



PENN-DELCO SCHOOL DISTRICT

ENROLLMENT APPLICATION

2017 – 2018 KINDERGARTEN REGISTRATION

REQUIRED REGISTRATION FORMS

Kindergarten Registration will take place by school of residence at the times and locations listed below. Please be sure to have all of your completed forms and required registration documentation with you. Please note, if you do not have a completed packet prior to registration, you will not be able to register your child.

If you have any questions please contact the Office of Student Residency at (610) 497-6300 extension 1308 or via e-mail at mkrauss@pdsd.org. After the dates listed below, registration will be completed by appointments only at the Administration Building. Starting March 27, 2017 please contact the Office of Student Residency to arrange an individual appointment.

Parents may report to the following locations to register their child on the following dates:

March 20, 2017 (Monday)	9:00am-11:00am & 1:00pm-3:00pm	Aston Elementary Students 900 Tryens Rd. Aston, Pa 19014
March 21, 2017 (Tuesday)	9:00am-11:00am	Coebourn Elementary Students 1 Coebourn Blvd Brookhaven, Pa 19015
March 21, 2017 (Tuesday)	5:00pm-7:00pm	Aston & Coebourn Elementary Students Administration Building 2821 Concord Rd. Aston, Pa 19014
March 22, 2017 (Wednesday)	9:00am-11:00am 1:00pm- 3:00pm	Pennell Elementary Students 3300 Richard Rd. Aston, Pa 19014
March 23, 2017 (Thursday)	9:00am-11:00am	Parkside Elementary Students 2 East Forestview Rd. Parkside, Pa 19015
March 23, 2017 (Thursday)	5:00pm-7:00pm	Parkside & Pennell Elementary Students Administration Building 2821 Concord Rd. Aston, Pa 19014



PENN-DELCO SCHOOL DISTRICT

GENERAL INFORMATION ABOUT REGISTRATION

- ❖ All children entering kindergarten for the 2017 - 2018 school year must be five (5) by September 1, 2017.
- ❖ Penn-Delco School District offers a half day program for kindergarten. We do not bus kindergarten students. Transportation is the responsibility of each parent.
- ❖ Students shall attend the school in their assigned attendance areas unless enrollment quotas are met; after enrollment quotas are reached, the Administration will assign students to another school in the District where a vacancy exists.
- ❖ So that we may help you to determine which day to register, if you are not sure which school zone you fall within, please contact the Office of Student Residency at (610) 497-6300 extension 1324, or by e-mail at mkrauss@pdsd.org
- ❖ Screening is required for all students. Screenings take place in the spring. The process includes literacy skills, speech & language and a health screening. You will be given a screening date and time during the registration process.
- ❖ Please indicate your preference of morning or afternoon session on your Student Information page. The District will make every attempt to accommodate the requests of each parent, however please note that final placement determinations are made by the Administration.
- ❖ Once the student has been registered, the process of placement begins. This process has many steps and will not be finished until mid summer. Once determinations have been made, assignments will be mailed to your home directly. Again, please note that while we will make every attempt to accommodate each family's wish, we cannot grant every request. Due to a variety of circumstances, no promise of morning or afternoon assignment can be made when registering. If you are assigned to a placement that you did not request, you may be added to a wait list.
- ❖ While we include a Physical form and a Dental form in this packet, these completed forms are not due back to the School Nurse until October 15, 2017. Please have the Physician and the Dentist complete these forms when your child has had their annual physical exam and dental check up.
- ❖ Even though the Physical and Dental forms are not required to be completed at the time of registration, we will need to see a complete immunization record for your child. Please note that this record can either be a print out from your child's physician's office, a record that you as the parent kept showing the type of immunization and date given, or the enclosed physical form. As maintaining a record of immunizations is a requirement that the State of Pennsylvania sets for all schools, we are not permitted to register any child without these records. If you are missing immunization records for your child when you report for registration, we will not be able to process your paperwork.
- ❖ You are permitted to make copies of your documentation, however if you make copies please be sure to bring the originals with you in the event that something was missed or needs further review.
- ❖ If you have a question or concern about the registration process, please contact the Office of Student Residency at (610) 497-6300 extension 1308, or by e-mail at mkrauss@pdsd.org.
- ❖ The District is unable to process any registration without a complete packet. If you are missing any of the required items on the checklist, you will not be able to register until all items are available to you. This may mean that you will have to set up an individual registration appointment with the Office of Student Residency after the scheduled dates on the first page of this packet.

REQUIRED DOCUMENTS CHECKLIST

One Current Month Utility Bill for the Property

Acceptable Bills: Electric Bill, Home phone bill, Heating bill, Cable bill, Water bill, Sewer bill, or a notice for the initiation of service to the location for a home owned or rented less than 1 month

Valid PA Driver's License or State ID card

License/ID Card must reflect the current property address

Current Proof of Ownership or Rental of the Property

Acceptable Documents include: Deed to the Property, Current month mortgage bill or statement, Settlement papers for a home owned less than 1 month, Current year County, Borough, Township, or School District Tax Bill, or Current and Valid Residential Lease Agreement (*Income tax and homeowner's insurance documents are not acceptable for proof of ownership/rental*)

** Please note that if Proof of Ownership or Rental of the property is not in the Parent/Legal Guardian's name, Multiple Occupancy Affidavits will need to be completed. These affidavits are available at the Administration Building or on our website under Information, in the Student Registration section at the bottom of the page.*

Birth certificate for the student

Acceptable certificates include: State certificate, Hospital certificate, or baptismal certificate

Most recent immunization record for the student

Acceptable documents include, print out from the physician's office, immunization card, or completed physical form

Completed Student Information Page

Completed Home Language Survey

Completed Custody Agreement/Court Order Registration Form

Completed Photo/Media Release Form

Completed Food Allergy Factsheet

Completed Health History Form

Completed Special Education Page

Multiple Occupancy Forms (if applicable)

Please do not attempt to register if you do not have all of the required paperwork. We do not want you to have to wait in line unnecessarily. If you are missing any of the 12 required items from the checklist above, we will not be able to begin the registration process for you. You will have to schedule an individual registration appointment with the Office of Student Residency once all of the items are available to you. If you have questions about the required documentation please contact the Office of Student Residency at (610) 497-6300 extension 1308 or by e-mail at mkrauss@pdsd.org.



Kindergarten Preference:

 AM

or

 PM

PENN-DELCO SCHOOL DISTRICT

STUDENT INFORMATION PAGE

PLEASE PRINT CLEARLY IN BLUE OR BLACK INK

Student's Full Legal Name: _____

Student's Address: _____

Student's Primary Number: () _____ Gender (Circle): Male Female

Social Security Number for Student: _____ Student's Date of Birth: _____

Mother's Name: _____

Mother's Address: _____

How Long Have You Lived at the Address Above: _____

Previous Address: _____

Mother's Home Phone Number: () _____ Cell # () _____

Mother's Employer's Name: _____

Mother Work Phone: () _____ E-Mail: _____

Father's Name: _____

Father's Address: _____

How Long Have You Lived at the Address Above: _____

Previous Address: _____

Father's Home Phone: () _____ Cell # () _____

Father's Employer's Name: _____

Father's Work Phone: () _____ E-Mail: _____

Student Lives with: Mother & Father Mother Only Father Only Other

If Other or a Blended Household, Explain: _____

Names and Ages of Siblings: _____

STUDENT INFORMATION PAGE CONTINUED

Student's Legal Name: _____

Student's Legal Address: _____

Grade Level that the Student would attend in September*: _____

*If mid-year registration, please enter current grade

Student's Ethnicity (Circle all that apply): American Indian/Alaskan Native Asian/Pacific Islander
White/Caucasian Black/African American Hispanic

Student's City of Birth: _____ **State of Birth** _____ **Country of Birth** _____

Has the Student Ever Attended a Penn-Delco School District Before: YES NO

If YES, During Which School Year: _____

Is the Student Residing with the Legal Parent or Guardian: YES NO

If NO, Specify: _____

Signature of Parent/Legal Guardian: _____ **Date** _____

Office use only	Office use only	Office use only	Office use only
Date of registration: _____		School of Residence: _____	
ID Number: _____		IEP/ER: _____	

Residency Office Signature: _____ Date Entered: _____



PENN-DELCO SCHOOL DISTRICT

STUDENT INFORMATION PAGE – CONTINUED

PLEASE PRINT CLEARLY IN BLUE OR BLACK INK

Student's Full Legal Name: _____

Grade _____ School _____ Student ID _____

Student's Primary Phone Number: ____ (____) _____

Is the Student Residing with the Legal Parent or Guardian: _____ YES or _____ NO

Student Lives with (circle) Mother & Father Mother Father

Other _____ Please explain: _____

Parent or Guardian (1) Name: _____ Relationship: _____

Address: _____

Home Phone Number: (____) _____ Cell # (____) _____

Work Phone: (____) _____ E-Mail: _____

Parent or Guardian (2) Name: _____ Relationship: _____

Address: _____

Home Phone Number: (____) _____ Cell # (____) _____

Work Phone: (____) _____ E-Mail: _____

Names and Ages of Siblings: _____

STUDENT INFORMATION PAGE CONTINUED

If the school is unable to reach the parent or guardian for any reason (example: in the event of an emergency or early dismissal) the following people may be contacted:

Emergency Contact (1) Name: _____ **Relationship:** _____

Address: _____

Home Phone Number: (_____) _____ Cell # (_____) _____

Work Phone: (_____) _____ E-Mail: _____

Emergency Contact (2) Name: _____ **Relationship:** _____

Address: _____

Home Phone Number: (_____) _____ Cell # (_____) _____

Work Phone: (_____) _____ E-Mail: _____

Emergency Contact (3) Name: _____ **Relationship:** _____

Address: _____

Home Phone Number: (_____) _____ Cell # (_____) _____

Work Phone: (_____) _____ E-Mail: _____

Physician: _____ Physician Phone #: _____

Hospital: _____

Insurance Company: _____

Insurance ID Number: _____ Group Number: _____

Group Name: _____ Subscriber's Name: _____

Signature of Parent/Legal Guardian: _____



**PENN-DELCO SCHOOL DISTRICT
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.

DATE: ____/____/____ SCHOOL: _____ GRADE: _____

STUDENT'S NAME: _____

STUDENT'S ADDRESS: _____

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

2. What languages are spoken in your home? _____

3. Not including languages learned in school, does the student speak a language other than English?
_____ YES _____ NO

If yes, please list the language(s): _____

4. Has the student attended school in the United States for 3 or more years?

_____ YES If yes, complete the following _____ NO

<u>Name of School</u>	<u>State</u>	<u>Dates Attended</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. How many years has the student been attending United States schools? _____

6. Was the student born in the United States? _____ YES _____ NO

If no, in what country was the student born? _____

If no, when did the student enter the United States for the first time? _____

7. Was the student born in Pennsylvania? _____ YES _____ NO

If no, please list when the student moved to the State of Pennsylvania? _____

Parent or Guardian's Signature: _____ DATE: ____/____/____

If this form was completed by someone other than the Parent or Guardian, please complete the information below:

PRINTED NAME: _____ SIGNATURE: _____

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



PENN-DELCO SCHOOL DISTRICT

CUSTODY AGREEMENT/COURT ORDER REGISTRATION FORM

The Commonwealth of Pennsylvania requires this information for newly registered students:

1. Student's Name: _____
2. Is the student a: _____ Minor _____ Adult _____ Emancipated Minor
3. Is the student a single parent? _____ Yes _____ No
4. Who has physical custody of the student? _____ Both parents _____ Mother _____ Father
5. Who has legal custody of the student? _____ Both parents _____ Mother _____ Father
6. Is there a custody agreement or court order? _____ Yes _____ No
7. Does the child reside in Penn-Delco School District seven (7) days per week? _____ Yes _____ No

If not, please explain: _____

*Please note: If parents are **not** living together, a document establishing custody must be provided. If there is no court order or custody agreement, a notarized letter stating the custody arrangements (i.e. "with Mom Monday – Thursday and with Dad Friday – Sunday") and signed by both parents is acceptable. A Child must be living and spending his/her nights in the Penn-Delco School District not less than 50% of the time throughout the calendar year.*

Parent/Legal Guardian Signature: _____ Date: _____

Person completing this form (If other than parent/legal guardian): _____



PENN-DELCO SCHOOL DISTRICT

PHOTO/MEDIA RELEASE

I hereby give the Penn-Delco School District the unqualified right and permission to reproduce, copyright, publish, circulate or otherwise use my child's distinguishable image in educational multimedia productions, including:

- The Penn-Delco School District Web Site or other official Penn-Delco School District Digital Media Sites.
- Programming for the Penn-Delco local access television channel
- District & community newsletters
- Promotional brochures & other print materials
- Local, regional and/or national newsprint and television programming

 Yes

No

Student's name: _____

Student's grade: _____

Parent's name: _____

Parent's signature: _____



PENN-DELCO SCHOOL DISTRICT

Food/Allergy Fact Sheet

Please complete this form, and return it with your registration packet. This information will be shared with appropriate school staff to help minimize and manage a food allergy attack at school. **If your child requires medication, please have your physician sign below.**

CHILD'S NAME: _____ GRADE: _____ HOME PHONE: _____

PARENT/GUARDIAN: _____ CELL PHONE: _____

HEALTH CARE PROVIDER: _____ PHONE: _____

PLEASE INDICATE IF YOUR CHILD HAS FOOD ALLERGIES BY CHECKING YES OR NO: YES _____ NO _____

IF YOU HAVE MARKED YES, PLEASE COMPLETE THE REST OF THIS FORM:

1. Briefly describe what causes your child's food allergy symptoms. My child is allergic to:

2. What sort of food allergy reaction has your child had in the past?

3. Has your child had allergy testing done by a physician specialist?

4. Has your child ever had an anaphylactic reaction? Yes _____ No _____

Please describe in detail _____

5. Is your child's reaction triggered by ingestion alone? Yes _____ No _____

6. Does your child have a reaction when the food in question is touched? Yes _____ No _____

7. Do you have a food allergy plan from your Doctor? If yes, please give a copy to your school nurse as soon as possible. Yes ___ No ___

8. If applicable, does your child know how to administer an epi-pen? Yes _____ No _____

9. Does your child understand their food allergy and know enough to avoid obvious sources of the allergen? Yes ___ No ___

Please explain. _____

10. Does your child know of products with likely hidden sources of the allergen?

11. Will your child, most likely, avoid eating foods not provided by home, or labeled with the offending allergen?

EMERGENCY MEDICATION PLAN:

NAME OF MEDICATION

DOSAGE

INSTRUCTIONS FOR USE

HEALTH CARE PROVIDER SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

Penn Delco School Nurses are experienced at identifying signs of anaphylaxis and fully understand the danger of hidden food allergen sources. Penn Delco School Nurses will follow your physician's orders regarding the medication protocol. In the event that epinephrine is administered, we will make every attempt to notify parents and the student will rapidly be transported via ambulance to the nearest hospital for further monitoring. To better help your child, please let the school nurse know of changes in your child's food allergy or medication schedules.



PENN-DELCO SCHOOL DISTRICT

HEALTH HISTORY FORM

To Parent/Guardian:

The information requested on this form will assist the district to evaluate the health status of your child. Please note that **children entering Kindergarten and 1st grade must have both a physical and a dental examination completed.** All **children entering 6th and 11th grade must have a physical exam**, and all **children entering 3rd and 7th grade must have a dental exam.** We strongly encourage you to have these examinations done by your own physician and dentist. However, the District does provide a physician and dentist, if necessary. If you plan to have your child seen by your own physician and dentist, signed physical and dental forms are due to the school nurse by October 15th. These exams must be done within one year of the start of the school term, to be considered acceptable.

Student's Name: _____

Student's Date of Birth: _____

Name of Mother/Legal Guardian: _____

Mother/Legal Guardian's Address: _____

Mother/Legal Guardian's Telephone Number: _____

Name of Father/Legal Guardian: _____

Father/Legal Guardian's Address: _____

Father/Legal Guardian's Telephone Number: _____

Name of Child's Physician: _____

Physician's Address: _____

Physician's Phone Number: _____

Has your child had any of the following: Yes: _____ No: _____ If yes, give details.

Food Allergies: _____

Environmental Allergies: _____

Other Allergies: _____

Operations (note type): _____

Emotional Problems: _____

Serious Accidents: _____

Childhood Diseases: _____

Other: _____

If your child at present under medical treatment? Yes: _____ No: _____

List any illnesses or health problems which you or your family physician feel should be made known to the school personnel: _____

Signature of Parent/Legal Guardian

Date



PENN-DELCO SCHOOL DISTRICT

I certify that my child _____
(Print Student's Name)

_____ Is not now, nor has previously been identified as a Special Education Student.

_____ Has been previously identified as a Special Education student with an IEP*, but is no longer classified as a Special Education student.

_____ Has been identified as a Special Education student and is currently or was receiving services through an IEP at their previous placement.

Date of current IEP* _____

Date of Evaluation Report _____

(Please provide a copy of the current ER/IEP/NOREP and any reports that will assist the District in providing an appropriate program to your child)

_____ Is currently or has been receiving services through a 504 Agreement

(Please provide a copy of the 504 Agreement)

(Signature of Parent/Guardian)

(Date)

*IEP – An IEP is an Individualized Education Program and is the written plan for the education of a student who has a disability or is gifted.

OFFICE USE ONLY

Academic Year: _____

Bldg: _____

ID# _____