UPPER MERION AREA SCHOOL DISTRICT

STUDENT SERVICES DEPARTMENT
200 Anderson Road, King of Prussia, PA 19406

STUDENT REGISTRATION DATA (PLEASE PRINT CLEARLY)

FOR DISTRICT USE ONLY - DO NOT COMPLETE

Proof of Residency: YES _____ NO _____ **Type**: _____

Birth Certificate: YES _____ NO _____ **Immunizations**: YES _____ NO _____ **Parent ID**: YES _____ NO _____

Location Code of Residence: 01 _____ 02 _____ 03 _____ 04 _____ 05 _____ 06 _____ 07 _____

Location Code of Attendance: 01 _____ 02 _____ 03 _____ 04 _____ 05 _____ 06 _____ 07 _____

Custody Agreement: YES ____ NO _____ **Guardianship:** YES _____ NO _____ **Grade Verified:** YES ____ NO _____

PA Secure ID Number: _____ **UMASD ID Number:** _____

Today's Date: _____ **Enrollment Grade**: _____

STUDENT INFORMATION: (*Note: Student's Full Name **must match** what appears on their birth certificate)*

Last (Family) Name: _____ First (Given) Name: _____

Middle Name: _____ Suffix: _____ Nickname: _____ ***(name child prefers to be called)***

Home Address: _____

City: _____ State: _____ Zip Code: _____

Male_____ Female_____ Date of Birth (MM/DD/YYYY): ____ / _____ / _____

ETHNICITY:

_____ White (Non-Hispanic) _____ Black/African-American _____ Asian _____ Hispanic _____ Multi-Racial

_____ American Indian/Alaskan Native _____ Native Hawaiian/Pacific Islander

PARENT/GUARDIAN INFORMATION:

Parent 1:

Full Name: _____Relationship to Student: _____

Lives with Student: YES _____ NO _____ Release To: YES _____ NO _____ ***(If NO, Court Order MUST be presented to school office)***

Have you experienced a recent crisis in housing or living arrangements that requires assistance? _____ YES _____NO

Home Address:_____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____ Occupation: _____ Employer: _____

Parent 2:

Full Name: _____ Relationship to Student: _____

Lives with Student: YES ☐ NO ☐ Release To: YES ☐ NO ☐ ***(If NO, Court Order MUST be presented to school office)*** Home Address:_____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____ Occupation: _____ Employer: _____

EMERGENCY CONTACT INFORMATION (Nearby responsible adults in case of emergency):

Full Name: _____Relationship to Student: _____

1st Phone: _____ SMS?: YES ☐ NO ☐ 2nd Phone: _____SMS?: YES ☐ NO ☐

Does this person live with the student? YES ☐ NO ☐ IF YES: Email: _____

Full Name: _____Relationship to Student: _____

1st Phone: _____ SMS?: YES ☐ NO ☐ 2nd Phone: _____SMS?: YES ☐ NO ☐

Does this person live with the student? YES ☐ NO ☐ IF YES: Email: _____

STUDENT'S EDUCATION HISTORY:

Has the student ever been enrolled in an Upper Merion school? YES ☐ NO ☐

Name of Previous School: _____

School's Address: _____

City: _____ State: _____ Zip Code: _____

School's Phone: _____ School's Fax: _____

Completed Grade Level: _____ Date Range Attended: _____ ***(mm/yyyy – mm/yyyy)***

Student's Previous Home Address: _____

City: _____ State: _____ Zip Code: _____

Date when first enrolled in PA Schools: _____ ***(mm/yyyy)***

City of Birth: _____ State of Birth: _____ Country of Birth: _____

Date of arrival in the US: _____ ***(mm/yyyy)*** Date when first enrolled in US school: _____ ***(mm/yyyy)***

OTHER CHILDREN LIVING IN THE HOME:

Name	Age	Date of Birth	School (if school age)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SPECIAL SERVICES:

IEP (Individual Education Plan): YES _____ NO _____ If Yes, Grades: _____, copy provided: YES _____ NO ____

GIEP (Gifted Individual Education Plan): YES _____ NO _____ If Yes, Grades: _____, copy provided: YES _____ NO _____

504 Plan: YES _____ NO _____ If Yes, Grades: _____, copy provided: YES _____ NO _____

ELL (English Language Learner) Classes: YES _____ NO _____ If Yes, Grades: _____

Ever Retained? YES _____ NO _____ If Yes, Grades: _____

I have completed the above student registration packet in its entirety to the best of my knowledge and the information provided is accurate.

Parent/Guardian Signature: _____ Date: _____

PARENTAL REGISTRATION STATEMENT

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 suspended or expelled from any public or private school of the Commonwealth or any other state for an act of offense involving weapons, alcohol or drugs, or the willful infliction of injury to another person or for any act of violence committed on school property."

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 of offense involving weapons, alcohol or drugs, or 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.

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

_____

_____

_____

_____

Any willful false statement made above shall be a misdemeanor of the third degree. This form shall be maintained as part of the student's disciplinary record.

Parent/Guardian Signature: _____ Date: _____

CHILD CUSTODY INFORMATION

☐ **Student resides with both Parents/Guardians**

Parent/Guardian Signature: _____ Date: _____

☐ **Student DOES NOT reside with both Parents/Guardians**

The following information is requested when the enrolled student does not reside with both parents/guardians due to separation or divorce. The parent/guardian with whom the child resides will be considered the custodial parent/guardian; however, the non-custodial parent/guardian has access to the child's records in the absence of a court order forbidding it. It is the responsibility of the custodial parent to provide the school with any limiting court order.

Student Name: _____

Name of custodial parent/guardian with whom the child resides: _____

Name of non-custodial parent/guardian:

_____ _____

Non-custodial parent/guardian's home address:

_____

City: _____ State: _____ Zip Code: _____

1. Do you, as custodial parent/guardian, have legal custody through a court order?
   YES _____

   NO _____

   PENDING _____, Date finalization expected? _____

2. If there is a court order, does it limit the non-custodial parent/guardian's access to school records?

   YES _____, ***(If YES, a copy of the court order MUST be supplied to the school office to be kept on file)***

   NO _____

3. May the child be released from school to the non-custodial parent/guardian?

   YES _____

   NO _____, ***(If NO, a copy of the court order MUST be supplied to the school office to be kept on file)***

4. Can we provide the non-custodial parent/guardian progress information such as report cards and conference reports?

   YES _____

   NO _____ (***If NO, court order MUST be supplied stating parent relinquished educational rights)***

Parent/Guardian Signature: _____ Date: _____

RESIDENCY VERIFICATION & TUITION PAYMENT RESPONSIBILITY

The Upper Merion Area School District is proud to offer a high quality public education to our residents. The district also has a very active residency verification program to protect our community resources. This program can include, but is not limited to, complete documentation verification, independent investigation by law enforcement officials, and surveillance.

It is the intent of the Upper Merion Area School District to prosecute, to the fullest extent of the law, any individual furnishing false information in the accompanying registration forms for the purpose of enrolling nonresident students.

If the student registered is found to be a non-resident, the individual registering said student will be financially responsible for all tuition costs. Depending on the educational program of the student the tuition liability ranges from $10,000 to $21,000 annually. Parent or guardians will be responsible for this payment.

I grant the Upper Merion Area School District permission to investigate the information I have presented in this statement by discussing the presented information with all appropriate parties, including tax authorities and residency investigators, as necessary to confirm factual accuracy. To further its investigation, the District may request additional documentation from parents to substantiate residency; this may include but is not limited to: a copy of a driver's license, motor vehicle registration with address, copy of state and federal program enrollment documents with address, paycheck stub indicating address.

I understand the district may contact any or all of the following agencies to verify a student's residency within the Upper Merion Area School District.

- Social Security Administration
- Internal Revenue Service
- Public Welfare Department
- Montgomery County Housing Authority
- Montgomery County Children and Youth
- Zoning Offices of West Conshohocken Borough, Bridgeport Borough and Upper Merion Township

I certify that I have read and understand the above notice. Additionally, I agree to pay the Upper Merion Area School District its full tuition cost if the student being enrolled is found to be a non-resident.

Parent/Guardian Signature: _____ Date: _____

SCHOOL HEALTH SERVICES & STUDENT HEALTH HISTORY

Student's Full Name: _____

Address_____

City _____ State _____ Zip Code _____

Home Phone_____ Date of Birth _____ ***(mm/dd/yyyy)*** Sex_____ Grade_____

Mother _____ Father _____ Guardian _____

Has child had chickenpox disease? YES _____ NO _____, if yes date of disease _____ ***(mm/yyyy)***

Describe any serious illnesses, accidents or operations your child has had: _____

Check items that student has had or currently has:

Allergies: □ Food □ Medication □ Bee Sting □ Insect Bite □ Other
Comments_____

Respiratory: □ Asthma □ Bronchitis □ Chronic Cough
□ Frequent Coughs □ Pneumonia □ Tuberculosis □ Other
Comments_____

Cardiac: □ Heart Murmur □ Congenital Defect □ Arrhythmias □ Other
Comments_____

Eyes, Ears, Nose, Throat: □ Ear Aches □ Hearing Loss □ Sore Throat
□ Speech Difficulties □ Visual Impairment □ Other
Comments_____

Gastrointestinal: □ Gastric Reflux □ Stomach Aches □ Toileting Problems □ Other
Comments_____

Genitourinary: □ Urinary Accidents □ Urinary Tract Infections □ Other
Comments_____

Neurological: □ A.D.D./A.D.H.D. □ Congenital Condition □ Convulsions
□ Other
□ Developmental Delays □ Headaches/Migraines □ Tourette's syndrome
Comments_____

Skeletal: □ Fractures □ Orthopedic Condition □ Scoliosis □ Other
Comments_____

Emotional: □ Depression □ Suicide □ Family Stressors □ Other
Comments_____

Chronic Conditions: □ HIV/AIDS □ Cancer □ Diabetes □ Epilepsy
□ Genetic Conditions □ Arthritis □ Blood Disorders □ Other
Comments_____

Family History: ***(has any family member had):***
□ Cancer □ Diabetes □ HIV/AIDS □ Heart Disease
Comments_____

□ Child currently under medical treatment-explain_____

_____

□ Child currently taking daily medication, explain areas of concern or information that would be helpful _____

_____

Parent/Guardian Signature: _____ Date: _____

SCHOOL HEALTH SERVICES & TUBERCULOSIS SCREENING ASSESSMENT

Student's Full Name: _____ Date of Birth: _____ ***(mm/dd/yyyy)***

Parent/Guardian Full Name: _____ Student's Grade: _____

HAS CHILD OR ANY FAMILY MEMBER…

Been in contact with someone known or suspected of having tuberculosis? YES _____ NO _____

Been exposed to someone with an undiagnosed chronic (prolonged) cough? YES _____ NO _____

Traveled to Asia, Middle East, Latin America or Africa or been in contact with someone who has? YES _____ NO _____

Regularly visit someone living in a major city? YES _____ NO _____

Been exposed to someone who is HIV infected? YES _____ NO _____

Been exposed to someone who has been in jail or an institution such as a hospital, nursing home, group home, etc.? YES ___ NO___

Do you know of any tuberculosis cases that have been discovered in your neighborhood? YES _____ NO _____

Have you moved here from a developing country or been in contact with someone who has? YES _____ NO _____

Name of Student's Doctor: _____ Phone: _____

Preferred Hospital: _____

Medication(s) to be dispensed at school: _____

_____

Permission for Medication: A doctor's note is required for all prescription medication. A doctor's note is required for all over the counter medication other than those listed below.

The school nurse may administer: Acetaminophen (generic Tylenol) YES _____ NO _____

Ibuprofen (generic Advil) YES _____ NO _____

Benadryl for allergic reaction YES _____ NO _____

Parent/Guardian Signature: _____ Date: _____

FOR NURSING STAFF USE

Medical evaluation required? YES _____ NO _____

If yes, referred to _____

Evaluation/Testing to be completed by _____

HOME LANGUAGE SURVEY AND QUESTIONNAIRE

The Office of Civil Rights (OCR) requires the school districts to 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.

Name of Student: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Grade: _____ School: _____

1. What is/was the student's first language? _____

2. Does the student speak a language(s) other than English: YES _____ NO _____, If yes, what 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): _____

Native Country: _____ Date arrived in the US: _____ ***(mm/yyyy)***

Has the student ever been in an ELL program in a US school? YES _____ NO _____,
If yes was the student exited: YES _____ NO _____, if yes what was the exit date: _____ ***(mm/yyyy)***

What language(s) is the student most comfortable using with his/her siblings? _____, friends_____

Does the family need the use of a translator to communicate with the school? YES _____ NO _____ (***If yes, choose one):***

_____I have a translator. Name: _____ Phone: _____

_____I do not have a translator, and please provide one if possible for the following language: _____

STUDENT'S PARENT 1:

What language(s) do you speak? _____ Is this the language you use to speak to your child? YES ☐ NO ☐

Do you read English? YES _____ NO _____What language is your child most comfortable using with you? _____

STUDENT'S PARENT 2:

What language(s) do you speak? _____ Is this the language you use to speak to your child? YES ☐ NO ☐

Do you read English? YES _____ NO _____What language is your child most comfortable using with you? _____

This school 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 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 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 in the future.

Parent/Guardian Signature: _____ Date: _____

UPPER MERION AREA SCHOOL DISTRICT

STUDENT SERVICES DEPARTMENT
200 Anderson Road, King of Prussia, PA 19406

PARENTAL AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION
FROM OR TO UPPER MERION AREA SCHOOL DISTRICT

Student's Full Name _____ Date of Birth _____

Address _____

City_____ State _____ Zip Code _____

☐ Upper Merion Area High School
465 Crossfield Road
King of Prussia, PA 19406
610-205-3821

☐ Upper Merion Area Middle School
450 Keebler Road
King of Prussia, PA 19406
610-205-8833
610-205-8856 (fax)

☐ Bridgeport Elementary School
900 Bush Street
Bridgeport, PA 19405
610-205-3600
610-205-3649 (fax)

☐ Caley Elementary School
725 Caley Road
King of Prussia, PA 19406
610-205-3650
610-557-8602(fax)

☐ Candlebrook Elementary School
310 Prince Frederick Street
King of Prussia, PA 19406
610-205-3700
610-205-3749 (fax)

☐ Gulph Elementary School
650 S Henderson Road
King of Prussia, PA 19406
610-592-2020
610-592-2099 (fax)

☐ Roberts Elementary School
889 Croton Road
Wayne, PA 19087
610-205-3750
610-205-3750 (fax)

This will authorize the Upper Merion Area School District to release or obtain confidential records and/or information from/to the following school or agency:
School or Agency Name_____

Address _____

City_____ State _____ Zip Code _____

Phone Number _____ Fax Number _____

The specific information to be released is:

_____ **ALL RECORDS**
_____ Teacher / School Reports / Grades to Date/Transcript
_____ Discipline/Attendance Records
_____ Signed Permission to Evaluate
_____ Additional Testing/Evaluations/Assessments
_____ Sign GIEP Invite/GIEP
_____ Signed NOREP
_____ Medical / Immunization Records
_____ State Test Results
_____ Evaluation/Re-Evaluation
_____ Signed IEP Invite/IEP
_____ Signed NORA
_____ Other _____

Student Withdrawal Date from UMASD _____ (mm/dd/yyyy) *(if applicable)*

Witness Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

PARENT NOTIFICATION/PERMISSION FORM

Name of Student: _____ School: _____ Date: _____

During the school year, students can become involved in activities that go beyond the confines of the classroom or typical educational setting and/or the usual day to day instructional process. In most cases, these are routine events associated with a student's learning and personal development.

Please review the activities/events listed below. It is important to note that this list may not include all activities that could arise during the school year. If the types of activities/events listed below pose no concerns for you and your child, simply check the first box below and sign the form at the bottom. If you have concerns with any particular activities/events, they should be specifically listed the second box below should be checked and the form should be signed at the bottom.

ACTIVITIES/EVENTS

1. Individual/Group photographs in yearbooks and other school publications. Names may be used in conjunction with such pictures.
2. School academic/activity photographs in news articles for newspapers. Names may be used in conjunction with such pictures.
3. Inclusion in general interest news media reports/interviews (i.e. television, radio, newspapers), including listings of students accomplishments (e.g., honor rolls, spelling bees). Students may be identified in such reports/interviews/listings.
4. Events/Parties that relate to cultural observances such as Thanksgiving, holidays, cultural awareness months, etc.
5. The release of student directory information as per the Federal Family Educational Rights and Privacy Act (FERPA).
6. Participation in educational research studies (with student anonymity) as approved by student principals.
7. Academic group testing per state and location regulations/practices.
8. Individual/Group photographs/videos that include the student and/or oral or written comments by the student that appear on the school district website or other media. No student names will be included with such photos or videos.
9. Walking field trips within the vicinity of the school, but may be off school premises.
10. Visitation by U.S. military recruiters and/or providing them with access to directory information.

PLEASE CHECK THE APPROPRIATE BOX AND SIGN

☐ I recognize the above events/activities as components of a comprehensive school program and give permission for my child to be involved.

☐ I recognize the above events/activities and DO NOT give permission for my child to be involved.

Parent Signature: _____ Date: _____

*Please be advised that the school district may require additional permission for specific other activities or programs.

Please Note: When a student is a member of a school sponsored extracurricular activity at which the public, including members of the news media are invited to attend, provided any entrance fees and/or other entrance requirements have been met, the parent(s)/guardian(s) may not prohibit the photographing and/or videotaping or any participant, including their own child. Parent(s)/Guardian(s) who have an objection to such photographing and/or videotaping are advised to withdraw their child from participation in such activities.

**Upon approval it is then the parent/guardian's sole responsibility to notify the district of any change.