PLEASE PRINT

School District of Borough of Morrisville

STUDENT REGISTRATION FORM

Date: _____ **Student Name** _____
Last Name First Middle

Date of Birth _____ *(00/00/0000)* **Student's SS#** _____ *(optional)* **Student Grade** _____

Student Gender: ☐ Male ☐ Female ☐ Other _____

Country of Birth ☐ UNITED STATES _____, _____
City of Birth State

☐ BORN IN ANOTHER COUNTRY _____ _____
Specify Country Date entered US

Current Address: _____ _____
Street Apt #

_____ _____ _____
Town State Zip Code

Name of who is registering? _____ **Phone Number** _____
Name

Relationship to Student ☐ **PARENT** ☐ **MOTHER ONLY** ☐ **FATHER ONLY** ☐ **GUARDIAN** ☐ **FOSTER** ☐ **AGENCY** ☐ **OTHER:** _____

Is the student Hispanic or Latino? ☐ Yes ☐ No

What is the student's race? ☐ Multi-Racial ☐ American Indian or Alaska Native ☐ Asian
☐ Black or African American ☐ Native Hawaiian or Pacific Islander ☐ White

WAS STUDENT PREVIOUSLY ENROLLED IN MORRISVILLE SCHOOL DISTRICT? ☐ Yes ☐ No

If yes, when, _____

Previous District Name: _____ **Previous School Name: _____**

School Address: _____
City/State/Zip Code

School Contact: _____ **School Phone: _____**

PLEASE ANSWER

Has your child ever been retained? □ Yes □ No If yes, when _____

Has your child ever been tested for Special Education Services? □ Yes □ No If yes, when _____

Has your child ever received Special Education Services? □Yes □ No If yes, when _____

Does your child currently have an Individualized Education Plan (IEP)? □ Yes □ No

Has your child received Gifted Services? □ Yes □ No If yes, when _____

Has your child ever attended English Language Learner Classes? □ Yes □ No If yes, when _____

Does your child receive any other services? □ Yes □ No If yes, please describe _____

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STUDENT REGISTRATION FORM

4/2025

Student Name _____

FULL NAMES AND ADDRESSES OF NATURAL PARENTS/GUARDIAN

Father: _____ **Email:** _____ ☐ *Check if deceased*
LAST FIRST

Phone(s): _____ _____ _____
CELL HOME WORK

Address: _____
STREET ADDRESS TOWN STATE ZIP

Mother: _____ **Email:** _____ ☐ *Check if deceased*
LAST FIRST

Phone(s): _____ _____ _____
CELL HOME WORK

Address:_____
STREET ADDRESS TOWN STATE ZIP

Guardian: _____ **Email:** _____
LAST FIRST

Phone(s): _____ _____ _____
CELL HOME WORK

Address: _____
STREET ADDRESS TOWN STATE ZIP

OTHER CHILDREN LIVING IN THE HOUSEHOLD

Last Name First Middle	Date of Birth	Grade	Relationship to Student	School Attending

Parent/Guardian must complete these forms: (check only if completed)

□ Parent/Guardian Registration Statement □ Medical History (attached immunization) □ Home Language Survey

□ Authorization to Request/ Release Information □ Information on Custody of Student □ Media Release

AFFIRMATION

I _____, hereby swear or affirm and verify that the information and all statements provided in this application are true and correct.

_____ _____
Signature Date

School District of Borough of Morrisville

INFORMATION ON CUSTODY OF STUDENT

Check One:

1. Are you divorced or separated from the child's other natural parent?

   □ Yes □ No

2. If so, has a Court Order been entered with regard to the custody of the child?

   □ Yes □ No

Please attach a copy of the Court Order

3. Does the Court Order address the issue of primary physical custody of the child?

   □ Yes □ No

4. If there is no Court Order, do you, in fact, have primary physical custody of the child?

   □ Yes □ No

If yes, describe the custody arrangement: _____

_____

_____

If no, describe the shared custody arrangement: _____

_____

_____

_____ _____

Signature of Parent Date

School District of Borough of Morrisville

AUTHORIZATION TO REQUEST/RELEASE CONFIDENTIAL INFORMATION

I, _____, of _____
Parent/Guardian Address

_____ _____ _____, hereby authorize the School District
City State Zip

of Borough of Morrisville to release/obtain records and information regarding my child/ward:

_____ _____
Name of Student Date of Birth

To/from _____ Attn: _____
Name of school, physician, therapist, agency Person to Contact

_____ _____ _____ _____
Street City State Zip

Phone: _____ **Fax**: _____

For the purpose of _____

Specific information to be released and/or received:

Reports
□ Psychological
□ Psychiatric
□ Medical
□ Speech
□ OT/PT
□ Vision
□ Audiology

Educational Records
□ ER/RR/CER
□ IEP
□ Educational Assessment
□ NOREP
□ Other Information: _____
_____
_____

Phone conversations with:
□ Psychiatrist
□ Psychologist/Therapist
□ Physician
□ Other _____

_____ _____
Signature of Parent/Guardian Date

Send to (mail or fax): School District of Borough of Morrisville
Office of Special Education Services
550 W Palmer Street
Morrisville, PA 19067 Phone: 215-736-5926 Fax: 215-302-2049

This authorization will expire on _____(Not to exceed one calendar year)

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School District
of
Borough of Morrisville

District Office
550 West Palmer Street
Morrisville, PA 19067-2195
Phone (215) 736-2681

SCHOOL RECORD RELEASE FORM

I hereby give my permission to: _____

_____

_____

(Complete name and address of previous school)

To release the academic, medical, and psychoeducational records of:

_____ (Student Name)

Grandview Elementary
80 Grandview Avenue
Morrisville, PA 19067
215-736-5280
215-302-2049/Fax

Morrisville Intermediate School
550 West Palmer Street
Morrisville, PA 19067
215-736-5270
215-302-2049/Fax

Morrisville Middle/Senior High School
550 West Palmer Street
Morrisville, PA 19067
215-736-5266/Guidance main number
215-302-2049 /Guidance Fax number

Signed: _____ (Parent/Guardian)

Date: _____

PLEASE PRINT

4/20

School District of Borough of Morrisville

PARENTAL REGISTRATION STATEMENT

Student Name _____

Date of Birth _____ Grade _____

Parent/Guardian Name _____

Address _____

_____

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 of 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 24P.S.§13-1304-A(b) and 18Pa.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 of Parent or Guardian

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

_____

_____

ANY WILFUL FALSE STATEMENT MADE ABOVE SHALL BE A MISDEMEANOR OF THE THIRD DEGREE.
THIS FORM SHALL BE MAINTAINED AS PART OF THE STUDENTS DICIPLINARY RECORD.

PLEASE PRINT

School District of Borough of Morrisville

HOME LANGUAGE SURVEY

The Office of Civil Rights (OCR) requires that school districts/charter schools/full day AVTS identify limited English Proficient (LEP) students in order to provide appropriate language instructional programs for them. Pennsylvania has selected the Home Language Survey as the method for the identification.

School District: School District of Borough of Morrisville

Name of Child: _____ **Date**: _____

Date of Birth: _____**Grade**: _____

1. What is the student's first language? _____
2. Does the student speak a language(s) other than English? □ Yes □ No

   If yes, specify the language(s): _____
3. What language(s) is/are spoken in your home? _____
4. Has the student attended any United States school in any 3 years during his/her lifetime? □ Yes □ No

If yes, complete the following:

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

Person completing this form (if other than parent/guardian) _____

Parent/Guardian signature: _____

* The school district/charter school/full day AVTS has the responsibility under the federal law to serve students who are limited English proficient and need English instructional services. Given this responsibility, the school district/charter school/full day AVTS has the right to ask for the information it needs to identify English Language Learners (ELLs). As part of the responsibility to locate and identify ELLs, the school district/charter school/full day ATVS may conduct screenings or ask for related information about students who are already enrolled in the school as well as from students who enroll in the school district/charter school/full day ATVS in the future.

PLEASE PRINT

School District of Borough of Morrisville

MEDICAL HISTORY

Student Name: _____ _____ _____
Last First Middle

Birthdate: _____ Grade: _____ Gender: ____ Phone: _____

Immunization Record Provided: Yes _____ No _____

Place a check mark if your child has any <u>CURRENT</u> medical conditions *explain below

	Allergies ***explain below**		Cerebral palsy		Heart conditions ***explain below**
	ADD/ADHD		Cystic fibrosis		Sickle cell disease
	Arthritis		Diabetes ***explain below**		Seizure disorder ***explain below**
	Asthma		Ear infections - chronic		Speech impediment
	Bee sting allergy ***explain below**		Eye glasses or contacts		Spina bifida
	Bleeding disorders ***explain below**		Hearing Loss ***explain below**		Tourette's syndrome

* Explain marked items above _____

_____

_____

Past medical or surgical history: _____

_____

Is your child taking any medication? Yes ____ No _____

If yes, explain:_____

_____

Will they require medication in school? Yes ____ No ____

If yes, explain _____

_____

(See district medication policy in all student handbooks)

Can they participate in a full physical education program? Yes ____ No **_____ (If <u>NO</u> a physician note must be provided with diagnosis and accommodations needed)**

<u>Please check your choice of private or school Doctor or Dentist</u>

(Grades K or 1, 6, 11) Family Doctor _____ School Doctor _____
(Grades K or 1, 3, 7) Family Dentist _____ School Dentist _____

Students requesting use of private doctor or dentist must provide the school with the reports prior to October 15th

Parent Signature _____ Date:_____

School District of Borough of Morrisville

PARENTAL PERMISSION FORM

Please find below information related to all required Permission forms in order to protect your rights and the rights of your child. All School District of Borough of Morrisville students must submit a completed permission form at the beginning of each school year.

UPDATED: Media Consent (Video/Photo)

In an attempt to showcase and celebrate the achievements of our students, the School District of Borough of Morrisville may take pictures or videos of child(ren) as they participate in various activities. At times, these photos/videos may be shared with district administration, TV, Newspaper, Educational sources, and/or district web and social media sites.

If you do not consent, please contact (via email) your school administrator.
Grades k-5 - Miss Cappuccino - jcappuccino@mv.org
Grades 6-12 - Mr. Oberdick - boberdick@mv.org

Acceptable Use of Technology

SB Policy 815: Acceptable Use of Electronic Resources www.mv.org/domain/117

_____By ACCEPTING and submitting to this policy, you agree to abide by the terms in the above SB Policy 815.

_____By NOT accepting and submitting to this policy, you are disallowing your student to use District Technology.

Student Handbook

Grandview Elementary/Morrisville Intermediate School Student Handbook www.mv.org/page/125
Morrisville Middle/Senior High School Student Handbook www.mv.org/page/158

_____I have read and reviewed, with my child, their building's (Elementary, Intermediate, Middle/Senior High School) Student Handbook.

_____ Student (Print)

_____ Parent/Guardian (Print)

_____ Student (Signature)

_____ Parent/Guardian (Signature)

_____ Date

_____ Date

REGISTRATION VERIFICATION
——OFFICE USE ONLY——

2/28/2022

Information Presented By _____ Re _____
Parent/Guardian/Agency Name Student Name

STUDENT (ALL Required)

☐Transfer Card ☐Transcript ☐ Report Card ☐ Immunization ☐ Social Security Card (optional)

☐ Proof of Age *Please Circle One:* **BIRTH CERTIFICATE, BAPTISMAL CERTIFICATE, LEGAL STATEMENT, PRIOR SCHOOL DISTRICT DOCUMENTS, PASSPORT**

TYPE OF RESIDENCY

☐ Own ☐ Rent ☐ Multiple Occupancy ☐ Affidavit

PROOF OF RESIDENCY (4 Required)

☐ Lease/Deed (start date_____ end date _____) ☐ Multiple Occupancy Affidavit

☐ Utility Bill ☐ Mortgage ☐ Tax Bill ☐ Credit Card Payment

☐ Car Registration ☐ Occupancy Certificate ☐ Other, specify_____

PARENT/GUARDIAN/AGENCY IDENTIFICATION

☐ License ☐ Picture ID ☐ Other form of ID, specify: _____

CUSTODY

☐ Yes	☐ No		Foster Placement Letter
☐ Yes	☐ No		Verification of Custody
☐ Yes	☐ No		Lease, Statement Verifying Student's Residence
☐ Yes	☐ No	☐ NA	Court Document regarding custody issue

COMPLETED FORMS

☐ Parent/Guardian Registration Statement ☐ Medical History (attached immunization) ☐ Home Language Survey

☐ Authorization to Request/ Release Information ☐ Media Release/Computer Contract ☐ ECYEH Intake (If Applicable)

☐ Free & Reduced Lunch Application ☐ Other_____

OTHER RELEVENT FACTORS/COMMENTS: _____

_____

_____

☐ **All Requirements for Registration Satisfied** _____ _____
VERIFIED AND ACCEPTED BY SIGNATURE **DATE**

Student ID #_____ PA Secure ID #_____ Grade_____

Homeroom Teacher_____ Room#_____ Entry Code_____

Date started _____ ☐General Education ☐Special Education

Classify if applicable: ☐Alternative School _____ ☐Charter School _____

☐ Foster Student ☐Support Team

☐Tuition Student ☐_____

Data Processing: _____ Date: _____