

2024-25 Kindergarten Registration Tutorial

Beth Dzurko

Student Services Specialist

Derry Township School District



Access the Derry Township Website



Derry Township School District

Parents ▾ Community ▾ Staff ▾ Calendar

CONTACT US



Our District School Board Academics Enrollment Athletics Extracurricular Activities Services and Supports Community

Enrollment Kindergarten Registration Required Documents

HOME > ENROLLMENT

Enrollment

Kindergarten
Registration

Required Documents

Enrollment

Enrolling in Derry Township School District

Kindergarten Enrollment

Derry Township School District offers full day kindergarten. The Early Childhood Center (ECC) is home to all of our district kindergarten classes. In order to enroll in kindergarten, a child must turn 5 years of age prior to the first day of September of the upcoming school year.

NOTE: The compulsory school age in Pennsylvania was recently changed. These changes went into effect beginning in the 2020-2021 school year and will require all students to attend school no later than age 6 and until age 18 or graduation, whichever occurs sooner. These requirements will apply across Pennsylvania.


Enrolling in kindergarten is a two-step process. The first step - "pre-enrollment" - entails parents/guardians' completion of an online form. This form provides the district with important contact and demographic information needed to create the initial student record. Registration is not complete, however, until ALL required documentation has been received by the district. (This is most often completed at in-person kindergarten registration sessions.) Once registration is complete and accepted, parents/guardians will receive official confirmation from the district.



How to create an account

click on **Forgot Password**

Accessing the Online Registration Portal:

1. Go to the Online Registration Portal 
2. Enter *User Name and Password*, then click **Login**
3. **Create an account.** You will be asked for a preferred language, first and last name of a guardian or parent, a commonly used phone number, a commonly used email address, an address and the creation of a username (login ID) and password. *NOTE: If you have an existing DTSD Online Enrollment Account, you may use it; you do not need to create a new one.*
 1. Select "REGISTER NEW ACCOUNT" from the User Login box.
 2. Be sure to make note of the username, email address and password for later use!
4. **Log into the portal.** Once in the portal, click on New Application and then click Go. You will need to supply some basic information
 1. When choosing a school year, choose the next school year (2024-2025). This will ensure your child's enrollment activates for the correct school year.
 2. Pay close attention to any Tool Tips (small flags will appear if you hover your mouse) as they provide instructions or details which will assist you throughout the process.
 3. Please pay particular attention to the Address and

Policies on Enrollment

ENROLLMENT IN THE DISTRICT
(POLICY 200)

ADMISSION OF STUDENTS
(POLICY 201)

ELIGIBILITY OF NON-RESIDENT
STUDENTS (POLICY 202)

Need Assistance with Online Registration

- Questions regarding the registration process?
Contact Beth Dzurko either by phone: 717-508-7419 or by email at registrar@hershey.k12.pa.us



If you are a new parent registering a student for the first time, please answer the questions, no and then yes.



Please answer the following question(s) before proceeding.

1. Are you a parent or guardian of a currently enrolled student or a student that's been previously enrolled at the Derry Township School District? ☐ Yes ☐ No

2. Is this the first time you have ever requested access, or had access to an Online parent account in the Derry Township School District? ☐ Yes ☐ No

[Continue](#) [Return to login](#)



If you have a student in the district, please login to your Parent VUE account

Online Registration Account Access

Login

Derry Township School District

User Name:

Password:

[Forgot Password](#)

Login

More Options ^

Create a New Account

Forgot Password

English ▾



Privacy Statement

Step 1 of 3: Privacy Statement

Read through the following Privacy Statement and click the Accept button to agree to the privacy agreement

i If you have one or more students already enrolled in the district, you need to use your existing ParentVUE account.

We take privacy seriously and we have implemented numerous physical and technological safeguards to protect all parent and student data. Please contact us immediately at (717) 534-2501 if you suspect the privacy has been violated. To help us protect the information, please do not share your username and password with anyone!

Clicking I Accept means that you agree to the above Privacy Statement.

I Accept

Return to login



Parent Account Creation

Step 2 of 3: Create Your Account

Please enter your first name, last name, and your email address

First Name

Beth

Last Name

Dzurko

Email Address

bdzurko@hershey.k12.pa.us

Confirm Email Address

bdzurko@hershey.12.pa.us

Email addresses do not match

y2J F6

Type the characters you see in this picture

Continue to Step 3



Create your account

Parent Account Creation

Step 3 of 3: Complete Account Creation

Thank you for creating your account. You will receive an email shortly that will contain a link that will allow you to complete your account creation and begin the enrollment process.

[Return to login](#)



ParentVUE Registration Inbox x



noreply@hershey.k12.pa.us
to me ▾

Hi Lorelle,

Welcome to the ParentVUE online registration portal. Click [here](#) to complete the account creation process and begin online registration.

This is an automated email. Please do not reply to this message.

↩ Reply

➦ Forward





Create Password

Lorelle Fitzroy [REDACTED]

Please choose a login and enter your password to complete account creation and begin the online enrollment process.

User ID

Password

Confirm Password

If you forget your user ID or password, the login information can be emailed to you from the 'Forgot my password' link on the login page.

[Save and Continue](#)



You will select 2024-2025 Online Registration

Derry Township School District
Good morning, Lorelle Fitzroy, 1/20/2022

SELECT REGISTRATION TO BEGIN

Please select the online packet you would like to begin *

✓	2021-2022 Online Registration
	2022-2023 Online Registration

[Begin New Registration >](#)





Update Student info,
and Enroll New
Students

📍 Introduction

👤 Family

👤 Parent/Guardian

👤 Emergency

👤 Students

🔍 Review/Submit

🗑️ Delete Registration

Derry Township School District

Good afternoon, Beth Dzurko, 1/6/2022

2021-2022

INTRODUCTION

Welcome

📍 Information

Welcome to Derry Township School District's Online Enrollment Registration

Whether you are enrolling your child in kindergarten, elementary school or high school, our online registration will guide you through the entire enrollment process. If you have any questions, please contact Beth Dzurko at our district office at 717-534-2501 ext. 3226 or by email at bdzurko@hershhey.k12.pa.us.

Proof of Residency

In order to register your student in the Derry Township School District, the parent or guardian must provide at least one (1) piece of documentation indicating the place of residency. This document needs to be in the name of the guardian living in Derry Township School District. This document can be uploaded at the time of registration or can be hand delivered to the school office. Acceptable proofs of residency: deed, lease, current credit card or current utility bill, settlement papers, a current Derry Township tax bill or a current car registration.

Immunization Records

All students entering Pennsylvania public schools are required by law to be immunized prior to the start of classes. Proof of immunizations or signed waiver is required at the time of enrollment and must include the name of the person, the birth date, the type of vaccine administered, and the month, day and year of each immunization. Immunizations are available at no cost through the County Health Department. If you have questions about the **vaccination** process, call the **Pennsylvania** Department of Health **hotline** at 1-877-724-3258

Birth Certificate

This certificate is used to verify the correct legal name and birth date. In compliance with federal, state, and district guidelines, all students are enrolled using the legal name on the student's birth certificate **UNLESS** there has been a court-ordered name change and a photocopy of the name change has been provided at enrollment. Birth Certificates can be uploaded at the time of registration or hand delivered to the school office.

Legal guardianship or custody papers

Legal guardianship or custody papers are necessary, if applicable to this student based on the following scenarios:
If an adoption has taken place, it is reflected with an amended birth certificate, and student lives with adoptive parents as listed on the amended birth certificate, that is sufficient.
If student lives with one custodial parent as the result of a divorce.
If the student lives with anyone else, i.e. grandparents, aunt, uncle, sibling, friends or other relatives, **We must have a photocopy of the court papers granting guardianship at the time of enrollment.** Court papers granting guardianship can be uploaded at the time of registration or hand delivered to the school office.

📌 Throughout the Update Student Info, and Enroll New Students process, you will be presented with a variety of information to enter. Many Steps will have required fields marked by an asterisk (*). You must enter information into these fields before you will be allowed to continue.

Continue

Open Schools

Information

The schools listed below are participating in online registration. If you do not see your desired school listed below, this will indicate that the school is not currently participating and will require a paper enrollment packet be completed.

Schools open for online enrollment:

School Name	Grade	Additional Information	Restrictions
Hershey Early Childhood Center	KF		

Continue



Online Registration

- 💡 Introduction
- 👤 Family

👤 Parent/Guardian

🚗 Emergency

🎓 Students

📄 Documents

🔍 Review/Submit
- 🗑️ Delete Registration

Derry Township School District

2023-2024

INTRODUCTION

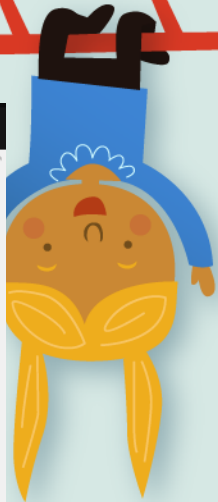
Student Summary

📘 Information

Below are the students identified as eligible for online enrollment. If your student is excluded from enrollment or not listed please contact Beth Dzurko @ 717-508-7419 or by email, registrar@hershey.k12.pa.us.

First Name	Last Name	Grade	School Year	School	Status
New	Student				You will be updating information for New Student

Save And Continue >



Signature

Please enter your first and last name below (as displayed in the upper right hand corner of this page):

By typing your name below and pressing the button at the base of the page you attest that you are the account holder, are authorized to provide the information and agree that the information provided is accurate to the best of your knowledge.

**Electronic
Signature***

Lorelle Fitzroy

Save And Continue >



Home Address

Date of the address change *

01/20/2022



Type to find an address...

Street Number *

215

Fraction

Direction

W



Street *

Chocolate

Type

Ave



Post Direction

Unit Type

Unit Number

City *

Hershey

State *

PA



Zip Code *

17033

+4

Address as entered from above:

215 W Chocolate Ave
Hershey, PA 17033



Save And Continue >

Mail Address



Mail address is the same as home address

215 W Chocolate Ave
Hershey, PA 17033

< Previous

Save And Continue >



Demographics: Lorelle Fitzroy

Title

Suffix

First Name

Lorelle

Middle Name

Last Name

Fitzroy

Gender

Male



Education Level

Bachelor's (Baccalaureate) degree (BA, AB, BS)



Preferred language for
correspondence

English



215 W Chocolate Ave
Hershey, PA 17033

< Previous

Save And Continue >



Work Address: Lorelle Fitzroy

☐ Check here if parent/guardian does not have an employer

- OR -

Employer Name

Penn State Health Milton S. Hershey

Job Title

Uniformed Military

☐

Parent/guardian is an
employee of this school
district

☐

Enter the work address for the parent/guardian:



Type to find an address...

Street Number

500

Fraction

Direction



Street

University

Type

Dr



Post Direction



Unit Type



Unit Number

City

Hershey

State

PA



Zip Code

17033

+4

500 University Dr
Hershey, PA 17033



< Previous

Save And Continue >



Contact Information: Lorelle Fitzroy

Phone Numbers

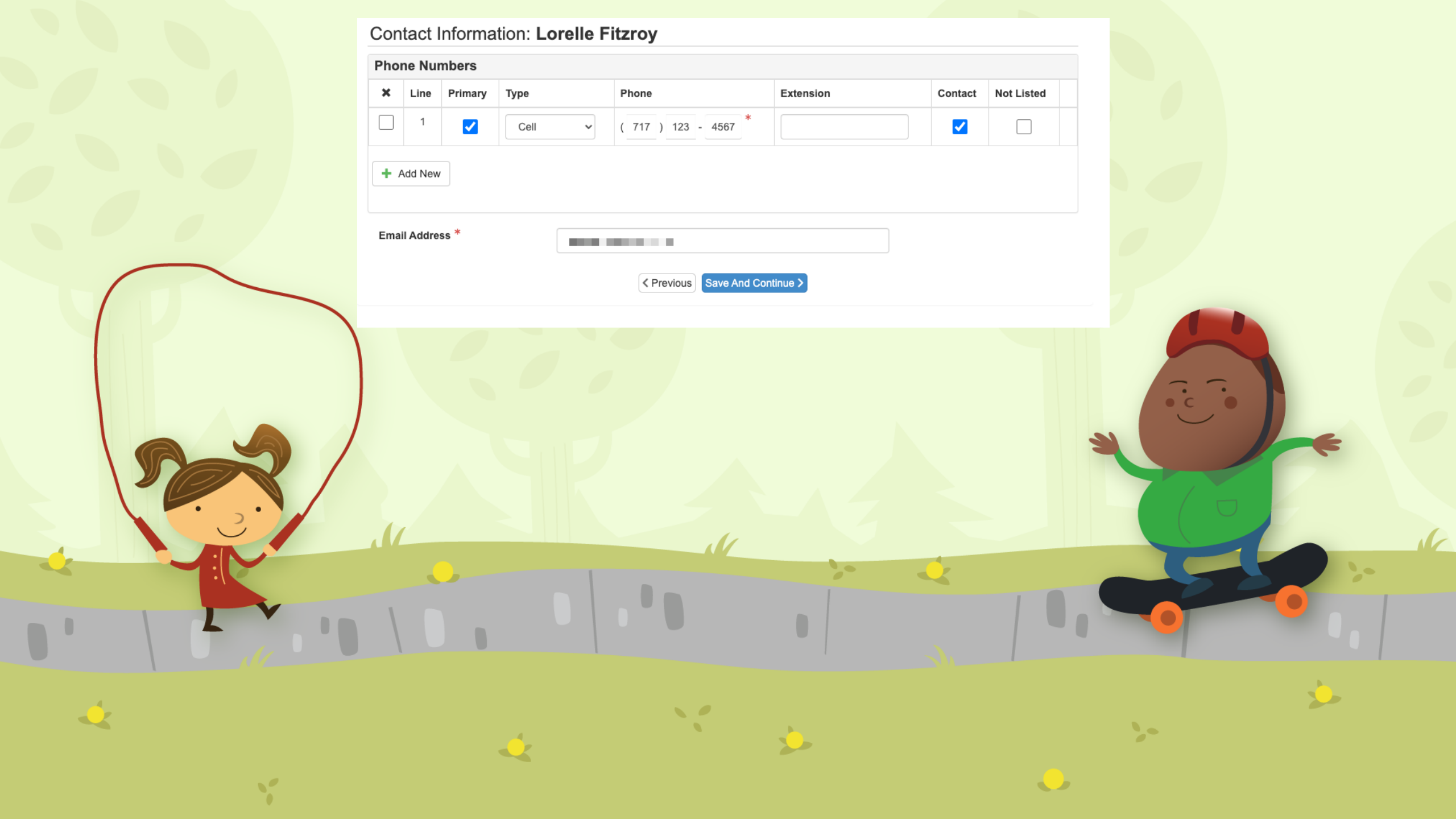
✕	Line	Primary	Type	Phone	Extension	Contact	Not Listed	
<input type="checkbox"/>	1	<input checked="" type="checkbox"/>	Cell ▾	(717) 123 - 4567 *	<input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

+ Add New

Email Address *

< Previous

Save And Continue >



Prior Military Service: Lorelle Fitzroy

Instructions

Check the box below if the parent/guardian has served in the armed forces.

Parent/Guardian has served in
the Armed Forces

☐

[< Previous](#)

[Save And Continue >](#)

PARENT/GUARDIAN

2022-2023

Please add or update all Parent/Guardians of all students in the family below. Adding new parents will require documentation to be provided with the registration.

You will be asked to identify how Parent/Guardians are related to students later in the registration process.

Do not add Emergency Contacts to this page. To add Emergency Contacts, click the Save and Continue button at the bottom of the page.

	First Name	Last Name	Gender	Status
Edit	Lorelle	Fitzroy	Male	Complete
+ Add New Parent/Guardian				

[< Previous](#)

[Save And Continue >](#)



Update Student info, and Enroll New Students

💡 Introduction



👤 Family



👤 **Parent/Guardian**



🚚 Emergency

🎓 Students

🔍 Review/Submit

🗑️ Delete Registration

Derry Township School District

Good afternoon, Beth Dzurko, 1/6/2022

2021-2022

PARENT/GUARDIAN



14%

Demographics: New Parent

Title

Suffix

First Name *

Middle Name

Last Name *

Gender

Education Level

Preferred language for
correspondence

☐

No further information is known for this Parent/Guardian.

☒

Parent/Guardian lives at this address:

30 E Granada Ave
Hershey, PA 17033

< Previous

Save And Continue >



EMERGENCY

2022-2023

Please add or update information for all Emergency contacts of all students in the family below.
You will be asked to identify how Emergency contacts are related to students later in the registration process:

First Name

Last Name

Gender

Status

+ Add New Emergency Contact

< Previous

Save And Continue >

Demographics: Sabine Santarelli

First Name *

Sabine

Last Name *

Santarelli

Gender



Address

City

State



Zip Code

Language



< Previous

Save And Continue >



Contact Information: **Sabine Santarelli**

Home Phone

(843) 911 - 7016

Mobile Phone

() -

Work Phone

() -

Ext.

Other

() -

Phone Type

Email Address

< Previous

Save And Continue >

EMERGENCY

2022-2023

Please add or update information for all Emergency contacts of all students in the family below.
You will be asked to identify how Emergency contacts are related to students later in the registration process:

	First Name	Last Name	Gender	Status
<div><div>Edit</div><div>Delete</div></div>	Sabine	Santarelli		<div><div>Complete</div></div>
<div><div>+ Add New Emergency Contact</div></div>				



Select add a new student, enter students information then hit save and continue

STUDENTS

2022-2023

Please add or update information for students who will be enrolled, and/or verified below.

Once complete, click the "Save and Continue" button at the bottom of the page.

Students to enroll in 2022-2023

First Name	Last Name	Gender	Grade	Status
<div>+ Add New Student</div>				

Students listed as excluded may be excluded because they already have an existing and active record or have since graduated.

Students to exclude from 2022-2023

First Name	Last Name	Gender	Grade	Reason
------------	-----------	--------	-------	--------

[< Previous](#) [Save And Continue >](#)



Demographics: New Student

Instructions

Please add or update demographic information below for this student.

First Name *

Juliann

Middle Name *

No Middle Name



Last Name *

Fitzroy

Suffix

Gender *

Female

Birth Date *

01/01/2016



Entering Grade *

KF

Primary Address *

Fitzroy, Lorelle

Home Address

215 W Chocolate Ave
Hershey, PA 17033

Mail Address

215 W Chocolate Ave
Hershey, PA 17033

[< Previous](#)

[Save And Continue >](#)



Please enter birth information and if you would like transportation and where you would like your student picked up and dropped off.

Additional Information: **Sample Student**

Instructions

Please provide additional information for this student.

Student's birth country *	<input type="text" value="United States"/>
Student's birth state *	<input type="text" value="PA: Pennsylvania"/>
Student's birthplace	<input type="text"/>
Birth verification document type *	<input type="text" value="Birth Certificate"/>
Would you like to request transportation for this student? *	<input type="text" value="Yes"/>

[< Previous](#) [Save And Continue >](#)

Transportation: **Sample Student**

Instructions

Requests for transportation require pick-up and drop-off information to be provided.
Please state where this student will need to be picked up and dropped off.

Pickup information
(location name, address,
days, times, etc)

Dropoff information
(location name, address,
days, times, etc)

[< Previous](#) [Save And Continue >](#)



Contact Information: **Juliann Fitzroy**

☒ Student has no phone numbers.

[< Previous](#)

[Save And Continue >](#)



Contact Information: **Sample Student**

☐ Student has no phone numbers.

Phone Numbers

✕	Line	Primary	Type	Phone	Extension	Contact	Not Listed
<input type="checkbox"/>	1	<input type="checkbox"/>	<div>▼</div>	() - *		<input type="checkbox"/>	<input type="checkbox"/>

[+ Add New](#)

[< Previous](#)

[Save And Continue >](#)



Ethnicity: **Juliann Fitzroy**

Instructions

If your student is multi-racial please select all that apply.

Select One *

Non-Hispanic



Provide the following information about the student's race:

☐ American Indian/Alaskan Native

☐ Asian

☐ Black

☒ White

☐ Native Hawaiian or other Pacific Islander (not Hispanic)

[< Previous](#)

[Save And Continue >](#)



To select multiple races, just click on each box that pertains to you.

Parent/Guardian Relationships: **Sample Student**

Instructions

In an emergency, Parents/Guardians with "Contact Allowed" selected will be authorized to pickup this student in the event of an emergency closure.

Relationship	First Name	Last Name	Gender	Lives With	Contact Allowed	Ed Rights	Has Custody	Mailings Allowed	Release To	Financial Resp
<div>Mother</div>	Beth	Dzurko	Female	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<div></div>	Sample	Parent		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- OR -										
<input type="checkbox"/> No Relationship										

Lives With: Indicates the parent/guardian lives in the household with the student.
Contact Allowed: Indicates the parent/guardian is allowed contact with the student and will be included in school to student communication.
Ed. Rights: Indicates the parent/guardian has rights to make decisions regarding the student's education and access to student information in the Synergy parent portal.
Has Custody: Indicates the parent/guardian has legal custody of the student.
Mailings Allowed: Indicates the parent/guardian may receive mailings regarding the student.
Release To: Indicates the school may release the student to the parent/guardian.
Financial Resp.: Indicates the parent/guardian is financially responsible for the student.

Are there any court orders prohibiting access to this student?

[< Previous](#) [Save And Continue >](#)

Please check off all applicable boxes.

When adding an emergency contact, please add someone other than mom and dad.

Emergency Contact Relationships: **Sample Student**

Instructions

In an emergency, Emergency contacts with "Release To" selected will be authorized to pickup this student in the event of an emergency closure.

Associate at least 1 contacts and at most 5.

Relationship	First Name	Last Name	Gender	Release To
<div>Grandparent</div>	Emergency	Contact		<input type="checkbox"/>
- OR -				
<input type="checkbox"/> No Relationship				

[< Previous](#) [Save And Continue >](#)

If you would like your emergency contact to be able to pick up your student, please select the release to box.



Emergency Contact Order: Juliann Fitzroy

Instructions

Drag and drop the contacts below in the order in which they should be contacted in the event of an emergency:

-  Lorelle Fitzroy (Father)
-  Sabine Santarelli (Family Friend)

Emergency Authorization

In the event that my child and/or ward, becomes ill or is injured while attending or traveling to or from any school of the Derry Township School District or any school function, I, as parent and/or guardian, hereby authorize the Derry Township School District or any of its representatives to transport my child to a hospital or physician if neither parent can be contacted after reasonable investigation and if the Derry Township School District feels that immediate medical evaluation is necessary.

I further authorize the physician or hospital to whom my child is taken, to render any necessary medical or surgical treatment which is deemed necessary under the circumstances.

**Emergency Consent
acknowledgement ***

I acknowledge and agree to Emergency Authorization



[< Previous](#)

[Save And Continue >](#)



Health Information: **Juliann Fitzroy**

Instructions

In the event that this student and/or ward, becomes ill or is injured while attending or traveling to or from any school of the Derry Township School District or any school function, I, as parent and/or guardian, hereby authorize the Derry Township School District or any of its representatives to transport my child to a hospital or physician if neither parent can be contacted after reasonable investigation and if the Derry Township School District feels that immediate medical evaluation is necessary.

I further authorize the physician or hospital to whom my child is taken, to render any necessary medical or surgical treatment which is deemed under the circumstances.

PHYSICIAN

Name

Phone Number

 () -

Extension

Preferred Hospital

DENTIST

Name

Phone Number

 () -

Extension

Office

[< Previous](#)

[Save And Continue >](#)



Please add any medical conditions your student may have.

Health Conditions: Juliann Fitzroy

Instructions

The following **HEALTH INFORMATION** could be vital in the event of an emergency. This information may be shared with district staff for the safety and educational welfare of your child.

Please list any Medical Conditions/Allergies that you would want to make the school aware of. If you wish to modify existing health conditions/medications, please contact the nurse's office.

☐ Student has no health conditions

- OR -

	Health Condition	Comment	Start Date	End Date
 Delete	Bee Sting Allergy 		01/20/2022 	MM/DD/YYYY 

 Add New Condition

 Previous

Save And Continue 

Student Medications: **Juliann Fitzroy**

Instructions

Please indicate if the school is allowed to administer the over-the-counter medications below to this student.

By selecting yes to any medication below you give the School Nurse permission to administer, with discretion, to this student, the selected medication(s) when needed: If this is needed daily for more than 5 days in a row, a Doctor's order and student's own supply is required.

Maalox *

Yes

Tums *

Yes

Sunblock *

Yes

Acetaminophen (Tylenol) *

☐ No

☒ Yes

Ibuprofen (Advil) *

☐ No

☒ Yes

PLEASE REFER TO THE STUDENT/PARENT HANDBOOK FOR MEDICATION AND OTHER HEALTH SERVICE POLICIES AND PROCEDURES.

Please select
yes or no to
these
medications



If your student takes any medication during the day, please add it here.

Medications: Juliann Fitzroy

Instructions

Please list all prescriptive Medications/Inhalers (at home and/or school).
(Include name, dose, and time that medication should be administered).
If you wish to modify existing health conditions/medications, please contact the nurse's office.

☐ Student has no medication

- OR -

List any medications that need to be taken by the student at school

Medication Name	Dose	Frequency	Reason
-----------------	------	-----------	--------

[+ Add New School Medication](#)

List any medications not listed above or provide additional comments about the medications to be taken at school

List any medications taken by the student at home

Medication Name	Dose	Frequency	Reason
-----------------	------	-----------	--------

[+ Add New Home Medication](#)

List any medications not listed above or provide additional comments about the medications to be taken at home

[< Previous](#) [Save And Continue >](#)



Dental Exam Option: Juliann Fitzroy

Instructions

the School Health Law in the Commonwealth of Pennsylvania requires dental examinations for students in kindergarten, and grades 3 and 7. Your family dentist should complete this examination since he/she can best evaluate your child's dental health and assist you in obtaining necessary treatments or corrections. Later in this process you will have the opportunity to download the form for your family dentist if he/she is doing the exam. The completed form should be returned to the appropriate Nurse's Office via US mail or emailed to the below addresses.

Dental Exam Option *

Note: If the dental examination form is completed by the dentist, the dentist will complete the examination at school.

☒

I have the completed exam form available for upload

We have a scheduled dental appt

We will schedule a dental appt during the school year

I would like the school dentist to complete the exam

Tara Blackburn, RN tblackburn@hershey.k12.pa.us	Tracie Dawson, M.Ed., RN tdawson@hershey.k12.pa.us	Page Kozak, RN ekozak@hershey.k12.pa.us	Lorrie Pawlusch, RN lpawlusch@hershey.k12.pa.us
High School P.O. Box 898 Hershey, PA 17033 P: 508-2235 F: 534-2684	Middle School P.O. Box 898 Hershey, PA 17033 P: 508-2295 F: 531-2245	Elementary School P.O. Box 898 Hershey, PA 17033 P: 508-2287 F: 508-2266	Early Childhood Center P.O. Box 898 Hershey, PA 17033 P: 531-2211 x6210 F: 531-2351

Physical Exam Option: Juliann Fitzroy

Instructions

The Pennsylvania Department of Health requires that your child receive a physical examination upon original entry into a Pennsylvania school and grades 6 and 11. It is recommended that your family's physician complete this examination since he/she can best evaluate our child's health. Later in the process you will have the opportunity to download the form for your family physician to complete if he/she is doing the exam.

Physical Exam Option *

Note: If the physical examination form is completed by the physician, the physician will complete the examination at school.

☒

I have the completed exam form available for upload

We have an appointment with our physician

We will schedule an appt with our physician by the end of the school year

I would like the school physician to complete the exam

Tara Blackburn, RN tblackburn@hershey.k12.pa.us	Tracie Dawson, M.Ed., RN tdawson@hershey.k12.pa.us	Page Kozak, RN ekozak@hershey.k12.pa.us	Lorrie Pawlusch, RN lpawlusch@hershey.k12.pa.us
High School P.O. Box 898 Hershey, PA 17033 P: 508-2235 F: 534-2684	Middle School P.O. Box 898 Hershey, PA 17033 P: 508-2295 F: 531-2245	Elementary School P.O. Box 898 Hershey, PA 17033 P: 508-2287 F: 508-2266	Early Childhood Center P.O. Box 898 Hershey, PA 17033 P: 531-2211 x6210 F: 531-2351



You do not need to enter this information

IMMUNIZATION 68% **2021-2022**

Immunization: Sample Student

	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Diphtheria-Tetanus-Pertussis	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
Tetanus-Diphtheria-Acellular Pertussis	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
Polio	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
Meningococcal	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
Measles-Mumps-Rubella	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
Measles	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
Mumps	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
Gardasil (HPV)	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
Rubella	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
Hepatitis B	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
Hepatitis B Adolescent Series	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
Varicella	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
Tetanus	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
Hib	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
Hepatitis A	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY

Note: A calendar pop-up for January 2022 is visible over the first few rows, showing dates 1 through 31. The date 6 is highlighted.



On this page you will acknowledge the release for photo and internet authorization. You will also choose the language that is spoken most in your home.

Information Release: Juliann Fitzroy

Allow for the release of student photo or interview *

Photo Allowed

Authorization to use the internet *

Student is authorized, by parent, to use the Internet

< Previous

Save And Continue >



Language Survey: Sample Student

Instructions

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.

1. Language most spoken in the child's home regardless of the language spoken by the student *

2. Language most often spoken by the student *

3. What is the language that your child first learned to speak? *

< Previous

Save And Continue >



Special Services: Sample Student

Instructions

Please indicate whether this student has participated in any of the education programs below.

Has this student received Gifted Services at a previous School District? *

Has this student received Speech/Language Special Education services at a prior School District? *

Has this student received Learning Support Special Education services at a prior School District? *

Has this student received Life Skills Special Education services at a prior School District? *

Has this student received Special Education services through a 504 plan? *

Does this student currently receive Special Education services through an Individualized Education Program (IEP)? *

IF YES, what is the approximate date of signature?

IF YES, what is the name of the school where signed?

Has this student received Emotional Support Special Education services at a prior School District? *

Has this student received Adaptive Phys-Ed Special Education services at a prior School District? *

Has this student received Occupational Therapy Special Education services at a prior School District? *

Has this student received Physical Therapy Special Education services at a prior School District? *

Has this student received Multiple Disability Special Education services at a prior School District? *

Has this student received Autistic Support Special Education services at a prior School District? *

Has this student received Hearing Impaired Special Education services at a prior School District? *

Has this student received Vision Impaired Special Education services at a prior School District? *

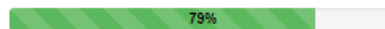
Has this student received Physical Support Special Education services at a prior School District? *

Has this student ever participated in any other Special Education services? *

IF YES, what services?



SPECIAL SERVICES



2023-2024

Special Services: [REDACTED]

Instructions

Please indicate whether this student has participated in any of the education programs below.

Has this student received services through a 504 plan? *

Does this student currently receive Special Education services through an Individualized Education Program (IEP)? *

Has this student received Gifted IEP Services at a previous School District? *

[< Previous](#)

[Save And Continue >](#)



School Selection: **Juliann Fitzroy**

Information

Based on the home address entered, you live outside our school boundaries.

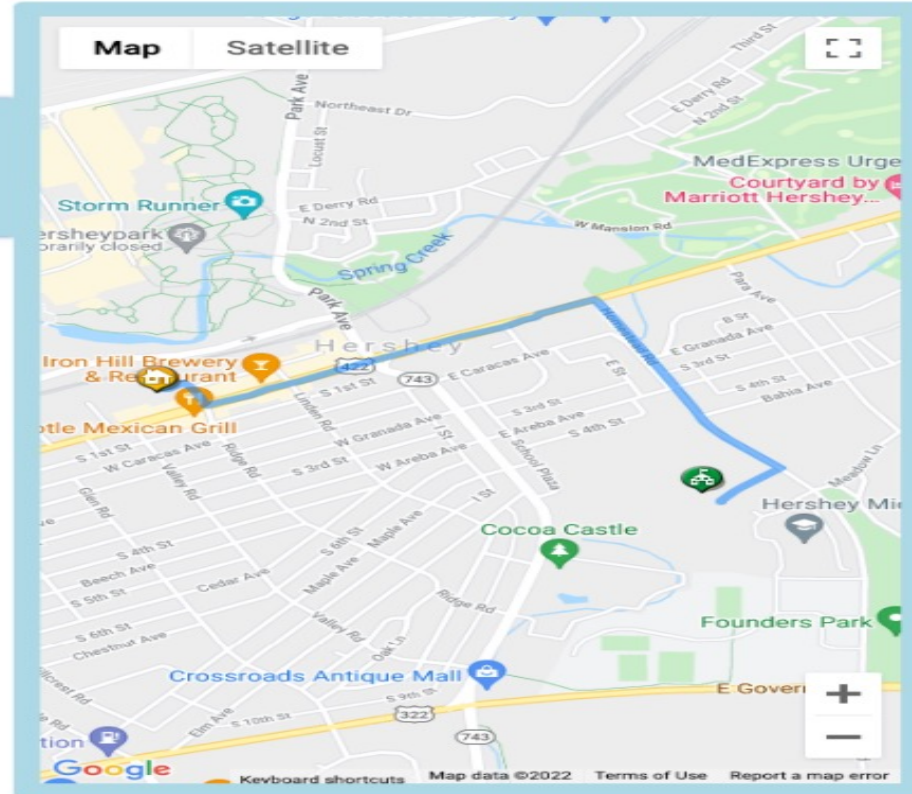
Home Address:

215 W Chocolate Ave
Hershey, PA 17033

School Selection *

Hershey Early Childhood Center

450R Homestead Rd, Hershey, PA 17033 - 1.1mi



You will only have one choice for school selection. Please choose the Early Childhood Center, (ECC). Please note, it will say that your home address entered, is outside our school boundaries. That is because we do not have our boundaries set up.

If your student attended a prior school please add it here.

Previous Schools Attended: **Sample Student**

Instructions

Please provide previous school attended information for the past two years:

School Name	City	State	Country	Grade	School Year Attended	Phone
<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>	<input type="text" value="v"/>	<input type="text" value="v"/>	<input type="text" value="v"/>	(<input type="text"/>) <input type="text"/> - <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>	<input type="text" value="v"/>	<input type="text" value="v"/>	<input type="text" value="v"/>	(<input type="text"/>) <input type="text"/> - <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>	<input type="text" value="v"/>	<input type="text" value="v"/>	<input type="text" value="v"/>	(<input type="text"/>) <input type="text"/> - <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>	<input type="text" value="v"/>	<input type="text" value="v"/>	<input type="text" value="v"/>	(<input type="text"/>) <input type="text"/> - <input type="text"/>

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[Save And Continue >](#)



Discipline History

Discipline History: Juliann Fitzroy

Instructions

Please provide the discipline history for the student:

Has the student ever been suspended from school for any of the following reasons?

- Weapons
- Alcohol or drugs
- Willful infliction of injury to another person
- Violence committed on school property

*

- ☒ No
☐ Yes

Has the student ever been expelled from school for any of the following reasons?

- Weapons
- Alcohol or drugs
- Willful infliction of injury to another person
- Violence committed on school property

*

- ☒ No
☐ Yes

Any willful false statement made under this section shall be a misdemeanor of the third degree.

Has this student ever been expelled from school for an act or offense involving a sexual assault conviction or adjudication? *

No

[< Previous](#)

[Save And Continue >](#)



If you have an older student enrolled, Please exclude them from this enrollment. It duplicates the student enrollment and will confuse parents when they get a denial.





STUDENTS

2022-2023

Please add or update information for students who will be enrolled, and/or verified below.

Once complete, click the "Save and Continue" button at the bottom of the page.

Students to enroll in 2022-2023

			First Name	Last Name	Gender	Grade	Status
 Edit	 Exclude	 Delete	Juliann	Fitzroy	Female	KF	 Complete
 Add New Student							

Students listed as excluded may be excluded because they already have an existing and active record or have since graduated.

Students to exclude from 2022-2023

First Name	Last Name	Gender	Grade	Reason
<div><div><div>< Previous</div><div>Save And Continue ></div></div></div>				



Required documents for enrollment

For registration, parents and guardians MUST provide:

- Proof of residency (a deed, a lease, a current utility or credit card bill, current car registration, or a Derry Township tax bill)
- Child's birth certificate or similar document (passport or baptismal certificate)
- Driver's license or some other form of identification for the parent or guardian
- Immunization Records (Available from your child's physician or current school)
- Custody Agreements, Temporary Protection from Abuse (PFA), or other court orders
- IEP (Individualized Educational Program)

*It **CANNOT** be anything other than these outlined documents.*

*proof of residency (**acceptable forms of proof of residency**) **a deed, a lease a current utility or credit card bill, a current car registration or a Derry Township tax bill that is now sent out from Keystone Tax Collections goes out 2/1 and 7/1.***



You can upload your documents or check that you will deliver the school a hard copy.

DOCUMENTS

2022-2023

Upload with ParentVUE

This page displays request for documents from the School District that are needed to complete the enrollment verification process.
If no document requests appear, no documents are needed at this time, and the school will contact you if further information is needed.

Family

Primary Home Address Verification
(A deed, a lease, a current utility bill, a credit card bill, a current car registration, or a current Derry Township Tax Bill)

☐ I will deliver a hard copy to the school instead of uploading it.

Document Type *

Select document *

[Upload](#)

Students

Juliann Fitzroy

Birth Verification:

☐ I will deliver a hard copy to the school instead of uploading it.

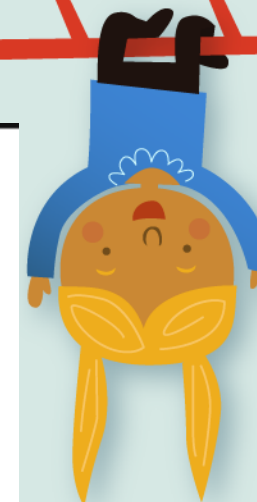
Document Type *

Birth Certificate

Select birth verification document *

[Upload](#)





Student	Document
Juliann Fitzroy	Private or School Dental Examination form - If applicable, please download, fill out, and upload above (or return to the school)
	Private or School Examination form - If applicable, please download, fill out, and upload above (or return to the school)
	Request for Permission to Release/Receive Confidential Records

 Download All Documents

[< Previous](#)

[Save And Continue >](#)

You will be required to download the request for permission to release/receive confidential records. If your student has not been at a prior school just download it and discard. If your student has been in another district OR has an IEP or 504 please fill one out for each school your student has ever attended.

Please review for any spelling errors. Double check to make sure names are spelled correctly and the DOB is correct.

Good morning, Lorelle Fitzroy, 1/20/2022

2022-2023

REVIEW/SUBMIT

Review

Your registration has NOT yet been submitted.

To submit your registration, click the "Review" button below, and then click the "Submit" button on the Review page.

Status	Student	Grade Level	School Selection	Comments
<div>Ready To Submit</div>	Juliann Fitzroy	KF	1. Hershey Early Childhood Center	

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Review



Student	Document
Juliann Fitzroy	Private or School Dental Examination form - If applicable, please download, fill out, and upload above (or return to the school)
	Private or School Examination form - If applicable, please download, fill out, and upload above (or return to the school)
	Request for Permission to Release/Receive Confidential Records

 Download All Documents

☒ I have reviewed all registration data and verified that it is correct

[< Previous](#)

[Submit](#)

Confirm

Pressing OK will submit the student Registration information for the 2022-2023 school year. From this point on you will not be able to make any further changes to the Registration information in this portal; however, you may return to Online Registration to check the status of your submission.

OK

Cancel

Once
everything
looks correct
click submit



Online Registration Preview

☐ Enable Validation

☐ Apply Conditions

☐ View as Parent

☐ Hide Preview Mode Controls

☐ Disable Translation

Online Registration

Derry Township School District

2023-2024

2023-2024 Registration

Status

Thank you for completing Derry Township School District's registration. Your registration form has been successfully submitted. We look forward to seeing you at our in-person Kindergarten Registration to complete the process. Please check [our district enrollment page](#) for sign-up dates and times.

If you are registering after our in person Kindergarten Registration or cannot attend one of the Kindergarten in-person registration dates, please contact ECC Administrative Assistants at 717-531-2211 ext. 6200 to inform us that you have completed the registration and have uploaded all the required documents.

Through my signature, I/We acknowledge that all the information provided through this registration process is accurate and factual. I/We grant the Derry Township School District permission to investigate the information that I/We have presented for confirmation of factual accuracy.

The status of your registration(s) that are in progress can be found [on the status page](#)



Good morning, Lorelle Fitzroy, 1/20/2022

Online Registration

2022-2023 Online Registration

Review

Submitted: 1/20/2022 8:55 AM

Status	Last Name	First Name	Grade	School Name	Comments
 Waiting	Fitzroy	Juliann	KF	 Hershey Early Childhood Center: Waiting	



Kindergarten Registration Process

- **Rolling registration February 1- April 7 (*online*)**

-

Video with step by step process will be available on February 1

-

- **Kindergarten Registration April 8-10 (*in-person*)**

- Parents must bring in required documentation (birth certificate, proof of residency, parent ID/driver's license, and up-to-date immunization records)

-

Teacher/Classroom placement letters sent beginning of August

-

“Sneak-a-Peek” - Occurs the week before the first day of school in August

First day of School/”Kindergarten Meet the Teacher” - Students will attend school for a one-hour session with their parent/guardian. Students will begin their typical schedule starting on Day 2.



What to do next if you have missed the onsite kindergarten registration

Once you have finished the online registration and have gathered or uploaded, **ALL** the documents required for enrollment please contact: Beth Dzurko either by phone: 717-508-7419 or by email at registrar@hershey.k12.pa.us

Your enrollment is **NOT** complete if you **DO NOT** complete the **online registration** form and supply **ALL required documents**. Once all this has been completed your documents will be confirmed and you will get an email confirming the enrollment is complete.

Documents required for enrollment:

- Proof of residency (a deed, a lease, a current utility or credit card bill, current car registration, or a Derry Township tax bill)
- Child's birth certificate or similar document (passport or baptismal certificate)
- Driver's license or some other form of identification for the parent or guardian
- Immunization Records (Available from your child's physician or current school)
- Custody Agreements, Temporary Protection from Abuse (PFA), or other court orders
- IEP (Individualized Educational Program)

