		
Cell Phone		
Occupation		
Company Name		
Company Address		
Business Phone		
Place of birth		
Highest level of education		
Religious preference (optional)		
Marital status (circle one)	Married - Single - Divorced, Widowed - Separated - Other	Married - Single - Divorced, Widowed - Separated - Other
Year spouse deceased		
Name of student's siblings/year born		

In case of divorce/separation, a current custody agreement must be provided at registration and both parents must sign registration form to acknowledge that child will attend school in Lower Moreland.

\*If guardian is other than the mother or father, additional documents will be required.

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

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

School Registrar \_\_\_\_\_ Date \_\_\_\_\_

LOWER MORELAND TOWNSHIP SCHOOL DISTRICT  
HUNTINGDON VALLEY, PENNSYLVANIA

**STATEMENT OF DISTRICT RESIDENCY**  
**School Year 2023-2024**

The Lower Moreland Township School District is proud to offer a high quality public education to our residents. "***District of residence***" means the district in which a student's custodial parent or parents or legal guardian resides. When the parents reside in different school districts due to separation, divorce or other reason, the child may attend school in the district of residence of the parent with whom the child lives for a majority of the time, unless a court order or court approved custody agreement specifies otherwise. If the parents have joint custody and time is evenly divided, the parents may choose which of the two school districts the child will enroll for the school year.

The district also has a very active residency verification program to protect our community resources. This program can include, but is not limited to, complete documentation verification, independent investigation by law enforcement officials and surveillance. (Note: Any false responses indicated on the Residency Verification form for new Students may result in further investigation.)

**It is the intent of the Lower Moreland Township School District to prosecute, to the fullest extent of the law, any individual furnishing false information in the accompanying registration forms for the purpose of enrolling non-resident students. The penalties for providing false information are as follows, in accordance with Public School Code, Section 1302 (24 P.S. § 13-1302a):**

- **Immediate removal from school after notice and an opportunity to appeal;**
- **A criminal penalty of a fine of \$300 and/or up to 240 hours of community service;**
- **And the person who filed the false statement will be liable for tuition during the period of enrollment, as outlined below.**

If the student registered is found to be a non-resident, the individual registering said student will be financially responsible for all tuition costs. The 2023-2024 tuition rates are: \$14,510.04 for elementary students (K-6<sup>th</sup> grade) and \$15,115.55 for secondary students (7-12<sup>th</sup> grade).

I certify that I have read and understand the above notice. Additionally, I agree to pay the school district its full tuition cost if the student being enrolled is found to be a non-resident.

---

Signature

Date



LOWER MORELAND TOWNSHIP SCHOOL DISTRICT  
2551 MURRAY AVENUE, HUNTINGDON VALLEY, PENNSYLVANIA 19006



**RESIDENCY VERIFICATION FORM FOR NEW STUDENTS**

Expanding Horizons...  
Individualizing Excellence

Name of Student	School Entering	Birth Date	Age	Grade Entering
Name of Father (Guardian)		Relationship	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Legal Custodian	
Name of Mother (Guardian)		Relationship	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Legal Custodian	
*****				
Address of residence in Lower Moreland Township: _____				
Street				
_____				
Phone	City/Post office	State	Zip Code	

Are you and your child currently residing at the above Lower Moreland Township address?

**NOTE: For registration purposes, residing is defined as occupying and sleeping overnight the majority of the time (4 out of 7 days).**

☐ Yes ☐ No (\*)

(\*) If answer to question is "No," then Parents or Guardian of enrolling student must provide a written agreement of sale providing for settlement and occupancy before the end of the current school year at which time the established annual tuition rate from the date of admission shall be paid in advance.

Expected date of residency (occupancy)? \_\_\_\_\_

\*\*\*\*\*

Is there another address where your child sleeps overnight on a regular basis? ☐ YES ☐ NO

Do you own a house outside the Lower Moreland Township School District (LMTSD)? ☐ YES ☐ NO

Do you rent/lease a house or apartment outside the LMTSD? ☐ YES ☐ NO

Are you provided with living space outside the LMTSD by another person or a government agency? ☐ YES ☐ NO

If you answered "Yes" on any of the above statements, please explain.

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

\*\*\*\*\*

Address **prior to residing** in Lower Moreland Township: \_\_\_\_\_

Street			
_____			
Phone	City/Post office	State	Zip Code

**Proof of Residency required before your student can be registered in our schools:**

- Photo ID of parent/guardian registering student(s) –  
(Current driver's license, government issued photo or Passport.)
- Property deed, most recent property tax bill, or notarized residential lease

**PLUS 2 additional items that can include:**

▪ Internal Revenue Statement	▪ Voter Registration Card
▪ Insurance Statement	▪ Vehicle Registration
▪ Letter from Employer (if not self-employed)	▪ Welfare Card
▪ Bank Statement	▪ Utility Activation or Billing Statement
▪ Billing Statement	

Signature of Registering Staff Member

Date

Signature, Parent(s) or Guardian

Date



LOWER MORELAND TOWNSHIP SCHOOL DISTRICT  
2551 MURRAY AVENUE, HUNTINGDON VALLEY, PENNSYLVANIA 19006



**Parental Registration Statement**

*Expanding Horizons...  
Individualizing Excellence*

Student Name \_\_\_\_\_

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

Parent(s) or Guardian(s) Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Pennsylvania School Code §13-1304-A states in par "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 suspended or expelled from any public or private school of this 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."

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 the 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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature, Parent(s) or Guardian

\*Name of the school from which student was suspended or expelled; reason for suspension/expulsion: and dates of suspension or expulsion (optional) \_\_\_\_\_

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.

Administration – 215-935-0270

High School – 215-938-0220

Murray Avenue School – 215-938-0230

Pine Road School – 215-938-0290





# LOWER MORELAND TOWNSHIP SCHOOL DISTRICT

An exemplary learning community...  
committed to preparing and empowering all learners

Student Name \_\_\_\_\_

Parent(s) or Guardian(s) Name \_\_\_\_\_

Act 110 of 2020 (Students Convicted or Adjudicated Delinquent of Sexual Assault) states in part "Prior to admission to a public 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 student was previously or is presently expelled under the provisions of this section. The registration shall include the name of the school from which the student was expelled with the dates of expulsion and shall be maintained as part of the student's disciplinary record."

Please complete the following:

I hereby swear or affirm that my child was \_\_\_\_/was not \_\_\_\_ previously or presently expelled under the provisions of Act 110 of 2020 (Students Convicted or Adjudicated Delinquent of Sexual Assault) from any public or private school of the Commonwealth or any other state. I make this statement subject to the penalties of Act 110 of 2020 and 18 Pa. C.S.A. §4904, relating to unsworn falsification to authorities, and the facts contained herein are true and correct to my knowledge, information and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

Name of the school from which student was expelled; reason for expulsion; and date of expulsion \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*This form shall be maintained as part of the student's disciplinary record.*

02/11/2021



(Please print information)

All information on this card will be kept confidential.

EVERY BLOCK MUST BE FILLED IN COMPLETELY. IF THE BLOCK DOES NOT APPLY, PLEASE INDICATE SO BY WRITING N/A.  
 IF ADDITIONAL SPACE IS NEEDED, USE THE REVERSE SIDE OF THE CARD. IN THE EVENT YOU ARE NOT ABLE TO BE REACHED, PLEASE LIST  
 AN ALTERNATE PERSON(S) TO BE CONTACTED.  
 IF YOU CANNOT BE CONTACTED AND AND THE ALTERNATE PERSON(S) ARE NOT AVAILABLE, WE CANNOT RELEASE THE STUDENT.

Student Name:		Grade:	Date of Birth:
Guardian Name(s):		Home Phone:	
Home Address:			
Father/Guardian Work & Address:		Work Phone:	
Email address:		Cell #:	
Mother/Guardian Work & Address:		Work Phone:	
Email address:		Cell #:	
Alternate person to be notified:		Phone:	
Relationship:	Address:	Cell #:	
2nd alternate person to be notified:		Phone:	
Relationship:	Address:	Cell #:	
Doctor:		Phone:	
Medical Insurance Information: Policy Name:		Name of Insured:	
Group (I.D.) Number:		Policy Number:	

If emergency treatment is required, the school authorities will use their own judgement in sending the child to the hospital or doctor most easily accessible, providing none of the above listed people can be reached.

Student Social Security Number

Guardian Signature

**EMERGENCY EARLY DISMISSAL**

for students in K-5

**For up-to date school closing information, call the school informline @ 215-947-2777**  
**If school closes early, Kinderlinks will be closed.**

Below, please check off the emergency plan which you have established and wish to have your child follow  
**should you be unavailable** at the time of an emergency early dismissal.

Check one that applies:

☐ My child should go home on his/her regular bus.☐ My child should go home on his/her regular bus and go to the following neighbor's house

Neighbor's name

Neighbor's address

Phone number

☐ My child will be picked up at dismissal by one of the individuals listed above.

This information will be kept in a file in your child's classroom and reviewed with him or her at the time of an  
 emergency early dismissal. **\* Students may not remain in the office as the school will close upon dismissal.**





# LOWER MORELAND TOWNSHIP SCHOOL DISTRICT

555 Red Lion Road, Huntingdon Valley, Pennsylvania 19006

*Expanding Horizons...  
Individualizing Excellence*

SCOTT DAVIDHEISER, ED.D  
SUPERINTENDENT OF SCHOOLS

## AUTHORIZATION FOR EXCHANGE OF INFORMATION

Student	_____	DOB	_____
Address	_____	School	_____
	_____	Grade	_____

I (we) the undersigned, parent(s)/legal guardian(s) of above student hereby authorize:

Lower Moreland Township School district  
2551 Murray Avenue  
Huntingdon Valley, Pa 19006

to release copies of records to, or obtain records from, and communicate with:

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

to assist in educational planning, The specific items requested are:

- |  |   |
|--|---|
| <input type="checkbox"/> School reports, academic and discipline records, transcripts, standardized test scores, instructional support intervention and attendance records | <input type="checkbox"/> Complete Special Education Records: Evaluation Reports, Re-evaluation Reports, Specialists Reports, Individualized Education Plan, Notice of Recommended Educational Placement, Functional Behavioral Assessments. |
| <input type="checkbox"/> Psychological, Psychiatric and social worker reports, outside agency reports (wrap-around services, Therapeutic support Staff, etc.               | <input type="checkbox"/> Medical records, Health Reports  |

This consent will begin the date of this authorization and will expire one year later, on \_\_\_\_\_ unless revoked by me in the interim. I (we), the undersigned, hereby acknowledge that I (we) have read this authorization prior to its execution and fully understand the nature of this release. All information released will be handled confidentially, and in compliance with federal and state regulations.

\_\_\_\_\_  
Date

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

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



LOWER MORELAND TOWNSHIP SCHOOL DISTRICT  
2551 MURRAY AVENUE, HUNTINGDON VALLEY, PENNSYLVANIA 19006



**PARENTAL CUSTODY AND ACCESS TO SCHOOL INFORMATION**

*Expanding Horizons...  
Individualizing Excellence*

Name of Student: \_\_\_\_\_

Legal and Physical Custody of child(ren) is with: (please check one)

Both Parents \_\_\_\_\_ Mother Only \_\_\_\_\_ Father Only \_\_\_\_\_ Other \_\_\_\_\_ (please explain below)

Name & Address of Custodial Parent: \_\_\_\_\_

Name & Address of Non-custodial Parent: \_\_\_\_\_

Name of Guardian or Foster Parent & Address where student resides: \_\_\_\_\_

If custody is not with both parents, please complete the following:

Have you included legal documentation stating:

Custodial Rights? \_\_\_\_\_ yes \_\_\_\_\_ no Court Order? (please attach) \_\_\_\_\_ yes \_\_\_\_\_ no

Visitation? \_\_\_\_\_ yes \_\_\_\_\_ no Does non-custodial parent have access to the child? \_\_\_\_\_ yes \_\_\_\_\_ no

Restraints? \_\_\_\_\_ yes \_\_\_\_\_ no May the child be released to non-custodial parent? \_\_\_\_\_ yes \_\_\_\_\_ no\*

\*If no, a copy of the document providing legal justification MUST be supplied to the school office to be kept on file.

Will you provide non-custodial parent with the progress information such as report cards and conference reports? \_\_\_\_\_

If you answered no to any of the question above, please explain: \_\_\_\_\_

**School officials are not permitted to restrict parental custody without proper legal documentation.**

Please read carefully and sign the bottom of this form.

Recent court decisions and legal opinions have made it clear that school officials must remain neutral towards parents who are separated or divorced. We may not side with one parent against the other regardless of the child's residence or guardianship. Like you, teachers and school officials hope that children can be protected from emotional stress resulting from parental disagreement over matters involved in school.

If you have a court decree, which establishes you as the legal guardian, please make sure that a copy of that document is forwarded to the school principal to be placed in the child's official school record. In some cases, a document can provide legal basis for working with one parent and the exclusion of the other.

In the absence of such a document, you must be aware that school officials cannot deny either parent access to his/her child, or the child's school records. We could not refuse to provide information or refuse to meet with or work with the other parent. We could not prevent the other parent from picking up the child from school property.

Officials of the Lower Moreland Township School District wish to protect all children from emotionally upsetting situations. Separated and divorced parents are urged to communicate frequently about their child's school experiences. It is hoped that "ground rules" for involvement with the school can be decided amicably outside of the school so that most problems are resolved before they arise and so that the likelihood of a confrontation in school is reduced. Should you have any concerns or need assistance, you are urged to contact the school principal or guidance counselor.

If you are involved in a separation or divorce, please sign below to indicate that you have read this statement and understand its content.

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

1/15/2013



## Lower Moreland Township School District Educational Activities Media Release Form

Dear Parent/Guardian:

Photos, videotapes, videoconferences, television footage and personal interviews with Lower Moreland students who are involved in various school-related activities are often used as part of the district's educational activities (such as a video conference for students with an outside organization or another school district); professional learning opportunities for teachers; and public relations efforts by the District.

This consent and release form indicates your approval for release of the following information—student's name (first name and first initial of last name only), images, videos, pictures, recording of activities, events, performances, artistic creations, written work, voice or audio recordings, and verbal statements—in public arenas such as classroom instructional materials, school district professional development activities, district publications (including school websites), local newspapers, and TV programs.

We have separated your consent options below into two categories: educational activities and publication relations/media activities. You can consent to both options below or consent to only one option (i.e., educational activities), or decline your child's participation in both options.

The Lower Moreland Township School District is sincere in its commitment to prepare students to succeed in a rapidly changing global society, to use technology to enrich learning and facilitate the instructional process, and to keep the public informed of the programs, activities, and events that take place in our schools. Without your permission, your child cannot be a full participant in these endeavors. In situations in which large groups are participating, it is impossible not to photograph or include in a videoconference certain students. Therefore, we cannot prevent the use of photos or videoconferences that unintentionally include your child.

Events open to the public (such as athletic games, school plays, etc.) do not require consent to be filed and recorded. Such events are open to the public and recording of such events by the local news stations and newspapers is covered under the annual FERPA notice.

     **I DO consent to have information that includes my child included in releases for educational activities for students or professional development opportunities for teachers.**

     **I DO consent information that includes my child included in releases for District public relations or the media.**

     **I DO NOT consent to information that includes my child included in releases for educational activities for students or professional development opportunities for teachers.**

     **I DO NOT consent to have a photograph, video, videoconferences or information that includes my child included in releases for District public relations or the media.**

Student's Name (please print) \_\_\_\_\_  
School/Grade \_\_\_\_\_  
Parent's Signature \_\_\_\_\_  
Date \_\_\_\_\_



**pennsylvania**  
DEPARTMENT OF EDUCATION

## 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? \_\_\_\_\_

### Additional LMTSD Questions

4. In what language would you prefer written communication? \_\_\_\_\_
5. In what language would you prefer verbal communication? \_\_\_\_\_
6. Has the student attended any United States school during his/her lifetime?  
☐ No ☐ Yes

If yes, complete the following:

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

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

Interpreter Provided: ☐ No ☐ Yes



LOWER MORELAND TOWNSHIP SCHOOL DISTRICT  
2551 MURRAY AVENUE, HUNTINGDON VALLEY, PENNSYLVANIA 19006



**SPEECH & LANGUAGE SUPPORT PROGRAM FORM**

*Expanding Horizons...  
Individualizing Excellence*

**Kindergarten Pre-Registrations Only**

**Child's Name** \_\_\_\_\_ **Today's Date** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Parent's Name** \_\_\_\_\_

Please check all appropriate boxes. You may make additional comments.

Yes      No

- |       |       |   |
|-------|-------|---|
| _____ | _____ | Child talks very little. Shyness?   |
| _____ | _____ | Child speaks using short utterances.  |
| _____ | _____ | Child speaks in complete sentences.   |
| _____ | _____ | Child demonstrates some grammatical errors.   |
| _____ | _____ | Child demonstrates sound substitutions, distortions, or omissions   |
| _____ | _____ | List examples.  |
| _____ | _____ | Child's speech is not fluent-repeats, hesitates, prolongs sounds or grimaces during speech.                   |
| _____ | _____ | Child may have a voice problem: pitch, volume, rate, quality (hoarseness, harshness, nasality).               |
| _____ | _____ | Child has received speech and/or language therapy.  |
| _____ | _____ | I would like to speak with the speech-language therapist regarding my child's speech or language development. |

Additional comments:



LOWER MORELAND TOWNSHIP SCHOOL DISTRICT  
2551 MURRAY AVENUE, HUNTINGDON VALLEY, PENNSYLVANIA 19006



*Expanding Horizons...  
Individualizing Excellence*

**INITIAL HEALTH HISTORY SCHOOL NURSING SERVICE FORM**

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Last First

Please check if your child has a history of any of the below:

- |   |   |
|---|---|
| <input type="checkbox"/> Headaches                | <input type="checkbox"/> Chronic Cough        |
| <input type="checkbox"/> Vision Problems          | <input type="checkbox"/> Earaches/Infections  |
| <input type="checkbox"/> Fainting                 | <input type="checkbox"/> Hearing Loss         |
| <input type="checkbox"/> Frequent Sore Throats    | <input type="checkbox"/> Cardiac Condition    |
| <input type="checkbox"/> Asthma                   | <input type="checkbox"/> Stomach/GI Condition |
| <input type="checkbox"/> Allergies, (please list) | <input type="checkbox"/> Other                |

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

Has your child ever been hospitalized for any reason? If yes, please explain:

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

Has your child ever had any surgery? ☐ Yes ☐ No If yes, please describe.

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

Is your child currently taking any medications? ☐ Yes ☐ No If yes, please give name of medicine, dose, and times given:

Medicine \_\_\_\_\_  
Dose \_\_\_\_\_  
Times \_\_\_\_\_

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



**LOWER MORELAND TOWNSHIP SCHOOLS**  
Huntingdon Valley, PA

**HEALTH HISTORY UPDATE (please print legibly)**

**Notice to Parents:** This form **must be** completed and returned as soon as possible. This will help to give us the new information which we need in order to keep your child's health records current.

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ Birth Date \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

**PLEASE ANSWER ALL ITEMS WITH YES OR NO**

**If YES, please explain**

1. Any allergies – be specific \_\_\_\_\_

2. Any serious illness \_\_\_\_\_

3. Presently on any DAILY medication \_\_\_\_\_

If yes, list all medications and dosage: \_\_\_\_\_

4. Contacted a communicable disease \_\_\_\_\_

5. Operations \_\_\_\_\_

6. Periodically takes medication for \_\_\_\_\_ (Epipens, inhalers, etc.)

7. Immunizations given this past year (please include MD documentation with type and dates)

8. Started wearing glasses \_\_\_\_\_

9. History of seizures \_\_\_\_\_

10. Please list any new family changes, special health problems, equipment needs and medical treatments for your child \_\_\_\_\_

**\*\* I give permission for the nurse to administer Tylenol, Advil, Benadryl, Tums or Maalox to my child as per instructions on the bottle. YES \_\_\_\_\_ NO \_\_\_\_\_**

**If emergency treatment is required, the school authorities will use their own judgment in sending the child to the hospital or doctor most easily accessible, providing none of the guardians or emergency contacts on record can be reached.**

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_



LOWER MORELAND SCHOOL DISTRICT  
Huntingdon Valley, PA 19006

**PERMISSION FOR MEDICINE TO BE GIVEN IN SCHOOL**

DATE \_\_\_\_\_

REASON FOR MEDICATION \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CHILD'S NAME \_\_\_\_\_

CHILD'S GRADE \_\_\_\_\_

NAME OF MEDICINE \_\_\_\_\_

DOSAGE \_\_\_\_\_ TIME TO BE GIVEN \_\_\_\_\_

LENGTH OF TIME TO BE GIVEN \_\_\_\_\_

SIGNATURE OF PARENT \_\_\_\_\_

PHONE NUMBER TO CONTACT PARENT \_\_\_\_\_

PRESCRIBED BY DR. \_\_\_\_\_

SIGNATURE OF DOCTOR \_\_\_\_\_

Or attach a copy of doctor prescription to this form.

**\*\*\*MEDICATION MUST BE IN A CURRENT PHARMACY LABELED  
BOTTLE WITH THE DOCTOR'S NAME ON IT AND IT MUST HAVE THE  
CORRECT ADMINISTRATION INSTRUCTIONS.**



LOWER MORELAND TOWNSHIP SCHOOL DISTRICT  
2551 MURRAY AVENUE, HUNTINGDON VALLEY, PENNSYLVANIA 19006



*Expanding Horizons...  
Individualizing Excellence*

**LOWER MORELAND SCHOOL DISTRICT**

NAME \_\_\_\_\_ D.O.B. \_\_\_\_\_

**VARICELLA (CHICKEN POX) IMMUNITY STATEMENT**

Check one of the following boxes regarding Varicella Immunity:

\_\_\_\_\_ Varicella Vaccine      Date Given \_\_\_\_\_

\_\_\_\_\_ Varicella Lab Evidence      Date \_\_\_\_\_

\_\_\_\_\_ Varicella Disease      Date \_\_\_\_\_

**HEPATITIS B IMMUNITY STATEMENT**

Hepatitis Vaccine      #1 \_\_\_\_\_

#2 \_\_\_\_\_

#3 \_\_\_\_\_

**MENINGITIS VACCINE**

Menacta Vaccine      Date Given \_\_\_\_\_

**Tdap VACCINE**

Tdap Vaccine      Date Given \_\_\_\_\_

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

Circle One: parent, guardian, MD



# PRIVATE PHYSICIAN'S REPORT OF PHYSICAL EXAMINATION OF A PUPIL OF SCHOOL AGE

NAME OF SCHOOL \_\_\_\_\_

DATE \_\_\_\_\_

NAME OF CHILD			AGE	GRADE	SEX (CIRCLE ONE)	HEIGHT	WEIGHT
LAST	FIRST	MIDDLE			M    F	INS.	LBS.
ADDRESS							
NO. AND STREET		CITY OR POST OFFICE	BOROUGH OR TOWNSHIP		COUNTY	STATE	ZIP

**IMMUNIZATION STATUS:** (Give Date of Last Booster and Last TB Test)

	Yes	BASIC (Date)	No	BOOSTER (Date)		POLIO VACCINE	ORAL (Date)	SALK (Date)
TRIPLE ANTIGEN (DPT)						TYPE I		
DTAP						TYPE II		
DIPHTHERIA TOXOID						TYPE III		
TETANUS TOXOID						BOOSTER		

MMR #1 \_\_\_\_\_, #2 \_\_\_\_\_

HEPATITIS B (DATES) #1 \_\_\_\_\_, #2 \_\_\_\_\_, #3 \_\_\_\_\_

MEASLES VACCINE Type \_\_\_\_\_ Date \_\_\_\_\_

VARIVAX #1 \_\_\_\_\_, #2 \_\_\_\_\_

PREVNAR \_\_\_\_\_

TUBERCULIN TEST - Type \_\_\_\_\_, Date \_\_\_\_\_, Result \_\_\_\_\_

MENACTA \_\_\_\_\_

OTHER (SPECIFY) \_\_\_\_\_

**MEDICAL HISTORY:** (Give significant details, including serious illness, allergies, operations, accidents, etc.)

**REPORT OF EXAMINATION:** (Elaborate below on *positive* findings)

	Normal	Abnormal		Normal	Abnormal		Normal	Abnormal
GENERAL NUTRITION			GLANDS			SKELETON		
SKIN			HEART			POSTURE		
EYES			LUNGS			EMOTIONAL STATUS		
EARS			ABDOMEN			HEARING		
NOSE AND THROAT			GENITALIA (MALE)			SCOLIOSIS (Bending Position)		
TEETH AND GINGIVA			NEURO MUSCULAR SYSTEM					

BLOOD PRESSURE \_\_\_\_\_

VISION: R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ + LENS  
Wears corrective lens Yes \_\_\_\_\_ No \_\_\_\_\_

Is the child under treatment? Yes \_\_\_\_\_ No \_\_\_\_\_

Should this child have restrictions on play or physical education activities? Recommendations:

What other recommendations do you wish to make to teacher of school nurse which might be of benefit to this child from the point of view of either physical or mental hygiene?

SIGNATURE OF EXAMINING PHYSICIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTH**PRIVATE DENTIST REPORT  
OF DENTAL EXAMINATION OF A PUPIL OF SCHOOL AGE**

NAME OF SCHOOL \_\_\_\_\_ DATE \_\_\_\_\_ 20\_\_

NAME OF CHILD			AGE	SEX	GRADE	SECTION/ROOM
_____	_____	_____		<input type="checkbox"/> M <input type="checkbox"/> F		
Last	First	Middle				

ADDRESS

No. and Street	City or Post Office	Borough or Township	County	State	Zip
_____	_____	_____	_____	_____	_____

**REPORT OF EXAMINATION**

		TOOTH CHART																
		RIGHT								LEFT								
UPPER		1	2	3	4 A	5 B	6 C	7 D	8 E	9 F	10 G	11 H	12 I	13 J	14	15	16	Upper
LOWER		32	31	30	29 T	28 S	27 R	26 Q	25 P	24 O	23 N	22 M	21 L	20 K	19	18	17	Lower
	UPPER																	Upper
	LOWER																	Lower

Is The Child Under Treatment

Yes ☐No ☐

Treatment Completed

Yes ☐No ☐\_\_\_\_\_  
Date of Dental Examination\_\_\_\_\_  
Signature of Dental Examiner\_\_\_\_\_  
Print Name of Dental Examiner\_\_\_\_\_  
Address



**Student Name:** \_\_\_\_\_

**Part A: Tuberculosis Exposure Risk Assessment Questionnaire for Students:**

**1. Was the student born outside the United States?**

**Yes:**

- What country: \_\_\_\_\_
- Is this country listed as having an incidence rate  $\geq 20$  per 100,000 cases as per the World Health Organization (WHO) document? If so, then testing is required within 30 days of admission to school, and
- Perform TB Symptom Screening.

**No:** proceed to question 2.

**2. Has the student traveled outside the United States for  $\geq 90$  days?**

**Yes:**

- Is this country listed as having an incidence rate  $\geq 20$  per 100,000 cases as per the World Health Organization (WHO) document? If so, then testing (performed in the U.S.) is required within 8-10 weeks of return to the U.S., and
- Perform TB Symptom Screening.

**No:** no testing is required.

**Part B: Tuberculosis Symptom Screening for Students:**

If the student is identified as having a risk of TB exposure (as listed in questions 1 and 2): does the student now have symptoms of TB disease?

- |                              |             |
|------------------------------|-------------|
| • Cough greater than 3 weeks | ___yes___no |
| • Blood in sputum            | ___yes___no |
| • Night sweats or fever      | ___yes___no |
| • Unexplained weight loss    | ___yes___no |
| • Loss of appetite           | ___yes___no |

**If yes to any of the symptoms please REFER STUDENT TO MCHD or Primary Physician** for medical clearance prior to admission to class

Please feel free to call the MCHD TB Control program with any questions regarding screening or testing requirements.

- Willow Grove office: 215-784-5415
- Norristown office: 610-278-5145



LOWER MORELAND TOWNSHIP SCHOOL DISTRICT  
HUNTINGDON VALLEY, PENNSYLVANIA

## **Out of District Tuition Payment Policy**

In accordance with LMTSD Policy No. 202, Admission of Nonresident Students, the District Tuition Payment Policy of Future Residents will be amended as follows.

### Future Residents

In those cases where a family anticipates purchasing a home in the district, the children of such family may be enrolled provided that the Board receives a copy of a bona fide written agreement of sale providing for settlement and occupancy before the end of the current school year, and further provided that the established annual tuition rate from the date of admission shall be paid in advance. Upon occupancy of the purchased home, a refund will be made based on the remaining portion of the school year.[5]

In those cases in which the student will begin the school year in September and in which the family anticipates occupancy at a later date, a calculation of tuition due will be determined using the date on the bill of sale. The family will be billed on a monthly basis with payments due the 1<sup>st</sup> of each month. In the event in which the family settles before the anticipated date, any overpaid amounts will be refunded. In those cases in which the family occupies the house prior to September 30 of the school year, the advance tuition payments will be refunded in full. Furthermore, in the event that tuition is not paid, the district reserves the right to remove the student from Lower Moreland Township School District.

The 2021-2022 tuition rates are: \$14,458.86 for elementary students (K-6<sup>th</sup> grade) and \$14,483.40 for secondary students (7-12<sup>th</sup> grade).

I certify that I have read and understand the above notice and agree to the terms and conditions of this agreement. I agree to make all tuition payments due by the 1<sup>st</sup> of each month. I will be provided a detail of the calculation of the amount due based upon the current tuition rates in accordance with the anticipated settlement date. All payments are to be made payable to Lower Moreland Township School District, 2551 Murray Avenue, Huntingdon Valley, PA 19006 to the attention of the Assistant Business Manager. I further understand that failure to submit any tuition payments on a timely basis will constitute a breach of the agreement and the District will take action to withdraw the student/s from Lower Moreland Township School District.

---

Parent Signature

Date



LOWER MORELAND TOWNSHIP SCHOOL DISTRICT  
2551 MURRAY AVENUE, HUNTINGDON VALLEY, PENNSYLVANIA 19006

**MULTIPLE OCCUPANCY**



*Expanding Horizons...  
Individualizing Excellence*

Welcome to Lower Moreland! You are applying for admission of your child to attend school in the Lower Moreland School District. In order to establish and verify your residence within the Lower Moreland School District, a few documents need to be completed and approved. All procedures are in accordance with Sections 1301 and 1302 of the Pennsylvania School Code and Regulations 11.11 and 11.19 of the Pennsylvania State Board of Education. Sections 1301 and 1302 authorize Lower Moreland School District to request proof of residence or guardianship **prior** to admission to our school programs.

Students entering Lower Moreland School District under multiple occupant status must have the attached document completed and notarized at the time of registration (pursuant to School Policy 202).

- ❖ Both the homeowner/lessee and the multiple occupants must provide the following proofs of residency at the Lower Moreland School District address.
- **Photo ID of parent/guardian registering student(s) –**  
**(Current driver's license, government issued photo or Passport.)**
- **Property deed, most recent property tax bill, or notarized residential lease**

**PLUS 2 additional items that can include:**

▪ Internal Revenue Statement	▪ Voter Registration Card
▪ Insurance Statement	▪ Vehicle Registration
▪ Letter from Employer (if not self-employed)	▪ Welfare Card
▪ Bank Statement	▪ Utility Activation or Billing Statement
▪ Billing Statement	



## **LOWER MORELAND SCHOOL DISTRICT AFFIDAVITS OF MULTIPLE OCCUPANCY**

Under the authority of Section 1302 of the Pennsylvania School Code, the Lower Moreland School District requires the filing of two affidavits of Multiple Occupancy when a school district resident provides for a child of school age who is not their own child. The purpose of the notarized statements is to document residency of the child. By filing the statements with the school district, the Lower Moreland residents are declaring that they are allowing the non-resident child and their parent(s) or guardian(s) to reside in their home on a full-time basis, and that the parent is **legally** living with their child at the address in question.

### **NOTICE TO INDIVIDUALS APPLYING FOR REGISTRATION OF A NON-RESIDENT STUDENT**

While we want to consider each case on its own merits and assist students, we must be aware that some families may not be totally honest with us and may use our concern for students to merely enter Lower Moreland School District. In order to provide quality education and treat all Lower Moreland residents equitably and fairly, the following procedures are necessary.

Therefore, in requesting and agreeing to the terms of Multiple Occupancy Registration for a non-resident school-age child and their parents(s) or guardians(s), you are hereby notified that:

1. The parent(s) or guardian(s) are to complete the top portion of the attached form (Application for Multiple Occupancy Registration), declaring that the natural parent(s) or guardian(s) and their school-age child(ren) are living at the residence in question on a full-time basis.
2. The school district resident is to complete the bottom portion of the attached form (Certificate for Multiple Occupancy), declaring that the student and their parent(s) or guardian(s) are legally residing at the residence in question on a full-time basis.
3. The form must be notarized and presented to school at time of registration.
4. Periodic verification will be made to determine that the child is living in the resident's home on a full-time basis. The School District reserves the right to re-verify Multiple Occupancy status at the beginning of each school semester (90 school days) with the School District Administration Office. The accuracy of the information will be investigated and, if found incorrect, both the parent(s) and the School District resident filing the affidavit will be liable for tuition.
5. At the time of Multiple Occupancy Registration, both the homeowner/lessee and the multiple occupant must provide three proofs of residency at the Lower Moreland School District address.



**APPLICATION FOR MULTIPLE OCCUPANCY REGISTRATION**

- This section is to be filled out by the Multiple Occupant family
- **Three forms of identification must be provided showing the Lower Moreland Address (see list)**

I am the parent or legal guardian of the child(ren) listed below. We reside in Lower Moreland School District in a home/apartment that is owned or leased by a Lower Moreland School District resident. I am providing three proofs of residence with the return of this packet. I assume responsibility for notifying the school district should the above described circumstances change. I understand that if any information proves to be incorrect, the Lower Moreland School District has the right to reject the application and remove the student from Lower Moreland schools, in addition to collection tuition charges for the time the child was enrolled.

**(Please Print)**

<b>Name of Child(ren)</b>	<b>Lower Moreland School</b>

I do hereby give the Lower Moreland School District authorization to contact any/all of the following to verify residency, dependency and authenticity of information given on the Multiple Occupancy forms:

- Internal Revenue Service
- Welfare Agency
- US Postal Service
- Employer
- Bureau of Motor Vehicles
- Current or Previous Landlord

I acknowledge that Lower Moreland will contact me periodically to provide verification of multiple occupancy/address.

_____ Parent/Legal Guardian Signature	_____ Parent/Legal Guardian Printed Name	_____ Telephone Number
--	---	---------------------------

**CERTIFICATE OF MULTIPLE OCCUPANCY**

- This section is to be filled out by the Lower Moreland property owner
- **Three forms of identification must be provided showing the Lower Moreland Address (see list)**

I certify that I am the legal owner or lessee of the property listed below, which is located in the Lower Moreland School District. I further swear that the parents and child(ren) listed above are living on a permanent basis at that address. I assume responsibility for notifying Lower Moreland School District should circumstances change. I am aware that the facts as stated are subject to investigation; should it be determined that it is not a true statement of fact, either now or in the future, I shall then be liable to reimburse the school district at the annual tuition rate for improper attendance in the Lower Moreland School District.

_____ Property Owner/Lessee Signature	_____ Property Owner/Lessee Printed Name	_____ Relationship of Property Owner to New Resident
--	---	---

_____ Address	_____ City/Zip
------------------	-------------------

\_\_\_\_\_  
Date



**NOTARY PUBLIC SEAL AND STAMP**