

CENTRAL GREENE SCHOOL DISTRICT REGISTRATION FORM

Entry Date: _____ Entry Code: _____ Student Number: _____
School: _____ Grade Level: _____ Class Assigned to: _____
Bus # AM: _____ PM# _____ Chorus: _____ Band: _____ Locker #: _____
IEP: Yes ___ No ___ Retained: _____ Registrar's Initials: _____

Verification: Birth Certificate: _____ Other: _____ **Race:** Hispanic/Latino ___ Not Hispanic/Latino: _____
Ethnicity: American Indian/Alaskan Native: _____ Asian: _____ Black/African American: _____
Native Hawaiian/Other Pacific Islander: _____ White: _____

Student's Name: _____
First Middle Last

Student's Date of Birth: _____ **Birth City & State:** _____

Student's Primary Physical Address:

Street Number Street Name City*State*Zip

Mailing Address: (if different from above) _____

Student's Parent/Guardian Information: _____
First Name Last Name
 Mother Father Step Father Step Mother Guardian: _____

Address:

Street Number Street Name City*State*Zip

Phone Number: _____ **Home/Cell/Work Email:** _____

Student's Parent/Guardian Information: _____
First Name Last Name
 Mother Father Step Father Step Mother Guardian: _____

Address:

Street Number Street Name City*State*Zip

Phone Number: _____ **Home/Cell/Work Email:** _____

Is there a Court Order involving this student? Yes ___ No ___ (If **YES**, please provide a copy to the school, otherwise we are unable to abide by its contents.)

Other children living at this address:
Name: _____ DOB _____ Grade _____ School _____
Name: _____ DOB _____ Grade _____ School _____
Name: _____ DOB _____ Grade _____ School _____

1305 ___ 1306 ___ Resident ___ Non-Resident ___ Previous CGSD student ___

WAYNESBURG CENTRAL ELEMENTARY SCHOOL

90 Zimmerman Drive
Waynesburg, Pa 15370
724.627.3081
724.852.1160 (Fax)

Scott Headlee
Principal

REQUEST FOR RECORDS

Student's Name: _____ Grade: _____ D.O.B. _____

School Transferring from: _____

Phone: _____ Fax: _____

School Address: _____

The above named student has enrolled in our school. Please send us a transcript of this student's record, including, the following:

- Transcript of all completed including credits to date
- Withdrawal grades for work in progress
- Immunization records
- Test results-Psychological and/or achievement
- Psychiatric/Social History
- Notice of Recommended Educational Placement (NOREP)
- Individual Educational Plan (IEP)
- Discipline records
- Expulsion records
- Attendance records
- Birth Certificate
- PA Secure ID number: _____

Signature: _____ Date: _____

According to the Final Regulations-Family Education Rights and Privacy Act (Buckley Amendment) dated June 17, 1976, is no longer necessary to obtain written consent to release records. It states that school officials or other schools or school system in which the student may enroll, may receive a student's record without a written consent of such release.

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? _____
4. In which language do you prefer to receive information? _____

Parent/Guardian Signature: _____ Date: _____

Interpreter Provided No Yes



To educate and prepare
each student to contribute
responsibly to society

Dr. Kevin Monaghan
Superintendent
P.O. Box 472
Waynesburg, PA 15370
kmonaghan@cgsd.org
Phone: (724)627-8151
Fax: (724)627-9591

PARENTAL REGISTRATION STATEMENT

Student Name _____

Date of Birth _____ Grade _____

Parent or Guardian Name _____

Address _____

Telephone Number _____

Pennsylvania School Code Section 12-1304-A states in part "Prior to admission to any school entity, the parent, guardian or other person having control or charge of a student shall, upon registration, provide a sworn statement 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 this Commonwealth or any other state for an act or offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property.* I make this statement subject to the penalties of 24 P.S. Section 13-1304-A (b) and 18 Pa. C.S.A. Section 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.

(Signature of Parent or Guardian)

(Date)

*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.

The Central Greene School District does not discriminate on the basis of race, sex, color, disability, national and ethnic origin in administration of its educational or employment policies.

CENTRAL GREENE SCHOOL DISTRICT STUDENT RESIDENCY QUESTIONNAIRE

Dear Parent or Guardian,


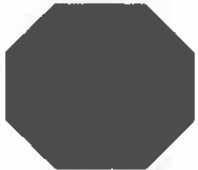
Your responses to these questions will help staff determine what residency documents are necessary for enrollment of your child(ren.) Thank you for your cooperation.

1. Student name: _____ Birth Date: _____

Person completing form: _____ Relationship to child: _____

2. In what type of setting is the student living now?

Check one box below –

SECTION A	SECTION B
<p><input type="checkbox"/> In an emergency or transitional shelter</p> <p><input type="checkbox"/> Sharing the housing of other persons due to loss of housing, economic hardship, or similar reason</p> <p><input type="checkbox"/> In a motel, hotel, campsites, or cars due to a lack of alternative adequate accommodations</p> <p><input type="checkbox"/> In a car, park, public spaces, abandoned building, substandard housing, bus or train stations, or similar settings</p> <p><input type="checkbox"/> Other places not designed for, or ordinarily used as, a regular sleeping accommodations for human beings</p> <p>CONTINUE to Question 3  if you checked any box in SECTION A</p>	<p><input type="checkbox"/> None of the choices in Section A apply.</p> <p></p> <p>If you checked this section, you do not need to complete the remainder of this form. Submit the form to school personnel now.</p>

3. Contact number for person completing the form: _____

Address where student is now living: _____

4. The student lives with:

Check all that apply

Parent(s) or legal guardian

Relative, friend(s), or other adult(s)

Alone

Other: _____



5. School student attended last : _____

Address of school: _____

Telephone number of school: _____

Contact person at school (if known): _____

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

NO

YES. Please explain: _____

Signature of Parent/Legal Guardian:

Date:



Excellence is Our Standard

Edith Woods
Director of Special Education
90 Zimmerman Dr
Waynesburg, Pa 15370
(724) 627-3081 ext 4402

CENTRAL GREENE SPEECH-LANGUAGE SCREENING

Name of child: _____ Date: _____
 Parent Name: _____ School: _____
 Address: _____ Home Phone: _____
 City/Zip: _____ Date of Birth: _____ Age: _____
 Teacher: _____ Grade: _____

Dear Parent(s):

Please complete this form as accurately as possible.

When a new student enters into Central Greene School District, they automatically receive a state-mandated speech-language screening. You will be notified of the results via letter or phone conference. If your child's speech and language skills are not age appropriate with your permission, we will conduct a full speech-language evaluation.

- | | Yes | No |
|---|-------|-------|
| 1. Is your child's speech difficult to understand? | _____ | _____ |
| 2. Does your child sound different from other children their age? | _____ | _____ |
| 3. Was your child late in starting to talk? | _____ | _____ |

If so explain _____

		Yes	No
4.	Does your child have difficulty following directions?	_____	_____

If so, explain: _____

		Yes	No
5.	Can your child imitate sounds?	_____	_____
	Can your child imitate words?	_____	_____
	Can your child name pictures/objects?	_____	_____
	Can your child use appropriate sentence structure?	_____	_____
6.	Has your child ever received speech/language services?	_____	_____

If yes please indicate:

Facility: _____ Phone: _____

Address: _____ Therapist's Name: _____

Dates of therapy from _____ to _____

7. Please describe your child's speech/language development along with any comments or concerns you may have regarding your child _____

Examiner's initials

Parent's Signature

CENTRAL GREENE SCHOOL DISTRICT

Dear Parent or Guardian:

The School Health Law requires medical examinations for children in Grades K or 1st, 6th, 11th and new students from out of state. Also, the School Health Law requires dental examinations for children in Grades K or 1st, 3rd, 7th and new students from out of state. These grades were selected because they represent critical periods of growth and development in a child's life.

The medical examinations can be done by our school physician and dental examinations can be done by our school dental hygienist. Although the Pennsylvania Department of Health recommends that these examinations be done by your family physician or dental office since he/she can best evaluate your child's health and assist you in obtaining necessary treatments and corrections.

Examinations done by family physicians or dentist within one year prior to the student's into the grade in which the exams required and recorded on a form provided by the school are accepted for the required examination year.

PLEASE CHECK YOUR PREFERENCE:

_____ Student to be examined by the school physician

Parent/Guardian will be present: **Y** or **N**

_____ Student to be examined by the school dental hygienist.

_____ Student to be examined by **family physician** at personal expense of the Parent/Guardian. Please send me the required form.

_____ Student to be examined by **dental hygienist** at personal expense of the Parent/Guardian. Please send me the required form.

**PLEASE COMPLETE AND RETURN THIS FORM TO THE CHILD'S
TEACHER IMMEDIATELY.**

Child's Name: _____

Parent/Guardian Signature: _____ Date: _____

**CENTRAL GREENE SCHOOL DISTRICT
WAYNESBURG, PENNSYLVANIA**

Teacher: _____ Grade: _____ Date: _____

Name: _____ D.O.B. _____ Sex: Male _____ Female _____

Father's Name: _____

Mother's Name: _____ Maiden: _____

Home Address: _____ Telephone: _____

Name whom pupil lives with if other than parent _____

IF YOUR CHILD NEEDS TO TAKE MEDICATION AT SCHOOL FOR ANY REASON-YOU MUST PROVIDE ALL OF THE FOLLOWING:

- A DOCTOR'S SPECIFIC ORDER
- PARENTAL CONSENT
- THE MEDICATION IN THE ORIGINAL CONTAINER FROM THE PHARMACY

Child's Physician: _____ Phone Number: _____

HEALTH HISTORY- PLEASE CIRCLE YES OR NO

- | | | |
|--|-----|----|
| 1. Does your child have a bee sting allergy?
What type of reaction results from this? _____ | Yes | No |
| 2. Has the child had chickenpox?
Date of illness or vaccine: _____ | Yes | No |
| 3. Has the child had any troubles with ears or hearing?
If the child has tubes, when were they inserted? _____ | Yes | No |
| 4. Has the child had any trouble with eyes or seeing?
If the child has glasses, when should they be worn? _____ | Yes | No |
| 5. Does your child have diabetes? | Yes | No |
| 6. Has the child ever had a convulsion (fit or seizure)? | Yes | No |
| 7. Has the child ever had a fainting spell? | Yes | No |
| 8. Has a doctor ever said the child has a heart murmur?
Any restrictions? _____ | Yes | No |
| 9. Has the child ever had an allergy?
To what? (Medications, food, environment) _____ | Yes | No |
| 10. Has the child ever had asthma?
Medications taken? _____ | Yes | No |
| 11. Has the child ever been treated for ADHD, O.D.D. or any behavior disorders?
(please circle from the choices above)
List of medication being taken: _____ | Yes | No |
| 12. Has the child ever has surgery?
If yes, for what reason: _____ | Yes | No |
| 13. List any illnesses, injuries or other conditions not listed above
_____ | | |

CENTRAL GREENE SCHOOL DISTRICT

RELEASE OF INFORMATION

I, _____, parent/guardian of
_____ hereby give permission to The
Central Greene School District to release information on the above name student to
faculty/staff on a need to know basis concerning any health needs or problems that my
child currently has or may develop in the future. This sharing of information with other
faculty/staff is important to ensure the welfare and safety of your child during school
hours.

Parent/guardian signature: _____

Date: _____

Witness signature: _____

Date: _____



Waynesburg Central Elementary School

**90 Zimmerman Drive
Waynesburg, Pennsylvania 15370-8281
Phone: 724-627-3081
Fax: 724-852-1160**

To: Parents/Guardians
From: School Nurses
Subject: School Medication Procedures

Any prescribed or over the counter medication will be administered at school only by a written order from the doctor stating that it is absolutely necessary that specific medication be given during school hours. **Please make every effort to have any medication given at times other than school hours. (Examples of over the counter medications include Tylenol, Motrin, cough drops, cough syrup, topical creams, etc.)** The school nurse has standing orders for some topical creams such as Neosporin, Cortisone and Benadryl creams. Please check with the nurse regarding your child's need. If these creams are needed, no physician order will be needed. A parent note will be sufficient.

Medication to be given during the school day will require a medication administration form to be filled out and signed by the parent and physician. These forms are available at the nurses' office.

The medication must be brought to the Nurses' office in a container that has a current prescription label from the pharmacy. Please ask your pharmacist to provide you with an extra labeled container for school. If the medication is over the counter, please bring the medication in the original container.

Students are not permitted to carry medication or inhalers except when a physician's order is on file giving them permission to do so.

Parents are responsible for the transportation of medication to and from school. If the parent cannot bring the medication to school, another responsible adult should bring the medication to school.

This is for your child's protection as well as the protection of others. If you have questions, please contact the School Nurse.

I have read and understand the above policy.

_____ **Student Name**

_____ **Teacher**

_____ **Parent/Guardian Signature**

_____ **Date**