BERLIN BROTHERSVALLEY SCHOOL DISTRICT

1025 Main Street, Berlin, PA 15530 814-267-4621 Fax:814-267-6060

Enrollment Form

REGISTRATION DATE: _____ **OFFICIAL START DATE:** _____

Student Information

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

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Mailing Address: _____
(Only if different) *Street Address* *City* *State* *ZIP Code*

Home Phone: _____ **Birth Date:** _____ **Gender:** F M **Current Grade:** _____

Race: (√ all that apply) __White __Black __Hispanic __Asian __American Indian/Alaskan __Native Hawaiian/Pacific Islander __Multiracial

Residency: (Provide Proof of Residency) __Resident __Non-Resident: District of Residence _____ _____

__Student's parent/guardian is active duty military __Emancipated Minor __Foster __Homeless: (If √, complete Student Residency Questionnaire,Pg.4)

Has Student previously attended Berlin Brothersvalley School District? ___ Yes ___ No If Yes, when: _____

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

Parent/Guardian Information

Student resides with: __Both Parents __Mother __Father __Other(Specify)_____

Legal Custody(If Applicable): __Both Parents __Mother __Father __Other(Provide Court Documents)_____ _____

Mother/Guardian: _____ Home Phone: _____ Cell Phone: _____

Employment: _____ Work Phone: _____ Day Phone: _____

Address(if different) _____ Email: _____

Father/Guardian: _____ Home Phone: _____ Cell Phone: _____

Employment: _____ Work Phone: _____ Day Phone: _____

Address(if different) _____ Email: _____

Siblings in Household

NAME	DATE OF BIRTH	GRADE

SchoolMessenger – Notification System

SchoolMessenger is the District's notification system about school closings, emergencies, early dismissals, delays, etc.
The phone numbers notified will be: Father's Home & Cell, AND Mother's Home & Cell.
To Receive Text Messages: Text 'Y' to 67587

Emergency Contact Information

NAME	RELATIONSHIP	PHONE #

Previous School Information

Name of School: _____

Street Address: _____ **City:** _____ **State:** _____ **ZIP:** _____

School Phone #: _____ **Fax #:** _____ **Date Exited School:** _____

State Entry Date: _____ **9th Grade Entry Date:** _____ **IEP Student:** ___Yes ___No **504 Plan:** __Yes __No

Other information which may be helpful to staff: _____

Pennsylvania School Code 13-1304-A

Pennsylvania School Code 13-1304-A states in part "Prior to admission to any school entity, the parent, guardian or other person having control or charge of a student shall, upon registration, provide a sworn statement or affirmation stating whether the pupil was previously suspended or is presently suspended or expelled from any public or private school of the Commonwealth or any other state for an action of offense involving a weapon, alcohol, or drugs, or the willful infliction of injury to another person or for any act of violence committed on school property."

Please complete the following:
I hereby swear or affirm that my child __was __was not previously suspended or expelled, or __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 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/Guardian: _____ **Date:** _____

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

Name of school from which student was suspended or expelled: _____

Dates of suspension or expulsion: _____ Reason for suspension/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.

Home Language Survey

The Office of Civil Rights requires that school districts identify limited English proficient (LEP) students in order to provide appropriate language instructional programs for them. Pennsylvania has selected the Home Language Survey for identification.

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

Does the student speak a language(s) other than English: (Does not include languages learned in school.) __Yes __No

If Yes, specify the language(s): _____ What language(s) is/are spoken in your home?: _____

Has the student attended any other school in the United States during his/her lifetime?: __Yes __No If Yes, please specify:

Name of School	State	Dates Attended

By signing this form, I am verifying that we are residents of the Berlin Brothersvalley School District, Berlin, PA. I understand that I may be required to present proof of residence to the school district if requested at anytime during my student's enrollment. I acknowledge the information provided is accurate.

Parent/Guardian Signature: _____ **Relationship to Student:** _____ **Date:** _____

Health Information

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

If you have someone keeping your child after school, please indicate below:

Name: _____ Phone#: _____

Family Doctor: _____ Phone#: _____

Family Dentist: _____ Phone#: _____

Medical Insurance: _____ Policy#: _____ Group#: _____

Student's Health Condition(s)/Problem(s): _____

Daily Medications and Dosages: _____

Allergies: _____
If you do not want this information shared with faculty, please notify the School Nurse at 267-3941 or e-mail rritchey@bbsd.com.

I give permission to the staff of the Berlin Brothersvalley School District to transport or to make arrangements for the transportation of my child to emergency medical care. Hospital Preference: _____

Signature of Parent/Guardian_____ Date_____

Consent for Medications and Treatments:
The following are standing orders for medications and treatments available for your child at school. These will be administered by a licensed nurse.
-Tylenol (acetaminophen) 80-650 mg every 4 hours as needed for headaches, menstrual cramps, pain, toothaches, or oral temperature of 100 degrees F or above (dosage at the discretion of the nurse depending upon student's age and size).
-Advil (ibuprofen) 200 mg. (1or 2 tablets) for students ages 12 or older every 4 to 6 hours as needed for pain, menstrual cramps, orthopedic injuries and severe headaches (dosage at the discretion of the nurse depending upon the student's age and size)
-Extra Strength antacid (1 or 2 tablets) for an upset stomach (dosage at the discretion of the nurse depending upon student's age and size.)
-Non-prescription cold and cough medications, as requested and provided by parent or guardian, in the original container, and with written consent.
-Cough drops, mouthwash, Chloraseptic throat spray, or salt water gargle for sore throats or cough
-Caladryl, Calagel or Calamine lotion for insect bites, stings, rashes or skin irritations
-Campho-Phenique for mouth ulcers or irritated gums
-Blistex or Campho-Phenique for cold sores (fever blisters)
-Anbesol for toothaches
-Hydrogen peroxide or Betadine for cleansing wounds
-Alcohol 70% for insect bites or stings, cleansing skin or pierced ear irritations
-Solarcaine Spray with Aloe for minor burns and sunburn
-Ice and/or cold water for recent injuries, burns, insect bites or stings, headaches, injuries and localized infections
-Cotton for earaches
-Dry dressing and triple antibiotic ointment for abrasions, lacerations and wounds
-Benadryl Liquid (dyphenhydramine) 12.5 mg. /5ml. (2 or 3 teaspoons) as needed for minor allergic reactions (dosage at discretion of the nurse depending upon the student's age and size)
-EpiPen, Jr., or EpiPen for severe allergic reactions
-Naloxone 4mg in 0.1mL intranasal spray to student suspected of opioid overdose. May repeat every 2 to 3 minutes, if available, until the person responds or emergency medical help is received.

I give my consent for the above medications and treatment to be administered to my child as his/her condition warrants by a licensed nurse.

Signature of Parent/Guardian_____ Date_____

I do **NOT** give my consent for any of the above medications and treatments.

Signature of Parent/Guardian_____ Date_____

State Reporting Information

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

District Entry Date: _____ **Entry Code:** √ **E01:**Student enrolled in District **Student #** _____

Graduation Year: _____ **Repeating Last Year:** __Yes __No **PA Secure ID#:** _ _ _ _ _ _ _ _ _ _ _

Homeroom Teacher: _____ **Homeroom #:** _____ **Locker #:** _____ **Combination:** _____

Bus Route #: _____ **Additional Information:** _____

Proof of Child's Age (copy attached):	**Current Proofs of Residency** (check all that apply/copies attached):	
☐ Birth Certificate	☐ Tax Statement	☐ Lease (Signed & Notarized)
☐ Baptismal Certificate	☐ Mortgage Statement	☐ Social Security Letter/Document
☐ School Record	☐ Vehicle Registration	☐ Voter Registration Card
☐ Hospital Record	☐ Official Public Assistance	☐ Bank Statement
☐ Passport	☐ Driver's License/State ID	☐ Credit Card Statement
☐ Notarized Statement from Parent	☐ Utility Bill	☐ Other _____

Pennsylvania State Information (check all that apply):

☐ Free/Reduced Lunch ☐ Migrant ☐ ESL (ELL) ☐ Special Education ☐ IEP ☐ 504 Plan ☐ Title I ☐ Homeless ☐ GIEP ☐ Foreign Ex.

*If Homeless is √, please complete **Student Residency Questionnaire** below:

SECTION A	SECTION B
☐ In an emergency or transitional shelter ☐ Sharing the housing of other persons due to loss of housing, economic hardship, or similar reason ☐ In a motel, hotel, campsites, or cars due to a lack of alternative adequate accommodations ☐ In a car, park, public spaces, abandoned building, substandard housing, bus/train stations or similar ☐ Other places not designed for, or ordinarily used as a regular sleeping accommodation for humans ☐ Living without running water, heat or electric services	☐ None of the choices in Section A Apply.

Processed by: _____ **Date:** _____

√ Forms Sent To Appropriate Office

	Enrollment Form Pages 1 and 2	Building Office, Secretary
	Health Information Page 3	Rocky Ritchey, Nurse
	"For Office Use Only" Page 4	Turner Paul, PIMS
	Cafeteria Information Page 5	Cathy Berkebile, Food Services
	Bus Registration Page 6	Rachel Prosser, Transportation

Cafeteria Information

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

Grade: _____ **Birth Date:** _____ **Homeroom Teacher:** _____ **Student #:** _____

Parents/Guardians: _____

Student's Address: _____
Street Address *Apartment/Unit#* *City* *State* *ZIP*

Home Phone #: _____ **Cell Phone #:** _____

Free and Reduce Lunch?: ___Yes ___No ___Applying

Bus Registration

This form needs completed for ALL students, including walkers.

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

Grade: _____ **Student #:** _____ **Official Start Date:** _____

Parents/Guardians: _____

Home Address: _____
Street Address *Apartment/Unit#* *City* *State* *ZIP*

Home Phone #: _____ **Cell Phone #:** _____

Name(s) of School-Age Students in Household:	Grade:

Will student be picked up/dropped-off at home? __Yes __No If not, where? _____

Describe student's location: _____

_____

_____

Bus Route #: _____ **Driver:** _____

Berlin Brothersvalley School District

STUDENT RESIDENCY QUESTIONNAIRE

Dear Parent or Guardian,

Your responses to these questions will help staff determine what residency documents are necessary for enrollment of your child(ren.) Thank you for your cooperation.

1. Student name: _____ Birth **Date**: _____

   Person completing form: _____Relationship to child: _____

2. **In what type of setting is the student living now?**

   Check one box below –

SECTION A	SECTION B
☐ In an emergency or transitional shelter ☐ Sharing the housing of other persons due to loss of housing, economic hardship, or similar reason ☐ In a motel, hotel, campsites, or cars due to a lack of alternative adequate accommodations ☐ In a car, park, public spaces, abandoned building, substandard housing, bus or train stations, or similar settings ☐ Other places not designed for, or ordinarily used as, a regular sleeping accommodation for human beings CONTINUE to Question 3 if you checked any box in SECTION A	☐ None of the choices in Section A apply. **STOP** If you checked this section, you do not need to complete the remainder of this form. Submit the form to school personnel now.

3. Contact number for person completing the form: _____

   Address where student is now living: _____

   _____

4. The student lives with:
   Check all that apply
   - ☐ Parent(s) or legal guardian
   - ☐ Relative, friend(s), or other adult(s)
   - ☐ Alone
   - ☐ Other: _____

5. School student attended last: _____

   Address of school: _____

   _____

   Telephone number of school: _____

   Contact person at school (if known): _____

6. Does the student have an IEP or a Chapter 15/504 agreement?
   - ☐ NO
   - ☐ YES. Please explain: _____

7. Does the student reside with any siblings that are birth to 5 years of age?
   - ☐ NO
   - ☐ YES. Please list names and date of births:

   _____
   _____
   _____
   _____
   _____
   _____

Signature of Parent/Legal Guardian:

_____

Date: _____