

# Registration and Enrollment Procedure

Please call the Central Registrar's Office at **(570) 226-4557 - press 9 - dial ext. 3000** if you have any questions regarding the registration/enrollment process. After all required paperwork has been submitted, the appropriate school(s) will contact you to schedule an appointment for you and your child(ren).

In accordance with State, and District guidelines, the following documents must be presented at the time of enrollment. Lack of proper documentation can delay the enrollment process.

- **Birth Certificate, Baptismal Certificate, or Passport.**
- **Proof of Residency** - the following are acceptable:
  - A deed
  - A lease
  - Current utility bill
  - Current credit card bill
  - Property tax bill
  - Vehicle registration
  - Driver's license
  - DOT identification card

The district reserves the right to require more than one form of residency confirmation be provided.

- **Immunization Records** from physician.

[Click here](#) for a listing of required immunizations

- [Certificate of Immunization / Immunization Exemption Form](#)

- **School Records**

- Last Report Card or Transcript Grades to date at time of withdrawal from previous school
- Name, complete address, and phone number of previous school

- **Special Education Records** (if applicable)

- IEP (Individual Education Program)
- ER (Evaluation Report)
- Notice of Recommended Educational Placement
- Psychological/Psychiatric Reports

- **Registration forms:** (PDF format - *Adobe Reader* required. [Click here](#) to download.)

- [Parent/Guardian Data Form](#)
- [Student Data Form](#)
- [Health Registration Form](#)
- [Medical Authorizations](#)
- [Parent Registration Statement](#)
- [Request for Student Records](#)
- [Alternate Income Form](#)
- [Foster Parent Form](#)
- [PIAA Transfer Form](#) (Grades 7-12 only)
- [Change of Address Form](#)

Mail to: Wallenpaupack Area District Office  
Attention: Ms. Gulumoglu  
2552 Route 6  
Hawley, PA 18428

Fax to: Ms. Gulumoglu  
(570) 251-3156

Email: [registrar@wallenpaupack.org](mailto:registrar@wallenpaupack.org)

In addition, Pennsylvania requires a physical examination and a dental examination for all new students. Parents have the option of having that exam performed by their own physician/dentist or by the school physician/dentist. Private examination forms are due by the first week of October. Also, additional vision, hearing and growth screenings will be completed during the school year by the school nurse.

- **The following forms should be filled out by your physician/dentist and returned to the school nurse if you choose to have the exams performed privately.**
  - [Private Physician Examination Report](#)
  - [Private Dental Examination Report](#)



## Wallenpaupack Area School District Parent/Guardian Data Sheet

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### Family Information

|                     |                      |       |                                  |  |
|---------------------|----------------------|-------|----------------------------------|--|
|                     |                      |       | Relationship:                    | Do custody concerns apply to this child?<br>Yes No |
|                     |                      |       | Lives at this address<br>Yes No  |  |
| Student's Last Name | Student's First Name | Grade |                                  |  |
|                     |                      |       | Relationship:                    | Do custody concerns apply to this child?<br>Yes No |
|                     |                      |       | Lives at this address:<br>Yes No |  |
| Student's Last Name | Student's First Name | Grade |                                  |  |
|                     |                      |       | Relationship:                    | Do custody concerns apply to this child?<br>Yes No |
|                     |                      |       | Lives at this address:<br>Yes No |  |
| Student's Last Name | Student's First Name | Grade |                                  |  |

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### Custody Information

I am the parent/guardian of the child named above. I am providing this information to the school district for the purpose of ensuring the child's safety and well-being. I understand that this information is confidential and will be used only for the purposes stated above. I agree to provide any additional information requested by the school district.

I am the parent/guardian of the child named above. I am providing this information to the school district for the purpose of ensuring the child's safety and well-being. I understand that this information is confidential and will be used only for the purposes stated above. I agree to provide any additional information requested by the school district.

I am the parent/guardian of the child named above. I am providing this information to the school district for the purpose of ensuring the child's safety and well-being. I understand that this information is confidential and will be used only for the purposes stated above. I agree to provide any additional information requested by the school district.

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Signature of Parent/Guardian: \_\_\_\_\_ Y^ P[ Á

Parent/Guardian Signature

Date:



2552 Route 6  
 Hawley, PA 18428-7045  
 (570) 226-4557 opt. 6  
 Fax: (570) 226-0638

# WALLENPAUPACK AREA SCHOOL DISTRICT

## Wallenpaupack Area School District Student Data Sheet

|                                 |                             |              |  |   |  |
|---------------------------------|-----------------------------|--------------|--|---|--|
| Student name:                   |                             |              |  |   |  |
| <b>Last</b>                     |                             | <b>First</b> |  | <b>Middle</b>                               |  |
|                                 |                             |              |  | <b>Date of Enrollment</b>                   |  |
|                                 |                             |              |  | <b>Sex:</b> Male Female                     |  |
| <b>Birth date: MM/DD/YY</b>     |                             | <b>Age</b>   |  | <b>Grade to be Enrolled</b>                 |  |
| <b>Birth Country:</b>           | <input type="checkbox"/> US |              | <b>If birth country not US, US Entry Date:</b>     |   |  |
|                                 | <b>Other:</b>               |              | <b>If birth country not US, School Entry Date:</b> |   |  |
| <b>Birth Place: City, State</b> |                             |              |  |   |  |
|                                 |                             |              |  | <b>If birth gHUY not D5, D5 Entry Date:</b> |  |
|                                 |                             |              |  | <b>-ZUdd`JWUV`YZ- h `; fUXY`Entry Date:</b> |  |

### Ethnicity

|                      |  |
|----------------------|--|
| Check all that apply | <input type="checkbox"/> White non-Hispanic <input type="checkbox"/> Hispanic (any race) <input type="checkbox"/> Black/African American non-Hispanic<br><input type="checkbox"/> Asian non-Hispanic <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Multi-Racial non-Hispanic<br><input type="checkbox"/> Native Hawaiian or other Pacific Islander non-Hispanic |
|----------------------|--|

### Emergency Contact Information

|   |               |
|---|---------------|
| <b>In case of emergency, please give names and phone numbers, other than your own to be contacted:</b>  |               |
| Name:   | Phone Number: |
|   | Relationship: |
| <b>In case of emergency, please give another name and phone number to contact in case of emergency:</b> |               |
| Name:   | Phone Number: |
|   | Relationship: |

- Does the student have an IEP?  Yes  No If yes, please attach a copy.
- Does the student have a Service Plan(504)?  Yes  No If yes, please attach a copy.
- Does the student have a Gifted IEP?  Yes  No
- Does the student receive Title 1 Services?  Yes  No
- Did the student attend pre-school?  Yes  No If yes, where?
- Does the student participate in the Free/Reduced Lunch Program?    Free                  Reduced                  Does Not Participate

## Wallenpaupack Area School District Student Data Sheet

|               |              |               |
|---------------|--------------|---------------|
| Student name: |              |               |
| <b>Last</b>   | <b>First</b> | <b>Middle</b> |

|   |
|---|
| <b>Military</b>   |
| Is the student's parent/guardian a member of a branch of the United States Armed Forces (Army, Navy, Air Force, Marine Corp, and Coast Guard) including full-time National Guard?<br><input type="checkbox"/> Yes     If yes, please indicate: <input type="checkbox"/> Active Duty <input type="checkbox"/> Veteran<br><input type="checkbox"/> No |

|  |
|--|
| <b>Homeless</b>  |
| Is the student identified as homeless or doubled up?<br><input type="checkbox"/> Yes     If yes, please indicate: <input type="checkbox"/> Shelter; Transitional housing <input type="checkbox"/> Doubled up <input type="checkbox"/> Unsheltered (e.g. cars, parks) <input type="checkbox"/> Hotels/motels<br><input type="checkbox"/> No |

### 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.*

|  |                           |                     |                |
|--|---------------------------|---------------------|----------------|
| <b>1. What is/was the student's first language?</b>  |                           |                     |                |
| <b>2. Does the student speak a language other than English? (Does not include languages learned in school) If yes, specify the language:</b>                     |                           |                     |                |
| <b>3. What language(s) is/are spoken in your home?</b>   |                           |                     |                |
| <b>4. Has the student attended any United States school in any 3 years during his/her lifetime?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</b> |                           |                     |                |
| <b>If Yes,</b>   | Name of School            | State               | Dates Attended |
|  |                           |                     |                |
|  |                           |                     |                |
| <b>5. Person completing Home Language Survey, if other than parent/guardian:</b>   |                           |                     |                |
| <b>6. If needed, English-speaking contact</b>  | <b>Name (Last, First)</b> | <b>Phone Number</b> |                |

*\*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 AVTS may conduct screenings or ask for related information about students who are already enrolled in the district as well as from students who enroll in the school district/charter school /full day AVTS in the future.*

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

\_\_\_\_\_  
**School Official Signature** **Date**

|  |  |  |
|--|--|--|
| <b>For Office Use Only:</b>  | <input type="checkbox"/> New Enrollment <input type="checkbox"/> Re-enrollment | <input type="checkbox"/> Proof of Residency <input type="checkbox"/> Birth Certificate |
| <input type="checkbox"/> Immunization <input type="checkbox"/> Grades to Date <input type="checkbox"/> Contact Information <input type="checkbox"/> 1302 <input type="checkbox"/> 1305 <input type="checkbox"/> Other (describe) |  |  |
| <input type="checkbox"/> WNPS <input type="checkbox"/> WSES <input type="checkbox"/> WNIS <input type="checkbox"/> WAMS <input type="checkbox"/> WAHS <input type="checkbox"/> WHC   |  | Bus Number:                      Student ID:   |



# WALLENPAUPACK AREA SCHOOL DISTRICT

## Health Registration Form

Student's Last Name \_\_\_\_\_ Student's First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

- Immunization Records:**
- Attached
  - Medical Exemption Attached
  - Religious Exemption Attached

**Please check all that apply to your child - To be completed by parent**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Arthritis                  | <input type="checkbox"/> Dental Condition           | <input type="checkbox"/> Orthopedic Condition      |
| <input type="checkbox"/> Asthma Triggers            | <input type="checkbox"/> Developmental Delay        | <input type="checkbox"/> Psychiatric Condition     |
| <input type="checkbox"/> allergies                  | <input type="checkbox"/> Diabetes                   | <input type="checkbox"/> Seizures                  |
| <input type="checkbox"/> exercise                   | <input type="checkbox"/> Dietary Restrictions       | <input type="checkbox"/> Skin Disorder             |
| <input type="checkbox"/> infection                  | <input type="checkbox"/> Eating Disorder            | <input type="checkbox"/> Speech Difficulty         |
| <input type="checkbox"/> weather                    | <input type="checkbox"/> Fainting Spells            | <input type="checkbox"/> TB Exposure               |
| <input type="checkbox"/> Attention Deficit          | <input type="checkbox"/> Gastrointestinal Condition | <input type="checkbox"/> Thyroid Condition         |
| <input type="checkbox"/> Autoimmune Deficiency      | <input type="checkbox"/> Headaches                  | <input type="checkbox"/> Vision Deficit            |
| <input type="checkbox"/> Bladder Control            | <input type="checkbox"/> Hearing Deficit            | <input type="checkbox"/> severe loss               |
| <input type="checkbox"/> Bleeding Disorder/Anemia   | <input type="checkbox"/> Heart Condition            | <input type="checkbox"/> eye surgery               |
| <input type="checkbox"/> Bowel Control              | <input type="checkbox"/> High Blood Pressure        | <input type="checkbox"/> glasses/contacts          |
| <input type="checkbox"/> Chicken Pox                | <input type="checkbox"/> Kidney Condition           | <input type="checkbox"/> Other (Specify)           |
| <input type="checkbox"/> vaccine                    | <input type="checkbox"/> Lung Condition             | If needed, please use reverse side to elaborate on |
| <input type="checkbox"/> disease                    | <input type="checkbox"/> Malignancy                 | the above conditions.                              |
| <input type="checkbox"/> Color Blindness            | <input type="checkbox"/> Neurological Disorder      | _____  |
| <input type="checkbox"/> Connective Tissue Disorder | <input type="checkbox"/> Neuromuscular Disorder     | _____  |
| <input type="checkbox"/> Cystic Fibrosis            | <input type="checkbox"/> Nosebleeds                 | _____  |

Family Physician – Please Print \_\_\_\_\_ Phone Number \_\_\_\_\_

Family Dentist– Please Print \_\_\_\_\_

Last eye examination: Date: \_\_\_\_\_ by Dr. \_\_\_\_\_

Last dental examination: Date: \_\_\_\_\_ by Dr. \_\_\_\_\_

Last medical examination: Date: \_\_\_\_\_ by Dr. \_\_\_\_\_

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

**Please complete and sign the back of this form if necessary.**



# WALLENPAUPACK AREA SCHOOL DISTRICT

## Allergy Information:

Indicate student's allergy, please be specific (for example, peanut, bee sting, penicillin, etc.)

|   |  |
|---|--|
| <b>Allergy description:</b>   |  |
| <b>Student's reaction:</b>  |  |
| <b>Allergy treatment:</b>   |  |
| Is medication needed for allergy? At home? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| At school? <input type="checkbox"/> Yes <input type="checkbox"/> No                                 | If yes, please complete necessary forms located on the district's <a href="#">Health Services</a> webpage   Health Care Forms section webpage or call 570 226-4557 ext. 3036 |
| <b>Name of Medication:</b>  |  |

## Medical Information:

|   |  |
|---|--|
| Is your child presently under any medical treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| If yes, please explain:   |  |
| Is medication needed for this condition? At home? <input type="checkbox"/> Yes <input type="checkbox"/> No    |  |
| At school? <input type="checkbox"/> Yes <input type="checkbox"/> No   | If yes, please complete necessary forms located on the district's <a href="#">Health Services</a> webpage   Health Care Forms section webpage or call 570 226-4557 ext. 3036 |
| <b>Name of Medication:</b>  |  |

List major operations, injuries, or hospitalizations - Give dates:

Is there anything you can tell us about your child that you feel will help the school staff to better understand and work with him/her?

Would you like a conference with the school nurse?  Yes  No

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

(For official use) - Form review by \_\_\_\_\_



2552 Route 6  
 Hawley, PA 18428-7045  
 (570) 226-4557 opt. 6  
 Fax: (570) 226-0638

## WALLENPAUPACK AREA SCHOOL DISTRICT

# Medical Authorizations

Student's Last Name

Student's First Name

Homeroom Teacher

Grade

Date

### A. Releasing Authority for Treatment

I request the school to contact me in case of emergency, illness or accident requiring emergency care. If the school is unable to reach me, I hereby authorize the school to call the physician indicated and follow his/her instructions. If it is impossible to contact this physician, the authorized person may make whatever arrangement and transfer pertinent medical records that are deemed necessary. I understand that this emergency care authority may be exercised either locally or when a student is away on a trip.

### B. Medication Policy:

It is the policy of the Wallenpaupack Area School District not to distribute medication of any kind without the written permission of the physician or parent/guardian. This includes non-prescription and prescription medicines. The students are not allowed to have medicine of any type in their possession. Wallenpaupack Area School District utilizes the health management system Caretox to maintain and log medication information for each student.

### C. I understand that Commonwealth law requires the following:

|   |  |
|---|--|
| Physical Examination at time of original entry and in Grades 6 and 11         | 4 doses of tetanus, diphtheria, and acellular pertussis (1 dose on or after the 4 <sup>th</sup> birthday)  |
| Dental examination at time of original entry and in Grades 3 and 7            | 4 doses of polio (4 <sup>th</sup> dose on or after 4 <sup>th</sup> birthday and at least 6 months after previous dose given)   |
| Screening for vision at time of original entry and then yearly                | 2 doses of measles, mumps, rubella   |
| Screening for hearing at time of original entry and in Grades K, 3, 7, and 11 | 3 doses of hepatitis B   |
| Screening for growth at time of original entry and then yearly                | 2 doses of varicella (chicken pox) or evidence of immunity   |
| Screening for Scoliosis in Grades 6 and 7                                     | For attendance in 7 <sup>th</sup> grade: 1 dose of tetanus, diphtheria, acellular pertussis on the first day of 7 <sup>th</sup> grade<br><br>For attendance in 7 <sup>th</sup> grade: 1 dose of meningococcal conjugate vaccine (MCV) on the first day of 7 <sup>th</sup> grade<br><br>For attendance in 12 <sup>th</sup> grade: a dose of MCV on the first day of 12 <sup>th</sup> grade. If one dose was given at 16 years of age or older, that shall count as the twelfth-grade dose |

If physical and dental examinations are done privately, reports/forms are to be returned to the school nurse by the first week of October or these examinations will be done in school. If done in school, parent/guardian will be informed of any abnormal results.

### D. Releasing Medical Information

I understand student medical information will only be disclosed by the nurse's office to school staff to the extent necessary to ensure the safety of a student. Medical information shall also be released to medical personnel, but only when necessary to aid in providing emergency treatment. Wallenpaupack Area School District utilizes Caretox to store, maintain, and update medical information.

Parent/Guardian Signature

Date

Revised: 9/7/2018

# Attachment A – Parental Registration Statement

Student Full Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Grade: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

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*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 of offense involving a weapon, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property."*

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**Please complete the following:**

I hereby swear or affirm that my child (select one:) **was / was not** previously suspended or expelled or (select one:) **is / is not** presently 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.

**Signature of Parent or Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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*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." Section 13-1318 speaks to students who have been convicted or adjudicated delinquent of committing a sexual assault upon another student enrolled in the same public school entity.*

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**Please complete the following:**

I hereby swear or affirm that my child (select one:) **was / was not** previously expelled or (select one:) **is / is not** presently expelled from any public school entity under 24 P.S. § 13-1318.1 (related to students convicted or adjudicated delinquent of sexual assault). I make this statement subject to the penalties of 24 P.S. §13-1318.1(g) 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.

**Signature of Parent or Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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*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.*

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

Name of the school from which student was suspended or expelled: \_\_\_\_\_

Dates of suspension or expulsion: \_\_\_\_\_

Reason for suspension/expulsion: \_\_\_\_\_

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

If applicable provide additional schools and dates of expulsion or suspension.

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



2552 Route 6  
 Hawley, PA 18428-7045  
 (570) 226-4557 opt. 6  
 Fax: (570) 226-0638

# WALLENPAUPACK AREA SCHOOL DISTRICT

## Request for Student Records

To the Principal or School Counselor:

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|                     |                      |       |
|---------------------|----------------------|-------|
| Student's Last Name | Student's First Name | Grade |
|---------------------|----------------------|-------|

Has entered the Wallenpaupack Area School District and indicated that he/she attended your school previously. Please forward at your earliest convenience:

- Pupil's Scholastic Records-including Grades, Credits, and Grades to date for this school year, Numerical Grading Profile used by your school
- Standardized Test Results
- All Special Education Records-including current IEP, Psychological Report, Educational Report, Multidisciplinary Summary Report
- Health and Dental Records-including Personal Health History
- Attendance and Discipline Reports
- PAsecureID: \_\_\_\_\_

**IF THIS STUDENT'S RECORDS WERE FORWARDED TO ANOTHER SCHOOL BUILDING IN YOUR DISTRICT, PLEASE FORWARD THIS RECORD TO THE PROPER BUILDING**

According to the Final Regulations-Family Educational Rights and Privacy Act (Buckley Amendment) dated June 17, 1976, it is no longer necessary to obtain written consent to release records between schools. It states that school officials including teachers within the educational institution and officials of other schools in school systems in which the student may intend to enroll, may receive a student's record without consent for such release.

I hereby give permission for (previous school's name and address):

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Fax # \_\_\_\_\_ Phone # \_\_\_\_\_

to release the records outlined above to Wallenpaupack Area School District.

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|                             |      |
|-----------------------------|------|
| Parent/Guardian's Signature | Date |
|-----------------------------|------|

FOR OFFICE USE ONLY

Send Records to Attention of:

- |   |  |                            |
|---|--|----------------------------|
| <input type="checkbox"/> High School        | 2552 Route 6 · Hawley, PA 18428          | Fax Number: (570) 251-3153 |
| <input type="checkbox"/> Middle School      | 139 Atlantic Ave · Hawley, PA 18428      | Fax Number: (570) 251-3165 |
| <input type="checkbox"/> North Intermediate | 187 Atlantic Ave · Hawley, PA 18428      | Fax Number: (272) 638-6232 |
| <input type="checkbox"/> South Elementary   | 989 Main Street · Newfoundland, PA 18445 | Fax Number: (570) 251-3091 |
| <input type="checkbox"/> North Primary      | 158 Atlantic Ave · Hawley, PA 18428      | Fax Number: (570) 251-3151 |

Phone Number: (570) 226-4557 ext. \_\_\_\_\_

| Records Request |          |
|-----------------|----------|
| 1. Date _____   | By _____ |
| 2. Date _____   | By _____ |
| 3. Date _____   | By _____ |

**PENNSYLVANIA INTERSCHOLASTIC ATHLETIC ASSOCIATION, INC. (PIAA)  
MEMBER SCHOOL ATHLETIC TRANSFER WAIVER REQUEST FORM  
(Revised April 12, 2022)**

Pursuant to ARTICLE VI, TRANSFERS, RESIDENCE, AND RECRUITING, Section 5, Regional Panel or District Committee Review, of the PIAA By-Laws, the Principal of a PIAA member school to which a student transferred, who is not otherwise eligible under Section 3, Presumptive Eligibility, subsections A through H, may request a waiver of ARTICLE VI, Section 4, Ineligible Students, from, as applicable under the circumstances, either a Regional Panel or the District Committee having jurisdiction over that Principal's school by (1) completing Sections 1 and 2 of that Form; (2) having the student's parent(s) or guardian(s) complete and sign Section 3 of that Form; (3) thereafter completing and signing either Section 4A or 4B of that Form; (4) routing that Form to the Principal of the school from which the student transferred, for that Principal to complete and sign either Section 5A or 5B; (5) having that Principal return that Form to the Principal of the PIAA member school to which the student transferred; and (6) then submitting that completed and properly executed Form to, as applicable under the circumstances, either a Regional Panel or the District Committee having jurisdiction over the Principal's school to which the student transferred, for either that Regional Panel's or District Committee's consideration.

(PLEASE PRINT OR TYPE)

DATE: \_\_\_\_\_

**Timing:** A receiving school Principal before any student whose eligibility must be determined using this form shall initiate this form after the student has been enrolled in their school and is no longer in attendance at their previous school. The receiving school Principal shall forward this form to the sending school upon completion and without undue delay.

**SECTION 1. RECEIVING MEMBER SCHOOL INFORMATION**

- A. Full Name of Principal: \_\_\_\_\_ Mr. Travis Ey \_\_\_\_\_
- B. Member School: \_\_\_\_\_ Wallenpaupack Area High School \_\_\_\_\_
- C. Member School Address: \_\_\_\_\_ 2552 Route 6 \_\_\_\_\_  
 \_\_\_\_\_ Hawley, PA 18428 \_\_\_\_\_
- D. Member School Phone No.: \_\_\_\_\_ (570) 226-4557 \_\_\_\_\_ Member School Fax No.: \_\_\_\_\_ (570) 251-3154 \_\_\_\_\_

**SECTION 2. TRANSFERRING STUDENT INFORMATION**

- A. Full Name of Student: \_\_\_\_\_ Grade \_\_\_\_\_  
 (First) (Middle) (Last)
- B. Place of Residence: \_\_\_\_\_  
 (Street Address) (City) (State) (Zip Code)
- C. Name(s) of the head of household in which the transferring student resides: \_\_\_\_\_  
 Relationship to the student: \_\_\_\_\_
- D. Residence is located within the boundaries of the \_\_\_\_\_ Public School District
- E. Date of Student's Birth: \_\_\_\_\_ F. Age of Student on Last Birthday: \_\_\_\_\_
- G. Date Student Enrolled for the Current School Year: \_\_\_\_\_
- H. Summary of Student's School(s) Attended and Sport Participation in Each Season:

| GRADE | SCHOOL YEAR | SCHOOL ATTENDED | LIST SPORT PARTICIPATION IN EACH SEASON |        |        |
|-------|-------------|-----------------|---|--------|--------|
|       |             |                 | FALL                                    | WINTER | SPRING |
| 7     |             |                 |   |        |        |
|       |             |                 |   |        |        |
|       |             |                 |   |        |        |
|       |             |                 |   |        |        |
|       |             |                 |   |        |        |

**SECTION 3. TRANSFERRING STUDENT'S REASON(S) FOR TRANSFERRING**

- A. The transferring student and/or the student's parent(s) or guardian(s) should set forth the reason(s) for the Transfer:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Attach Additional Sheet[s] if Necessary)

**B.** Identify participation in any non-school athletics (e.g. AAU, American Legion, club team, or other non-school teams) the transferring student participated which is Coached by a person affiliated with the school to which the student transferred to and/or the majority of the members of that Team were from the school to which the student transferred to:

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(Attach Additional Sheet[s] if Necessary)

I (We) hereby acknowledge that I (we) have been informed by the Principal of the PIAA member school submitting this form, or that Principal's designee, as to the requirements of PIAA concerning the eligibility of students at PIAA member schools to participate in Inter-School Practices, Scrimmages, and/or Contests involving PIAA member schools. Such requirements include, but are not necessarily limited to age, amateur status, school attendance, health, Transfer from one school to another, season and out-of-season rules and regulations, semesters of attendance, seasons of sports participation, and academic performance.

I (We) further acknowledge that the information set forth in SECTION 2, TRANSFERRING STUDENT INFORMATION, and SECTION 3, TRANSFERRING STUDENT'S REASON(S) FOR TRANSFERRING, is accurate, complete, and truthful.

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

\_\_\_\_\_  
(Date)

**SECTION 4. REVIEW AND CERTIFICATION OF PRINCIPAL OF SCHOOL TO WHICH THIS STUDENT TRANSFERRED.**

\_\_\_\_\_  
(Print or Type Name of Principal of School  
to Which This Student Transferred)

\_\_\_\_\_  
(Print or Type Name of School to  
Which This Student Transferred)

E-mail address of Principal of School to Which This Student Transferred: \_\_\_\_\_

**\*\*(Please complete and sign EITHER A or B below)\*\***

**A.** Upon interviewing the transferring student and the Athletic Director of my school, I hereby certify that, to the best of my knowledge, information, and belief, the student's Transfer was not motivated in some material way by an athletic purpose and the student was not recruited for an athletic purpose.

\_\_\_\_\_  
(Signature of Principal of School to Which This Student Transferred)

\_\_\_\_\_  
(Date)

**B.** Upon interviewing the transferring student and the Athletic Director of my school, I hereby request that the District Committee having jurisdiction over my school review the circumstances of Transfer to assess whether the Transfer was motivated in some material way by an athletic purpose and/or was the result of recruiting, which was materially motivated in some way by an athletic purpose. I have checked each box that I believe applies to this Transfer and affixed my signature certifying to my request for that District Committee's review.

- The student's Transfer was motivated in some material way by a representative of my school placing an advertisement in a newspaper or other literature directed toward prospective recruits touting the athletic successes of my school's Teams and/or students. **NOTE:** A comprehensive brochure or comparable piece of literature discussing all or most aspects of the school, including, but not focusing on the athletic program, is permissible.
- A representative of my school provided the transferring student with free transportation, tickets, or admissions to a Contest (other than free transportation, tickets, or admissions made available to all students, or to all students at the same school, or to all students in the same grade level at the same school, or the transferring student attended a Feeder School of my senior high school).
- A representative of my school used AAU or other amateur athletic Coaches to steer the transferring student to my school.
- A representative of my school offered, to the transferring student, scholarships or financial aid which is not available to other students at my school.
- A representative of my school encouraged the parents or relatives of the transferring student to influence the student to enroll at my school to participate in sports. This box need not be checked if the transferring student attended a Feeder School of my senior high school.

- A representative of my school promised playing time or a position on a Team to the transferring student.
- A representative of my school met with the transferring student to encourage the transferring student to enroll at my school. This box need not be checked if the transferring student attended a Feeder School of my senior high school.
- A representative of my school provided transportation or other inducements to the transferring student to take a qualifying examination at my school or to meet with school officials (other than those opportunities provided to all students at a particular school or grade level, or to students attending a Feeder School of my senior high school).
- Athletic Personnel from my school directly, or through another person, encouraged the transferring student or that student's parents to have the student enroll at my school. This box need not be checked if the transferring student attended a Feeder School of my senior high school.
- A representative of my school provided any item with school advertisement (such as shirts, pennants, caps, jackets, etc.) to the transferring student (other than offers made to all students of a particular school or class, or to students attending a Feeder School of my senior high school).
- Athletic Personnel from my school recruited the transferring student to attend my school. This box need not be checked if the transferring student attended a Feeder School of my senior high school. A recruiting violation will take action against the school and coach not the student.
- The transferring student played on a non-school Team which is Coached by a person affiliated with my school and the majority of the members of that Team were from my school.
- The student's Transfer was motivated in some material way by the involvement of a representative of my school in a camp, clinic, or speech at or during which that person used the opportunity to taunt the athletic successes of my school's Teams and/or students.
- I am aware of other facts or circumstances which would lead me to believe that this Transfer was motivated in some material way by an athletic purpose. (If checked, please explain below.)\*
- I am aware of other facts or circumstances which would lead me to believe that individuals affiliated with my school engaged in recruiting the student for the purpose of participating in athletics. (If checked, please explain below.)

\*Transfers which are motivated in some material way by an athletic purpose are those Transfers which would not have occurred but for a desire of the student or the student's family (1) to gain additional playing time; (2) to play for a particular school, Coach, or Team; (3) to avoid either playing for, or athletic sanctions imposed by, a particular school, Coach, or Team; and/or (4) to gain increased media or college exposure.

FACTS OR CIRCUMSTANCES WHICH LEAD ME TO BELIEVE THAT THE TRANSFER OF THIS STUDENT WAS MOTIVATED IN SOME MATERIAL WAY BY AN ATHLETIC PURPOSE:

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(Attach Additional Sheet[s] if Necessary)

FACTS OR CIRCUMSTANCES WHICH LEAD ME TO BELIEVE THAT INDIVIDUALS AFFILIATED WITH MY SCHOOL ENGAGED IN RECRUITING THIS STUDENT FOR THE PURPOSE OF PARTICIPATING IN ATHLETICS:

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(Attach Additional Sheet[s] if Necessary)

(Signature of Principal of School to Which This Student Transferred) \_\_\_\_\_ (Date) \_\_\_\_\_

**PLEASE ROUTE TO PRINCIPAL OF SCHOOL FROM WHICH THIS STUDENT TRANSFERRED THROUGH THE PIAA WEB PORTAL.**

**SECTION 5. REVIEW AND CERTIFICATION OF PRINCIPAL OF SCHOOL FROM WHICH THIS STUDENT TRANSFERRED.**

\_\_\_\_\_  
(Print or Type Name of Principal of School  
from Which This Student Transferred)

\_\_\_\_\_  
(Print or Type Name of School from  
Which This Student Transferred)

E-Mail address of Principal of School from Which This Student Transferred: \_\_\_\_\_

**\*\*(Please complete and sign EITHER A or B below)\*\***

**A.** Upon my interviewing the Athletic Director of my school and, if possible, the student and/or the transferring student's parent(s), I hereby certify that, to the best of my knowledge, information, and belief, the student's Transfer was not motivated in some material way by an athletic purpose and the student was not recruited for an athletic purpose.

\_\_\_\_\_  
(Signature of Principal of School from Which This Student Transferred)

\_\_\_\_\_  
(Date)

**B.** Upon my interviewing the Athletic Director of my school and, if possible, the transferring student and/or the transferring student's parent(s), I hereby request that the District Committee having jurisdiction over the PIAA member school to which the student transferred review the circumstances of the Transfer to assess whether the Transfer was motivated in some material way by an athletic purpose and/or was the result of recruiting, which was materially motivated in some way by an athletic purpose. I have checked each box that I believe applies to this Transfer and affixed my signature certifying to my request for that District Committee's review.

- The student, or a parent or guardian, or an adult with whom the student resides, was dissatisfied with the student's position or the amount of playing time which the student received.
- The student, or a parent or guardian, or an adult with whom the student resides, had a problem with a Coach or school athletic administration at my school at either a personal or professional level.
- The student, or a parent or guardian, or an adult with whom the student resides, is seeking relief from conflict with the philosophy or action of an administrator or teacher relating to sports.
- The student, or a parent or guardian, or an adult with whom the student resides, is seeking to avoid or nullify the effect of actions or anticipated actions by my school relating to sports eligibility (e.g. discipline, attendance, academic performance, etc.).
- There is no Team at my school in the particular sport that the student desires to participate in.
- The student is following the student's Coach or other student-athletes to another school to which the Coach or athletes have transferred or seeks to play for a particular Coach or with a particular athlete due to a prior relationship with the Coach or athlete (such as through club or AAU participation) or because of the reputation of the Coach.
- The student, or a parent or guardian, or an adult with whom the student resides, desires that the student play on a less successful, smaller enrollment classification, and/or lower profile Team in order to be ranked higher among the students on that Team.
- The student, or a parent or guardian, or an adult with whom the student resides, desires that the student play on a more successful, larger enrollment classification, and/or higher profile Team to gain a higher level of competition and/or more exposure to college scouts.
- The student has moved with one parent, one guardian, or one or more siblings, into a rented residence in the new school district; and the student and/or the parent, guardian, or sibling(s) returns to the family home in the evening(s) and/or weekends.
- The student, or a parent or guardian, or an adult with whom the student resides, sought out Athletic Personnel and/or student-athletes at the school to which the student transferred and/or individuals affiliated with the school to which the student transferred engaged in recruiting the student for the purpose of participating in athletics.
- The student transferred in the middle of a marking period and/or immediately before or after a sports season.
- The student transferred immediately after being cut from a Team in a particular sport.
- I am aware of other facts or circumstances which would lead me to believe that this Transfer was motivated in some material way by an athletic purpose. (If checked, please explain below.)\*
- I am aware of other facts or circumstances which would lead me to believe that individuals affiliated with the school to which the student transferred engaged in recruiting the student for the purpose of participating in athletics. (If checked, please explain below.)

- The parents of the student have placed undue influence upon school's staff to have the student attend our school.
- There are outside influences that I believe have influenced this transfer to be motivated in a material way for an athletic purpose.

\*Transfers which are motivated in some material way by an athletic purpose are those Transfers which would not have occurred but for a desire of the student or the student's family (1) to gain additional playing time; (2) to play for a particular school, Coach, or Team; (3) to avoid either playing for, or athletic sanctions imposed by, a particular school, Coach, or Team; and/or (4) to gain increased media or college exposure.

FACTS OR CIRCUMSTANCES WHICH LEAD ME TO BELIEVE THAT THE TRANSFER OF THIS STUDENT WAS MOTIVATED IN SOME MATERIAL WAY BY AN ATHLETIC PURPOSE:

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(Attach Additional Sheet[s] if Necessary)

FACTS OR CIRCUMSTANCES WHICH LEAD ME TO BELIEVE THAT INDIVIDUALS AFFILIATED WITH THE SCHOOL TO WHICH THE STUDENT TRANSFERRED ENGAGED IN RECRUITING THE STUDENT FOR THE PURPOSE OF PARTICIPATING IN ATHLETICS:

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(Attach Additional Sheet[s] if Necessary)

\_\_\_\_\_  
(Signature of Principal of School from Which This Student Transferred)

\_\_\_\_\_  
(Date)

**PLEASE ROUTE TO THE DISTRICT COMMITTEE THROUGH THE PIAA WEB PORTAL.**

**PLEASE PROVIDE TRANSCRIPT AND ALL ATTENDANCE RECORDS VIA EMAIL OR USPS TO THE PRINCIPAL OF THE RECEIVING SCHOOL.**

### DOCUMENTS PAGE

(to be provided as verification via email to the District Chairman)

Proof of Residence Verification:

- Rental agreement, lease or home contract
- Change of driver's license address
- Change of voter's registration address

**Please complete the Post-Season Waiver Request form if appropriate.**

**Alternate Income Form**

Please complete the information listed below and return this form to your child’s school. If you would prefer to complete the form online, please use the QR code to the right. This information is used by the district to determine building and district eligibility for grants, state and federal funding. It is important that our data be as accurate as possible. **This information is confidential and will only be used for state and federal reporting purposes.** Thank you for your assistance!



If you completed this form online, please check here:

Name of Person Completing Form:

Number of people living in the household (students, children, infants, adults, even if not related):

Household income: Circle or highlight the income for the appropriate family size noted in question 2. Report all GROSS income (before taxes) for any household member from work and/or public assistance, child support, alimony, pensions, retirement:

| Family Size =1             | Family Size=2               | Family Size=3              |
|----------------------------|-----------------------------|----------------------------|
| \$0-\$20, 245 per year     | \$0-\$27,495 per year       | \$0-\$34,645 per year      |
| \$20,246-\$28,953 per year | \$27,495-\$39,128 per year  | \$34,646-\$49,303 per year |
| \$28,953 and up            | \$39,129 and up             | \$49,304 and up            |
|                            |                             |                            |
| Family Size=4              | Family Size=5               | Family Size=6              |
| \$0-\$41,795 per year      | \$0-\$48,945 per year       | \$0-\$56,095 per year      |
| \$41,796-\$59,478 per year | \$48,946-\$69,653 per year  | \$56,096-\$79,828 per year |
| \$59,479 and up            | \$69,654 and up             | \$79,829 and up            |
|                            |                             |                            |
| Family Size=7              | Family Size=8 and up        |                            |
| \$0-\$63,245 per year      | \$0-\$70,395 per year       |                            |
| \$63,246-\$90,003 per year | \$70,396-\$100,178 per year |                            |
| \$90,004 and up            | \$100,179 and up            |                            |

List all WASD students and buildings in this household:

| Student Last Name | Student First Name | Building |
|-------------------|--------------------|----------|
|                   |                    |          |
|                   |                    |          |
|                   |                    |          |
|                   |                    |          |
|                   |                    |          |



Bureau of Community Health Systems  
Division of School Health

## Private or School PHYSICAL EXAMINATION OF SCHOOL AGE STUDENT

**PARENT / GUARDIAN / STUDENT:**  
Complete page one of this form before  
student's exam. Take completed form to  
appointment.

Student's name \_\_\_\_\_ Today's date \_\_\_\_\_

Date of birth \_\_\_\_\_ Age at time of exam \_\_\_\_\_ Gender:  Male  Female

**Medicines and Allergies:** Please list all prescription and over-the-counter medicines and supplements (herbal/nutritional) the student is currently taking:  
\_\_\_\_\_  
\_\_\_\_\_

Does the student have any allergies?  No  Yes (If yes, list specific allergy and reaction.)

Medicines  Pollens  Food  Stinging Insects

Complete the following section with a check mark in the YES or NO column; circle questions you do not know the answer to.

| GENERAL HEALTH: <i>Has the student...</i>   | YES | NO |
|---|-----|----|
| 1. Any ongoing medical conditions? If so, please identify:<br><input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infection<br>Other _____   |     |    |
| 2. Ever stayed more than one night in the hospital?   |     |    |
| 3. Ever had surgery?  |     |    |
| 4. Ever had a seizure?  |     |    |
| 5. Had a history of being born without or is missing a kidney, an eye, a testicle (males), spleen, or any other organ?  |     |    |
| 6. Ever become ill while exercising in the heat?  |     |    |
| 7. Had frequent muscle cramps when exercising?  |     |    |
| HEAD/NECK/SPINE: <i>Has the student...</i>  | YES | NO |
| 8. Had headaches with exercise?   |     |    |
| 9. Ever had a head injury or concussion?  |     |    |
| 10. Ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?   |     |    |
| 11. Ever had numbness, tingling, or weakness in his/her arms or legs after being hit or falling?  |     |    |
| 12. Ever been unable to move arms or legs after being hit or falling?   |     |    |
| 13. Noticed or been told he/she has a curved spine or scoliosis?  |     |    |
| 14. Had any problem with his/her eyes (vision) or had a history of an eye injury?   |     |    |
| 15. Been prescribed glasses or contact lenses?  |     |    |
| HEART/LUNGS: <i>Has the student...</i>  | YES | NO |
| 16. Ever used an inhaler or taken asthma medicine?  |     |    |
| 17. Ever had the doctor say he/she has a heart problem? If so, check all that apply:<br><input type="checkbox"/> Heart murmur or heart infection<br><input type="checkbox"/> High blood pressure <input type="checkbox"/> Kawasaki disease<br><input type="checkbox"/> High cholesterol <input type="checkbox"/> Other: _____ |     |    |
| 18. Been told by the doctor to have a heart test? (For example, ECG/EKG, echocardiogram)?   |     |    |
| 19. Had a cough, wheeze, difficulty breathing, shortness of breath or felt lightheaded DURING or AFTER exercise?  |     |    |
| 20. Had discomfort, pain, tightness or chest pressure during exercise?  |     |    |
| 21. Felt his/her heart race or skip beats during exercise?  |     |    |
| BONE/JOINT: <i>Has the student...</i>   | YES | NO |
| 22. Had a broken or fractured bone, stress fracture, or dislocated joint?   |     |    |
| 23. Had an injury to a muscle, ligament, or tendon?   |     |    |
| 24. Had an injury that required a brace, cast, crutches, or orthotics?  |     |    |
| 25. Needed an x-ray, MRI, CT scan, injection, or physical therapy following an injury?  |     |    |
| 26. Had joints that become painful, swollen, feel warm, or look red?  |     |    |
| SKIN: <i>Has the student...</i>   | YES | NO |
| 27. Had any rashes, pressure sores, or other skin problems?   |     |    |
| 28. Ever had herpes or a MRSA skin infection?   |     |    |

| GENITOURINARY: <i>Has the student...</i>  | YES | NO |
|---|-----|----|
| 29. Had groin pain or a painful bulge or hernia in the groin area?  |     |    |
| 30. Had a history of urinary tract infections or bedwetting?  |     |    |
| 31. <b>FEMALES ONLY:</b> Had a menstrual period? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes: At what age was her first menstrual period? _____<br>How many periods has she had in the last 12 months? _____<br>Date of last period: _____   |     |    |
| DENTAL:   | YES | NO |
| 32. Has the student had any pain or problems with his/her gums or teeth?  |     |    |
| 33. Name of student's dentist: _____<br>Last dental visit: <input type="checkbox"/> less than 1 year <input type="checkbox"/> 1-2 years <input type="checkbox"/> greater than 2 years   |     |    |
| SOCIAL/LEARNING: <i>Has the student...</i>  | YES | NO |
| 34. Been told he/she has a learning disability, intellectual or developmental disability, cognitive delay, ADD/ADHD, etc.?  |     |    |
| 35. Been bullied or experienced bullying behavior?  |     |    |
| 36. Experienced major grief, trauma, or other significant life event?   |     |    |
| 37. Exhibited significant changes in behavior, social relationships, grades, eating or sleeping habits; withdrawn from family or friends?   |     |    |
| 38. Been worried, sad, upset, or angry much of the time?  |     |    |
| 39. Shown a general loss of energy, motivation, interest or enthusiasm?   |     |    |
| 40. Had concerns about weight; been trying to gain or lose weight or received a recommendation to gain or lose weight?  |     |    |
| 41. Used (or currently uses) tobacco, alcohol, or drugs?  |     |    |
| FAMILY HEALTH:  | YES | NO |
| 42. Is there a family history of the following? If so, check all that apply:<br><input type="checkbox"/> Anemia/blood disorders <input type="checkbox"/> Inherited disease/syndrome<br><input type="checkbox"/> Asthma/lung problems <input type="checkbox"/> Kidney problems<br><input type="checkbox"/> Behavioral health issue <input type="checkbox"/> Seizure disorder<br><input type="checkbox"/> Diabetes <input type="checkbox"/> Sickle cell trait or disease<br>Other _____ |     |    |
| 43. Is there a family history of any of the following heart-related problems? If so, check all that apply:<br><input type="checkbox"/> Brugada syndrome <input type="checkbox"/> QT syndrome<br><input type="checkbox"/> Cardiomyopathy <input type="checkbox"/> Marfan syndrome<br><input type="checkbox"/> High blood pressure <input type="checkbox"/> Ventricular tachycardia<br><input type="checkbox"/> High cholesterol <input type="checkbox"/> Other _____                   |     |    |
| 44. Has any family member had unexplained fainting, unexplained seizures, or experienced a near drowning?   |     |    |
| 45. Has any family member / relative died of heart problems before age 50 or had an unexpected / unexplained sudden death before age 50 (includes drowning, unexplained car accidents, sudden infant death syndrome)?   |     |    |
| QUESTIONS OR CONCERNS   | YES | NO |
| 46. Are there any questions or concerns that the student, parent or guardian would like to discuss with the health care provider? (If yes, write them on page 4 of this form.)  |     |    |

I hereby certify that to the best of my knowledge all of the information is true and complete. I give my consent for an exchange of health information between the school nurse and health care providers.

Signature of parent / guardian / emancipated student \_\_\_\_\_ Date \_\_\_\_\_

**STUDENT'S HEALTH HISTORY (page 1 of this form) REVIEWED PRIOR TO PERFORMING EXAMINATION: Yes  No**

| Physical exam for grade:<br>K/1 <input type="checkbox"/> 6 <input type="checkbox"/> 11 <input type="checkbox"/> Other <input type="checkbox"/> | CHECK ONE |           |       | *ABNORMAL FINDINGS / RECOMMENDATIONS / REFERRALS |
|--|-----------|-----------|-------|--|
|  | NORMAL    | *ABNORMAL | DEFER |  |
| Height: ( ) inches   |           |           |       |  |
| Weight: ( ) pounds   |           |           |       |  |
| BMI: ( )   |           |           |       |  |
| BMI-for-Age Percentile: ( ) %  |           |           |       |  |
| Pulse: ( )   |           |           |       |  |
| Blood Pressure: ( / )  |           |           |       |  |
| Hair/Scalp   |           |           |       |  |
| Skin   |           |           |       |  |
| Eyes/Vision Corrected <input type="checkbox"/>   |           |           |       |  |
| Ears/Hearing   |           |           |       |  |
| Nose and Throat  |           |           |       |  |
| Teeth and Gingiva  |           |           |       |  |
| Lymph Glands   |           |           |       |  |
| Heart  |           |           |       |  |
| Lungs  |           |           |       |  |
| Abdomen  |           |           |       |  |
| Genitourinary  |           |           |       |  |
| Neuromuscular System   |           |           |       |  |
| Extremities  |           |           |       |  |
| Spine (Scoliosis)  |           |           |       |  |
| Other  |           |           |       |  |

| TUBERCULIN TEST | DATE APPLIED | DATE READ | RESULT/FOLLOW-UP |
|-----------------|--------------|-----------|------------------|
|                 |              |           |                  |
|                 |              |           |                  |

**MEDICAL CONDITIONS OR CHRONIC DISEASES WHICH REQUIRE MEDICATION, RESTRICTION OF ACTIVITY, OR WHICH MAY AFFECT EDUCATION**

(Additional space on page 4)

Parent/guardian present during exam: Yes  No

Physical exam performed at: Personal Health Care Provider's Office  School  Date of exam \_\_\_\_\_ 20\_\_\_\_

Print name of examiner \_\_\_\_\_

Print examiner's office address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of examiner \_\_\_\_\_ MD  DO  PAC  CRNP

**HEALTH CARE PROVIDERS:** *Please photocopy immunization history from student's record – OR – insert information below.*

**IMMUNIZATION EXEMPTION(S):**

Medical  Date Issued: \_\_\_\_\_ Reason: \_\_\_\_\_ Date Rescinded: \_\_\_\_\_  
 Medical  Date Issued: \_\_\_\_\_ Reason: \_\_\_\_\_ Date Rescinded: \_\_\_\_\_  
 Medical  Date Issued: \_\_\_\_\_ Reason: \_\_\_\_\_ Date Rescinded: \_\_\_\_\_

**NOTE:** The parent/guardian must provide a written request to the school for a religious or philosophical exemption.

| VACCINE   | DOCUMENT: (1) Type of vaccine; (2) Date (month/day/year) for each immunization |    |    |    |    |
|---|--|----|----|----|----|
| Diphtheria/Tetanus/Pertussis (child)<br>Type: DTaP, DTP or DT                           | 1  | 2  | 3  | 4  | 5  |
| Diphtheria/Tetanus/Pertussis (adolescent/adult)<br>Type: Tdap or Td                     | 1  | 2  | 3  | 4  | 5  |
| Polio<br>Type: OPV or IPV   | 1  | 2  | 3  | 4  | 5  |
| Hepatitis B (HepB)  | 1  | 2  | 3  | 4  | 5  |
| Measles/Mumps/Rubella (MMR)   | 1  | 2  | 3  | 4  | 5  |
| Mumps disease diagnosed by physician <input type="checkbox"/>                           | Date: _____  |    |    |    |    |
| Varicella: Vaccine <input type="checkbox"/> Disease <input type="checkbox"/>            | 1  | 2  | 3  | 4  | 5  |
| Serology: (Identify Antigen/Date/POS or NEG)<br>i.e. Hep B, Measles, Rubella, Varicella | 1  | 2  | 3  | 4  | 5  |
| Meningococcal Conjugate Vaccine (MCV4)  | 1  | 2  | 3  | 4  | 5  |
| Human Papilloma Virus (HPV)<br>Type: HPV2 or HPV4                                       | 1  | 2  | 3  | 4  | 5  |
| Influenza<br>Type: TIV (injected)<br>LAIV (nasal)                                       | 1  | 2  | 3  | 4  | 5  |
|   | 6  | 7  | 8  | 9  | 10 |
|   | 11   | 12 | 13 | 14 | 15 |
| Haemophilus Influenzae Type b (Hib)   | 1  | 2  | 3  | 4  | 5  |
| Pneumococcal Conjugate Vaccine (PCV)<br>Type: 7 or 13                                   | 1  | 2  | 3  | 4  | 5  |
| Hepatitis A (HepA)  | 1  | 2  | 3  | 4  | 5  |
| Rotavirus   | 1  | 2  | 3  | 4  | 5  |
| <b>Other Vaccines: (Type and Date)</b>  |  |    |    |    |    |
|   |  |    |    |    |    |
|   |  |    |    |    |    |
|   |  |    |    |    |    |
|   |  |    |    |    |    |



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTH

**PRIVATE DENTIST REPORT  
OF DENTAL EXAMINATION OF A PUPIL OF SCHOOL AGE**

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

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

ADDRESS \_\_\_\_\_

\_\_\_\_\_

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

**REPORT OF EXAMINATION**

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

Is The Child Under Treatment Yes  No

Treatment Completed Yes  No

\_\_\_\_\_  
Date of Dental Examination

\_\_\_\_\_  
Signature of Dental Examiner

\_\_\_\_\_  
Print Name of Dental Examiner

\_\_\_\_\_  
Address



## Type 1 Diabetes Information

This type 1 diabetes information was developed pursuant to the Pennsylvania School Code (24 P.S. § 1414.12) and is for school entities and nonpublic schools to provide to parents and guardians of incoming elementary school students and students entering grade six, beginning with the 2025-2026 School Year.

Type 1 diabetes in children is an autoimmune disease that can be fatal if untreated, and the guidance provided in this information sheet is intended to raise awareness about this disease.

### Description

#### **Type 1 diabetes usually develops in children and young adults but can occur at any age**

- Type 1 diabetes can appear at any age, but it generally appears at two noticeable peaks. The first peak occurs in children between 4 and 7 years old. The second is in children between 10 and 14 years old ([Mayo Clinic](#)).

#### **Type 1 diabetes affects insulin production**

- Normally the body turns the carbohydrates in food into glucose (blood sugar), the basic fuel for the body's cells.
- The pancreas makes insulin, a hormone that moves glucose from the blood into the cells.
- In type 1 diabetes, the body's pancreas stops making insulin, and blood glucose levels rise.
- Over time, glucose can reach dangerously high levels in the blood, which is called hyperglycemia.
- Untreated hyperglycemia can result in diabetic ketoacidosis (DKA), which is a life-threatening complication of diabetes.

### Risk Factors Associated with Type 1 Diabetes

It is recommended that children displaying warning signs and symptoms associated with type 1 diabetes described below, should be screened (tested) for the disease by their health care provider.

#### **Risk Factors**

Researchers do not completely understand why some people develop type 1 diabetes and others do not. However, having a family history of type 1 diabetes can increase the likelihood of developing type 1 diabetes. Other factors might play a role in developing type 1 diabetes, including environmental triggers such as viruses. Type 1 diabetes is not caused by diet or lifestyle choices.

#### **Warning Signs and Symptoms Associated with Type 1 Diabetes and Diabetic Ketoacidosis**

Warning signs and symptoms of type 1 diabetes in children develop quickly, in a few weeks or months, and can be severe. If your child displays the warning signs below, contact your child's

primary health care provider or pediatrician for a consultation to determine if screening your child for type 1 diabetes is appropriate:

- Increased thirst
- Increased urination, including bed-wetting after toilet training
- Increased hunger, even after eating
- Unexplained weight loss
- Feeling very tired
- Blurred vision
- Very dry skin
- Slow healing of sores or cuts
- Moodiness, restlessness, irritability, or behavior changes

DKA is a complication of untreated type 1 diabetes. DKA is a medical emergency. Symptoms include:

- Fruity breath
- Dry/flushed skin
- Nausea
- Vomiting
- Stomach pains
- Trouble breathing
- Confusion

### **Type 1 Diabetes Treatments**

There are no known ways to prevent type 1 diabetes. Once type 1 diabetes develops, medication is the only treatment. If your child is diagnosed with type 1 diabetes, their health care provider will be able to help develop a treatment plan. Your child's health care provider may refer your child to an endocrinologist, a doctor specializing in the endocrine system and its disorders, such as diabetes.

Contact your child's school nurse, school administrator, or health care provider if you have questions.

### **References**

[Centers For Disease Control and Prevention: About Type 1 Diabetes](#)

[Children's Hospital of Philadelphia: Type 1 Diabetes](#)

[Mayo Clinic](#)

[Medline Plus: National Library of Medicine: Type 1 Diabetes](#)