

PALMERTON AREA SCHOOL DISTRICT

Student Registration

Required Document Checklist

____ **Parkside**

____ **Towamensing**

For a student to start school, we need to have on file or have verified the following:

☐ Proof of Immunizations - **copy**

☐ Proof of Age & Name - **copy**

- birth certificate;
- notarized copy of birth certificate;
- baptismal certificate;
- copy of the record of baptism (notarized or duly certified and showing the date of birth);
- notarized statement from the parents or another relative indicating the date of birth;
- a valid passport;
- a prior school record indicating the date of birth.

☐ Proof of Residency - 2 items from list below

- A current deed;
- A mortgage statement (no more than three months old);
- An active residential lease agreement;
- A utility bill (no more than three months old);
- An internet bill (no more than three months old);
- A credit card bill (no more than three months old);
- A bank statement (no more than three months old);
- A tax bill (no more than three months old);
- An insurance document (no more than three months old); or
- A piece of mail sent in the past three months by the federal or state government such as benefits information, voter registration, or tax documents.

Although not required, we appreciate copies of the following documents:

☐ Academic records (report card, transcript) - **copy**

☐ Special Education paperwork (IEP, 504 plan)-if applicable - **copy**

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

Student Name: _____ **Grade** _____

**PALMERTON SCHOOL DISTRICT
STUDENT REGISTRATION FORM**



Student Biographical Information

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

Gender ☐ M ☐ F

Grade Entering K

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** _____

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 ____/____/____

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 ____/____/____

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)

Exact Directions to Residence:

Name of Development/Subdivision: _____

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

Additional Information

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

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 student does NOT reside with)

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:

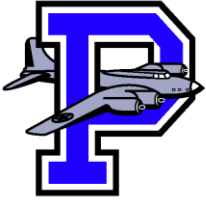
Home ____ - ____ - ____ Work ____ - ____ - ____ Ext ____ Cell ____ - ____ - ____

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) |



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

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):

___Frequent Earaches ___Seizures or Convulsions ___Hyperactivity

___Frequent Upset Stomach ___Unconsciousness ___Short Attention Span

___Frequent Sore Throat ___Nightmares ___Temper Tantrums

___Frequency or Burning on Urination ___Speech Difficulties ___Nail Biting

___Constipation ___Stuttering ___Difficulty separating from parents

___Diarrhea ___Eye Problems ___Difficulty carrying our directions

___Vomiting ___Bed Wetting ___Unusual Fears

___Headaches ___Hearing Defects ___Poor Coordination

___Nosebleeds ___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 _____



PALMERTON AREA SCHOOL DISTRICT

RELEASE OF RECORDS

- | | | |
|--|---|--|
| ☐ Palmerton Area High School
Grades 9-12
3523 Fireline Road
Palmerton, PA 18071
610-826-3155
610-826-4929 Fax | ☐ Palmerton Area Jr. High School
Grades 7-8
3529 Fireline Road
Palmerton, PA 18071
610-826-2492
610-826-2366 Fax | ☐ S. S. Palmer Elementary
Grades 2-6
298 Lafayette Avenue
Palmerton, PA 18071
610-826-7538
610-826-7528 Fax |
| ☐ Parkside Education Center
Grades K-1
680 Fourth Street
Palmerton, PA 18071
610-826-4914
610-826-4934 Fax | ☐ Towamensing Elementary
Grades K-6
7920 Interchange Road
Leighton, PA 18235
610-681-4024
610-681-6410 Fax | ☒ Palmerton School Dist. Special Education Dept.
680 Fourth Street
Palmerton, PA 18071
610-826-7101 x 5018
dborger@palmerton.org
drohlfing@palmerton.org |

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
Academic Evaluations
Developmental History/Social
Discharge Summary/Aftercare Plan
Section 504 Service Agreement
ESL

Team Action Plan (IST, SAP, etc.)
SAP Initiated D & A Evaluation
Psychological Evaluation/ER/GWR
Notice of Recommended Ed. Placement (NOREP)
Notice of Recommended Assignment (NORA)
Other: _____

Medical History
Psychiatric Evaluation
Immunization Records
Individualized Educ. Program (IEP)
Gifted IEP (GIEP)

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 @ email address listed above.

Parent/Guardian Signature

Date

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

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 ☐	HOMEMAKER ☐	DISABLED ☐	RETIRED ☐ STUDENT ☐
LIST <u>ALL</u> PERSONS LIVING AT THE ABOVE ADDRESS			
NAME	EMPLOYER	OCCUPATION	18 YEARS OF AGE OR OLDER
1.			☐ Yes ☐ No
2.			☐ Yes ☐ No
3.			☐ Yes ☐ No
4.			☐ Yes ☐ No
5.			☐ Yes ☐ No
6.			☐ Yes ☐ No
7.			☐ Yes ☐ No
8.			☐ Yes ☐ 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:
------------	-------

FOR OFFICIAL USE

DATE MAILED:	NOTES:
--------------	--------