



PALMERTON AREA SCHOOL DISTRICT

Student Registration

Required Document Checklist

___ Palmerton HS ___ Palmerton JrHS ___ SS Palmer ___ Parkside ___ Towamensing

In order for a student to begin school, we must have on file or have seen the following:

- Proof of Immunizations - **copy**
- Proof of Age & Name (birth certificate, baptismal certificate, passport) - **copy**
- Proof of Residency – 2 items from List

Deed	PA Driver's License/ID
Mortgage	PA Auto Registration
Property Tax Bill	Utility Bill
Lease/Rental Agreement	Tax Return
Sales Agreement	Moving Permit

The copies of the below documents would be appreciated:

- Academic records (report card, transcript) - **copy**
- Special Education paperwork (IEP, 504 plan)-if applicable – **copy**
- Busing instructions for before or after school

We reserve the right to make copies of any and/or all of the above documents.

Student Name: _____

**PALMERTON SCHOOL DISTRICT
STUDENT REGISTRATION FORM**



Student Biographical Information

Student Name _____ Birthdate ____/____/____ Age ____
(Last) (First) (Middle) (mm) (dd) (yyyy)

Gender M F

Grade Entering _____

Proof of Age Documentation **attached** Y N

Name of Last School Attended _____

Address of Last School Attended _____ Last School's Phone # _____

(City) (State) (Zip Code) Last School's Fax # _____

Has student ever attended in this school district? Y N If yes, which school. _____

Has student ever attended school in PA? Y N If yes, list school and grade _____

Did student ever attend school **outside** of the United States? Y N If yes, where. _____

If yes, what year did student first attend a school in the United States? _____

The following two questions are for federal and state reporting purposes only:

Race (check all that apply): American Indian/Alaskan Native Asian Black/African America Caucasian/White
 Native Hawaiian/Pacific Islander Multi-Racial

Is the student of Hispanic/Latino Ethnicity? YES or NO

Building:

Palmerton High School Palmerton Jr. High School SS Palmer Elementary Parkside Education Center Towamensing Elementary

Student Miscellaneous Information

Student's Native Language _____ Is the student a U.S. Citizen? _____

Student's City, State and Country of Birth _____

Is there a Court Order involving this student? Y N If **YES**, please provide a copy to the school office, otherwise we are unable to abide by its contents.

Is this student in the custody of someone other than a parent? Y N If yes, what is the relationship _____

FOR OFFICE USE ONLY

Student ID# _____ Date Entered/Reentered _____ PASecure ID _____

Institutionalized Child (1306) Y N (If yes, complete PDE-4605 and submit to child accounting)

Foster Child (1305) Y N (If yes, attach 1305 – Affidavit)

Bus Assignment: **Bus #** _____ **Time** _____ **Grade 9 Entry Date** _____

AM _____

PM _____

Special transportation needs? NONE Wheelchair Door-to-Door Other

First Adult Resident with whom student resides

Name _____ Mr./Mrs./Ms./Dr.
(Last) (First) (Middle) (circle one)

Relationship to Child _____ Birthdate ____/____/____

Employer _____

Primary Phone Number's:

Home ____ - ____ - ____ Work ____ - ____ - ____ Ext ____; Cell ____ - ____ - ____

E-Mail Address _____

Second Adult Resident with whom student resides

Name _____ Mr./Mrs./Ms./Dr.
(Last) (First) (Middle) (circle one)

Relationship to Child _____ Birthdate ____/____/____

Employer _____

Primary Phone Number's:

Home ____ - ____ - ____ Work ____ - ____ - ____ Ext ____ Cell ____ - ____ - ____

E-Mail Address _____

Address of Adult Resident(s) with whom student resides

The Residence is: _____ Apartment _____ Campground/Campsite
_____ Single Family Home _____ Hotel/Motel
_____ Multi-Family Home _____ Car
_____ Shelter _____ Other

(Physical Address of Residence) (City) (State) (Zip Code)

(Mailing Address of Residence-if different from above) (City) (State) (Zip Code)

Do you live on federal property or work for the federal government? Y N

Municipality to which you pay taxes: Palmerton Borough Bowmanstown Borough Towamensing Township
 Lower Towamensing Township

Other children living at this address:

- 1.) Full Name _____ Birthdate ____/____/____ Grade ____ School _____ M F
2.) Full Name _____ Birthdate ____/____/____ Grade ____ School _____ M F
3.) Full Name _____ Birthdate ____/____/____ Grade ____ School _____ M F
4.) Full Name _____ Birthdate ____/____/____ Grade ____ School _____ M F

Is the student going to/from school from somewhere other than your residence? Y N Pickup Drop Off Both

If yes, from where Day Care Name, location & phone # _____
 Babysitter Name, location & phone # _____

Second Parent Information (Parent does NOT reside with student)

Name _____ Mr./Mrs./Ms./Dr.
(Last) (First) (Middle) (circle one)

Relationship to Child _____ Is this parent to receive notices? Y N

Birthdate ____/____/____

Mailing Address: _____

Primary Phone Numbers:

Home ____ - ____ - ____ Work ____ - ____ - ____ Ext ____ Cell ____ - ____ - ____

E-Mail Address _____

Student Program Information

Check ALL services that your child is currently receiving:

- Individualized Education Plan (Special Education Services) Gifted Individualized Education Plan (Gifted Education Services) Section 504/Chapter 15 Service Agreement (Special Accommodations for Health/Physical needs)
 ESL (English as a Second Language) Speech/Language Support Early Intervention Program
 Remedial Math (Extra Help) Remedial Reading (Extra Help) IST (Instructional Support Team)

Emergency Information

	Contact 1	Contact 2	Contact 3
Name			
Relationship			
Phone			
Alt Phone			
Permission	<input type="checkbox"/> School Pickup <input type="checkbox"/> Emergency Contact	<input type="checkbox"/> School Pickup <input type="checkbox"/> Emergency Contact	<input type="checkbox"/> School Pickup <input type="checkbox"/> Emergency Contact



200-AR-2. PARENTAL REGISTRATION SWORN STATEMENT

Student Name _____ Grade _____ Date of Birth _____

Parent/Guardian Name _____ Phone _____

Address _____

To comply with state law, please accurately complete **both** sections 24 P.S. §13-1304-A and 24 P.S. §13-1318.1 below:

24 P.S. §13-1304-A

Pennsylvania School Code §13-1304-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 or is presently suspended or expelled from any public or private school of this Commonwealth or any other state for an action 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.”

Please complete the following:

<input type="checkbox"/> was not	<input type="checkbox"/> was previously	<input type="checkbox"/> is not presently	<input type="checkbox"/> is presently
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I hereby swear or affirm that my child _____ 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. §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.

24 P.S. §13-1318.1

Pennsylvania School Code §13-1318.1 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.” This section of the Pennsylvania School Code contains provisions regarding Students Convicted or Adjudicated Delinquent of Sexual Assault.

Please complete the following:

<input type="checkbox"/> was not	<input type="checkbox"/> was previously	<input type="checkbox"/> is not presently	<input type="checkbox"/> is presently
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I hereby swear or affirm that my child _____ expelled from any public or private school of this Commonwealth for reason of being convicted or adjudicated delinquent of sexual assault of a student enrolled in the same school entity. I make this statement subject to the penalties of 24 P.S. §13-1318.1 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.

If this student has been or is presently suspended or expelled from another school, please complete:

Name of the school(s) and address(es) from which student was suspended or expelled:

Date(s) of suspension or expulsion: _____

Reason(s) for suspension/expulsion:

If necessary, please attach another sheet to provide additional schools, dates, and reasons for expulsion or suspension.

I assert that the facts set forth herein are true and correct to the best of my knowledge, information, and belief. Any willful false statement made above shall be a misdemeanor of the third degree. I understand that it is a summary criminal offense to knowingly provide false information in this sworn statement for the purpose of enrolling a child in the district's schools, and that the penalty for such an offense is a fine of not more than three hundred dollars (\$300.00) or 240 hours of community service, or both, in addition to payment of the district's court costs and tuition fees.

I further certify that I will notify the Palmerton Area School District immediately in the event the facts set for herein shall no longer be correct or shall change. I also certify that I will cooperate with and be responsive to requests for information or investigation concerning the continuing validity of this statement.

I, the resident, have read and understand the contents of this document and have received a copy for my records. I have received a copy of the Pennsylvania school immunization requirements and required documents for application for registration for school attendance in Pennsylvania. I understand that my child will not be officially enrolled in the Palmerton Area School District until all completed required documents have been approved by the school authorities. I grant the school district permission to investigate the above information that I have presented in this sworn statement for confirmation and factual accuracy.

Commonwealth of Pennsylvania

Signature required in presence of notary

County of _____

Printed Name of Parent or Guardian

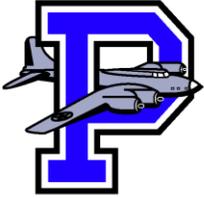
Sworn to and subscribed before me this _____ day
of _____, 20_____.

Date

Notary Public

Notary service is only needed if the student has been suspended or expelled from another school.

PALMERTON AREA SCHOOL DISTRICT PROVIDES NOTARY SERVICES FREE OF CHARGE FOR THIS FORM.
This form shall be maintained as part of the student's disciplinary record.



PALMERTON AREA SCHOOL DISTRICT

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 (last) name: _____

Child's Date of Birth: _____

Questions for Parents/Guardians

1. Is a language other than English spoken in the child's home?

YES (language) _____ NO

2. Does your child communicate in a language other than English?

YES (language) _____ NO

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

4. I would like all written communication from the school to be provided in my home language.

YES (language) _____ NO

5. I need the school to provide translation for talking with teachers or staff.

YES NO

Parent/Guardian Signature: _____ Date: _____

Interpreter Provided: YES NO



PALMERTON AREA SCHOOL DISTRICT

RELEASE OF RECORDS

- | | | |
|--|--|--|
| <input type="checkbox"/> Palmerton Area High School
Grades 9-12
3523 Fireline Road
Palmerton, PA 18071
610-826-3155
610-826-4929 Fax | <input type="checkbox"/> Palmerton Area Jr. High School
Grades 7-8
3529 Fireline Road
Palmerton, PA 18071
610-826-2492
lschaffer@palmerton.org | <input type="checkbox"/> S. S. Palmer Elementary
Grades 2-6
298 Lafayette Avenue
Palmerton, PA 18071
610-826-7538
610-826-7528 Fax |
| <input type="checkbox"/> Parkside Education Center
Grades K-1
680 Fourth Street
Palmerton, PA 18071
610-826-4914
610-826-4934 Fax | <input type="checkbox"/> Towamensing Elementary
Grades K-6
7920 Interchange Road
Lehighton, PA 18235
610-681-4024
610-681-6410 Fax | <input checked="" type="checkbox"/> Palmerton School Dist. Special Education Dept.
680 Fourth Street
Palmerton, PA 18071
610-826-7101 x 5018
610-826-4958 Fax |

We/I hereby authorize:

Previous School Name: _____

Address _____

Phone Number: _____ Fax Number: _____

E-Mail Address _____

To release information from the records of:

Student _____ DOB _____ Grade _____

Anticipated Start date with the Palmerton Area School District _____

The purpose of this release is to register students with the Palmerton Area School District.

Please release all data that applies to the student including:

- | | | |
|----------------------------------|---|------------------------------------|
| Scholastic/Education Record | Team Action Plan (IST, SAP, etc.) | Medical History |
| Academic Evaluations | SAP Initiated D & A Evaluation | Psychiatric Evaluation |
| Developmental History/Social | Psychological Evaluation/ER/GWR | Immunization Records |
| Discharge Summary/Aftercare Plan | Notice of Recommended Ed. Placement (NOREP) | Individualized Educ. Program (IEP) |
| Section 504 Service Agreement | Notice of Recommended Assignment (NORA) | Gifted IEP (GIEP) |
| Other: _____ | | |

Please forward information to the school checked above.

IF THE STUDENT HAS AN INDIVIDUALIZED EDUCATION PROGRAM (IEP), GIFTED (GIEP) or SECTION 504 SERVICE AGREEMENT, please forward to: Special Education Department @ address and phone listed above.

Parent/Guardian Signature

Date

Signature of Student (14 years or older)

Date

This consent expires one year from date of signature(s).



PALMERTON AREA SCHOOL DISTRICT

GUIDANCE QUESTIONNAIRE

Student's Name: _____ Grade _____

List the schools that the student has previously attended. Please include Headstart, Project Connect or any preschool for those students in grades K-3.

School	Grade	Year(s) attended

Was the student ever retained (circle)? Yes No

If so, what grade(s) _____

Student presently lives with: Name _____

Relationship to student: _____

Is there presently a custody issue (circle)? Yes No

If yes, custody papers must be provided. Papers provided (circle): Yes No

Any comments or concerns you wish to make known to the Counselor?

Are there any special services that your child presently receives or has received in the past?

PALMERTON SCHOOL DISTRICT
SCHOOL HEALTH SERVICES

SPECIAL HEALTH NEEDS

Student's Legal First, Middle, Last Name _____
Mother's Name _____
Father's Name _____
Whom Student Resides With _____
Address _____
DOB _____ Grade _____ Gender _____ Race _____ Phone Number _____
Previous School Attended _____

Name and phone number of Family Physician _____
Name and phone number of Family Dentist _____

Were there any problems or complications during pregnancy and/or delivery with mom and/or student? Yes No
If yes, explain _____

Did student have NICU stay? Yes No
If yes, explain _____

Premature? Yes No Gestation _____ weeks Birth Weight _____

Infancy and Early Childhood (please check all that apply):

<input type="checkbox"/> Frequent Earaches	<input type="checkbox"/> Seizures or Convulsions	<input type="checkbox"/> Hyperactivity
<input type="checkbox"/> Frequent Upset Stomach	<input type="checkbox"/> Unconsciousness	<input type="checkbox"/> Short Attention Span
<input type="checkbox"/> Frequent Sore Throat	<input type="checkbox"/> Nightmares	<input type="checkbox"/> Temper Tantrums
<input type="checkbox"/> Frequency or Burning on Urination	<input type="checkbox"/> Speech Difficulties	<input type="checkbox"/> Nail Biting
<input type="checkbox"/> Constipation	<input type="checkbox"/> Stuttering	<input type="checkbox"/> Difficulty separating from parents
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Eye Problems	<input type="checkbox"/> Difficulty carrying our directions
<input type="checkbox"/> Vomiting	<input type="checkbox"/> Bed Wetting	<input type="checkbox"/> Unusual Fears
<input type="checkbox"/> Headaches	<input type="checkbox"/> Hearing Defects	<input type="checkbox"/> Poor Coordination
<input type="checkbox"/> Nosebleeds		<input type="checkbox"/> Frequent Stumbling or Falling

Comments: _____

Was your child born with any birth defects? Yes No
If yes, explain _____

Has your child had any childhood diseases? Yes No
If yes, explain _____

Has your child ever had any serious illnesses, hospitalizations, fractures (broken bones) or operations? Yes No
If yes, explain _____

Does your child have any diagnoses or current health conditions? (Asthma, Diabetes, ADHD, ADD, Anxiety, Depression, Migraines, etc) Yes No
If yes, please list _____

If yes, are they currently under any treatment _____

Name of the treating provider _____

Please include any medications or accommodations required _____

Is there an Asthma Action Plan in place? Yes No If yes, we will need a copy.

Has your child ever had any convulsions or seizures? Yes No

If yes, explain appearance _____

When was the last seizure? _____

Name of Neurologist, if applicable _____

Please include any medications or accommodations required _____

Is there a Seizure Action Plan in place? Yes No If yes, we will need a copy.

Is your child receiving any therapies? (Speech, OT, PT, Counseling, etc) Yes No

If yes, please list _____

Does your child require any assistive devices? (Glasses, hearing aids, braces, etc) Yes No

If yes, please list _____

Does your child have any allergies? (Seasonal, food, insects, plants, medicines, etc) Yes No

If yes, please list _____

If yes, is there an Epi-Pen (Epinephrine) prescribed? Yes No

Name of the Allergist/treating provider _____

Is there an Action Plan in place? Yes No If yes, we will need a copy

Does your child need a special diet or have a food problem? Yes No

If yes, explain _____

Does your child have any activity restrictions? Yes No

If yes, please provide a note from his/her health care provider.

Please indicate if any relatives have or have had any of the following diseases:

M- Mother's family		F- Father's family		
<input type="checkbox"/> Allergies	<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Lung Disease
<input type="checkbox"/> Psychological problems	<input type="checkbox"/> Convulsive (seizure) disorders	<input type="checkbox"/> Emotional problems		

Does your child take any medication on a regular basis? Yes No

If yes, please include the name, dosage, timetable, and reason for taking the medication.

****If there are any changes to your child's health or any new diagnoses throughout their school years, please notify your child's nurse immediately.**

If your child needs to take any medication during the school day, we MUST have an order from a healthcare provider. The medication MUST be brought to the health office by an adult, and it MUST be in the original container. The label on the container must include the name of the child, the name of the medication, the dosage, and the timetable for dispensing the medication. If the medication is prescribed, a signed authorization from the healthcare provider must accompany the medication. Over the counter medications only need a written authorization from the parent or guardian.

Signature _____ **Date** _____



PALMERTON AREA SCHOOL DISTRICT

CENTRAL ADMINISTRATION OFFICE

680 Fourth Street
Palmerton PA 18071

Phone (610) 826-7101

www.palmerton.org

Dear Parents and Students,

Board Policy 815: Acceptable Use of Internet, Computers & Network Resources outlines expectations for using our school's technology resources. This policy details guidelines for acceptable use and highlights the responsibility of each user to utilize these resources appropriately.

Please review the complete policy, available at:

<https://www.palmerton.org/wp-content/uploads/2024/06/Board-Policy-815-Acceptable-Use-of-Internet.pdf>

After reviewing, we ask both students and parents to acknowledge and agree to these terms by signing below. This will ensure continued access to the district's technology resources and help promote a culture of responsible use.

Dan Heaney

Director of Technology

Palmerton Area School District

3525 Fireline Rd Palmerton, PA 18071

(610) 826-7160

dheaney@palmerton.org

Acknowledgment and Agreement:

I, _____, acknowledge that I have read and understood Board Policy 815: Acceptable Use of Internet, Computers & Network Resources Policy.

I agree to abide by all the terms and conditions set forth for accessing and utilizing the district's technology and network resources. I understand that any violation of this policy may result in disciplinary action, revocation of access privileges, and possible legal consequences.

Parent Signature: _____

Student Signature: _____

Printed Name: _____

Printed Name: _____

Date: _____

Date: _____

Palmerton Area School District is an equal opportunity education institution and will not discriminate on the basis of race, color, national origin, sex, and handicap in its activities, programs, services, or employment practices as requires by Title VI, Title IX, and Section 504.

To the Parents/Guardians of:

PowerSchool Parent Portal Information

The Palmerton Area School District uses PowerSchool for its student information system. It is a web- based system that allows us to do grades and attendance reporting. We are excited to provide you with access to your student's current grades and attendance through the internet. If you are currently accessing the Parent Portal, you can disregard this letter. If you have an account and have forgotten your username or password, please click on the Forgot Username or Password link and follow the directions. If you do not have an account and never accessed the PowerSchool Parent Portal, please follow the directions below.

You will need access to the PowerSchool Parent Portal to be able to complete the Information and Emergency Information Updates for each student.

You will need the following information:

The website location is: <http://pspalmerton.cliu.org>. Once at the site, click on **Create Account**. Complete the **Parent Account Details** section at the top. Then, complete the **Link Students to Account** section for each child, using the Access ID and Access Password for each student. Click Enter when complete.

Your student's Access ID is: Contact school office or tech.dept@palmerton.org for AccessID and Password

Your student's Access Password is:

Please note that the login codes are case-sensitive. Do not use the information above to log in to the account, as it will not work. The codes above are to be used when setting up your account for the first time.

Once logged in, you have access to your child's grades, attendance and other important information, as well as access to update your student's Emergency Contacts Information. You can also sign up for email notifications of grades, attendance or school announcements. If you do not yet have internet access you can call the school to receive your student's report.

PowerSchool Parent App: Once you have an account, consider downloading and using the PowerSchool Parent app, available for iOS and Android. Our district code is **PQRB**. Download the app, enter the school district information, and login using your account information.

Please keep your passwords confidential so only you can access the information. Students have their own login IDs and passwords, so try to keep your login information confidential and separate from your child's information. Lost IDs and passwords will not be given out via email.

Please call the school office if you have any general questions or comments.

PALMERTON AREA SCHOOL DISTRICT
 680 FOURTH STREET
 PALMERTON, PA 18071
 610-826-7101

RESIDENCY QUESTIONNAIRE

NAME OF PARENT/GUARDIAN:			TELEPHONE #:		
CURRENT ADDRESS:					
TOWNSHIP OR BOROUGH OF:			SINCE:		
PREVIOUS ADDRESS:					
MY EMPLOYER:			OCCUPATION:		
EMPLOYER ADDRESS:					
SELF EMPLOYED <input type="checkbox"/>	HOMEMAKER <input type="checkbox"/>	DISABLED <input type="checkbox"/>	RETIRED <input type="checkbox"/>	STUDENT <input type="checkbox"/>	
LIST <u>ALL</u> PERSONS LIVING AT THE ABOVE ADDRESS					
NAME	EMPLOYER	OCCUPATION	18 YEARS OF AGE OR OLDER		
1.			<input type="checkbox"/> Yes <input type="checkbox"/> No		
2.			<input type="checkbox"/> Yes <input type="checkbox"/> No		
3.			<input type="checkbox"/> Yes <input type="checkbox"/> No		
4.			<input type="checkbox"/> Yes <input type="checkbox"/> No		
5.			<input type="checkbox"/> Yes <input type="checkbox"/> No		
6.			<input type="checkbox"/> Yes <input type="checkbox"/> No		
7.			<input type="checkbox"/> Yes <input type="checkbox"/> No		
8.			<input type="checkbox"/> Yes <input type="checkbox"/> No		

PLEASE INFORM YOUR EMPLOYER OF YOUR CORRECT TAXING DISTRICT – **NOT SCHOOL DISTRICT.**

I CERTIFY THAT ALL INFORMATION AND STATEMENTS HEREIN ARE CORRECT.

SIGNATURE:	DATE:
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FOR OFFICIAL USE

DATE MAILED:	NOTES:
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