Student Information Packet for

__________________________

Registering Parent or Guardian Signature ________________________________

For Registration/School Office Use Only

__________________________ Date: ______________________

Registration Coordinator/Designee

Student ID Number __________ School Assigned To __________________________ Grade ______

Special Ed: Yes □ No □ ESL: Yes □ No □ Foster Student: Yes □ No □ M.O.: Yes □ No □

Early Intervention: Yes □ No □ Homeless: Yes □ No □ Charter/Cyber School: Yes □ No □ Self Registered: □

Change of Guardianship: □ Parent/Student Name Change: □

Assigned Placement: Yes □ No □ Home School: ______________________________

Re-Enrollment ______ WPSD School last enrolled in ______________________________

PASECURE ID ____________________________
William Penn School District
STUDENT INFORMATION FORM

Student's Legal Name

First    Middle   Last

Complete Address

House/Apt #  Street Name

City     State   Zip

Home Telephone                        Sex: Male _______ Female _______

Ethnicity (circle one)

(1) **American Indian / Alaskan Native:** A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliations or community recognition.

(2) **Black /African American:** A person having origins in any of the black racial groups of Africa.

(3) **Asian /Pacific Islander:** A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.

(4) **Caucasian:** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

(5) **Latino/Hispanic:** A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

Date of Birth Place of Birth (City, State) ____________________________

Verification for date of birth: □ Birth Certificate □ Baptismal Certificate □ Other ____________________________

Birth Certificate Number   Transfer Card   Date of Entry into Pennsylvania    ____________________________

For All Registrations – Student Background Information

**FOR KINDERGARTEN REGISTRATIONS: PLEASE INCLUDE PRE-SCHOOL INFORMATION**

Former School District Withdrawal Date ____________________________

Former School Name ____________________________

Former School Address ____________________________

Age_____ Grade _____ Grades Repeated ____________________ Reason for withdrawal ____________________________

Has Student ever been in special education program? □ Yes □ No
If yes, which program? ____________________________

Does your child have an existing IEP/GIEP/Service Plan? □ Yes □ No
(If yes, please provide copies of the most recent IEP/GIEP/Service Plan, Evaluations and Re-Evaluations.)

Child Living with: □Mother   □Father   □Both   □Other
If Other, Relationship ____________________________

Child's parents: □Single □Married   □Separated □Divorced □Widow/Widower

Primary physical custodial parent/guardian ____________________________

Special custodial court instructions    □ Yes □ No
(If yes, please provide a copy of the court order)
Parent Information

Mother’s Name_________________________________________ Date of Birth ______________________
Address ____________________________________________________________
Home Phone ___________________________ e-mail ___________________________
Employer’s Name ____________________________ Business Phone ________________ Cell# ________________
If applicable: Step-parent’s Name ____________________________ Business Phone __________________

* If this address differs from the student’s, can the district release information? ___ Yes ___ No

Father’s Name_________________________________________ Date of Birth ______________________
Address ____________________________________________________________
Home Phone ___________________________ e-mail ___________________________
Employer’s Name ____________________________ Business Phone ________________ Cell# ________________
If applicable: Step-parent’s Name ____________________________ Business Phone __________________

*If this address differs from the student’s can the district release information? ___ Yes ___ No

If the student is living with Guardian(s) other than parent, Please fill in this section
Guardian(s) Name ______________________________________ Date of Birth ______________________
Address ____________________________________________________________
Home Phone ___________________________ e-mail ___________________________________________
Employer’s Name __________________________________ Business Phone __________________ Cell# ________________

<table>
<thead>
<tr>
<th>Siblings (living in home)</th>
<th>Date of Birth</th>
<th>Male/Female</th>
<th>Grade/School</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

I DO HEREBY DECLARE THAT I AM A RESIDENT OF THE WILLIAM PENN SCHOOL DISTRICT AND RESIDE AT THE ADDRESS LISTED ON THIS FORM. ALL INFORMATION REGARDING RESIDENCY IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSE INFORMATION WILL RESULT IN THE IMMEDIATE REMOVAL OF THE STUDENT AND WILL MAKE ME PERSONALLY LIABLE FOR THE ANNUAL TUITON RATE.

Property Owner/Lessee Signature ______________________________________
Student Name: ____________________________________________________________

Owner Name: ____________________________________________ Phone: ____________

Mortgage Co: ______________________________________________

Deed Vol/Pg or Mortgage No/Folio No: ________________________________

Lessee Name: _________________________________________ Phone: _________________

Landlord, if leased: __________________________________________ Phone: ____________

Date of lease: ________________________________________________

Parent/Guardian Identification:

(1) Utility: ______________________ Account #: ______________________

(2) Utility: ______________________ Account #: ______________________

Driver’s License #: ______________________ Exp. Date: ______________________

Vehicle Registration Exp. Date: __________ Auto Tag#: ______________________

Voter Registration Card copy attached Yes__________ No__________

Pay stub copy attached: Yes__________ No__________

Letter from employer, county assistance, etc: Yes__________ No__________
Health History

To Parent or Guardian: The information requested on this form will be helpful to the school authorities in determining the health status of your child and in assisting him/her to receive maximum benefits from his/her educational opportunities. Physicals are required for all new students, Kindergarten, 6th grade and 11th grade.

Name of Child ____________________________________________ Male □ Female □

Address ___________________________ Date of Birth ____________

Mother’s/Guardian’s Name ____________________________

Father’s/Guardian’s Name ____________________________

Name and Phone Number of Child’s Physician or Other Source of Medical Care:

Name ____________________________ Phone ____________________________

Provide Details of Medical History and attach copy of immunizations:

Chickenpox   Yes □ No □ Diabetes Yes □ No □ Chronic Ear Infections Yes □ No □

Peanut Allergy Yes □ No □ ADHD Yes □ No □ Bee Sting Allergy Yes □ No □

Convulsions Yes □ No □ Asthma Yes □ No □ Lactose Intolerant Yes □ No □

Allergies: Yes □ No □ if yes, describe ____________________________________________

Tuberculosis or contact: Yes □ No □ if yes, describe ____________________________________________

Serious Illness: Yes □ No □ if yes, describe ____________________________________________

Operations: Yes □ No □ if yes, describe ____________________________________________

Head Injuries or Serious Accidents: Yes □ No □ if yes, describe ____________________________________________

Have any problem with vision, hearing or speech? Yes □ No □ if yes, describe ____________________________________________

Take medication? Yes □ No □ if yes, describe ____________________________________________

Other pertinent information about your child’s health: ____________________________________________

Is your child able to participate in a full school program? Yes □ No □ if not, state reason ____________________________________________

(Information from your physician will be required if restriction is necessary)

Signature: ____________________________ Date: ____________________________

For office use only:

School ____________________________ Grade _____ Room _____ Date ____________
Student Name:_____________________________________________

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Quantity Required</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria (DPT)</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Polio (OPV)</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Tetanus and diphtheria (Tdap)</td>
<td>1</td>
<td>if at least 5 years have elapsed</td>
</tr>
<tr>
<td>Measles, Mumps &amp; Rubella (MMR)</td>
<td>2</td>
<td>the first given after age 1</td>
</tr>
<tr>
<td>Hepatitis B (HBV)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Meningococcal Conjugate Vaccine</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Varicella (VPD/VAC)</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

Child Physical Received: ________________Yes   ________________No

Parent Signature:_________________________________________    Date:___________________
The Office of Civil Rights (OCR) requires that school districts, charter schools, and full day AVTS identify Limited English Proficient (LEP) students in order to provide appropriate language instructional programs for all. Pennsylvania has selected the Home Language Survey as the method for identification.

**School District – William Penn**  
**Date:**

**School:**  
**Grade:**

**Student’s First Name:**  
**Student’s Last Name:**

---

**What is your child’s country of birth?**

**What language did your child speak when he/she first learned to talk?**

**Does your child speak English?**

**What languages other than English does your child speak at home?**  
Specify dialect if applicable.

**What language(s) do the adults in the home speak most frequently?**

**What language(s) do you use most frequently when speaking to your Child?**

**Has your child attended a school in the United States in any 3 years During his/her lifetime? If Yes – complete the section below regarding Schools.**  
_________ YES  
_________ NO

**If your child attended a school in the United States, did he/she receive English Language Learner Services?**  
_________ YES  
_________ NO

**What is your preferred language in which to receive communication From the school district?**

---

**School(s) attended in the United States:**

<table>
<thead>
<tr>
<th>Name of School</th>
<th>City, State</th>
<th>Grades Completed</th>
<th>Dates Attended</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**Parent/Guardian signature:**  
**Date:**

---

If the parent/guardian is unable to complete this form, list the name of the person completing the form and the relationship to the parent/guardian:

<table>
<thead>
<tr>
<th>Person completing form</th>
<th>Relationship to parent/guardian</th>
</tr>
</thead>
</table>

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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.
# Parental Registration Statement

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Date of Birth</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Parent or Guardian Name</th>
<th>Address</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

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 act of 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.

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 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.

<table>
<thead>
<tr>
<th>If this student has been or is presently suspended or expelled from another school, please complete:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of the school from which student was suspended or expelled:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Dates of suspension or expulsion:</td>
</tr>
<tr>
<td>(Please provide additional schools and dates of expulsion or suspension on back of the sheet)</td>
</tr>
<tr>
<td>Reason for suspensions/expulsion:</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

Signature of Parent or Guardian ___________________________          Date ___________________________

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.
TO: __________________________________________

On _____, _____________________________ registered at ____________________ school.

We are requesting the release of the following information:

_____ Official Administrative Record (name, address, birth date, grade level completed, grades, class standing, attendance record)

_____ Standardized Achievement, Intelligence and Aptitude Test Scores

_____ Teacher and Counselor Observations and Ratings

_____ Record of Extracurricular Activities

_____ Family Background Data

_____ Special Education Data (psychological neurological, psychiatric, IEP, NOREP, etc.)

_____ Health Background Data

_____ Discipline Background Data and Files: (As required by Act 26 of 1995, SC 1317-2)

A. Has student been suspended or expelled or is student currently under suspension or expulsion. Please explain.

__________________________________________________________________________________

B. Has student ever had an incident involving weapons, violence, drugs or alcohol? Please explain.

__________________________________________________________________________________

Date_________________________ Parent Signature_____________________________________

Office use only, please do not write below this line

PLEASE SEND RECORDS TO:

<table>
<thead>
<tr>
<th>Aldan Elementary</th>
<th>Ardmore Avenue Elementary</th>
<th>Bell Avenue Elementary</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 North Woodlawn Avenue, Aldan, PA 19018</td>
<td>161 Ardmore Avenue, Lansdowne, PA 19050</td>
<td>1000 Bell Avenue, Yeadon, PA 19050</td>
</tr>
<tr>
<td>Colwyn Elementary</td>
<td>East Lansdowne Elementary</td>
<td>Evans Elementary</td>
</tr>
<tr>
<td>211 Pine Street, Colwyn, PA 19023</td>
<td>401 Emerson Avenue, East Lansdowne, PA 19050</td>
<td>900 Baily Road, Yeadon, PA 19050</td>
</tr>
<tr>
<td>Park Lane Elementary</td>
<td>Walnut Street Elementary</td>
<td>Penn Wood Middle School</td>
</tr>
<tr>
<td>1300 Park Lane, Darby, PA 19023</td>
<td>224 South Sixth Street, Darby, PA 19023</td>
<td>121 Summit Street, Darby, PA 19023</td>
</tr>
<tr>
<td>Penn Wood High</td>
<td>Green Avenue Campus</td>
<td>William Penn School District</td>
</tr>
<tr>
<td>Cypress Street Campus, Penn Wood High</td>
<td>600 Cypress Street, Yeadon, PA 19050</td>
<td>Registration Office</td>
</tr>
<tr>
<td>600 Cypress Street, Yeadon, PA 19050</td>
<td>Green Avenue, Lansdowne, PA 19050</td>
<td>100 Green Avenue, Lansdowne, PA 19050</td>
</tr>
</tbody>
</table>
Does your child currently receive any of the following Special Services:

☐ Special Education and/or related services *(including Speech/Language Therapy)*
  Does he/she have a **current** Individualized Education Plan (IEP)  ☐ Yes  ☐ No
  IEP Includes: Speech/Language Therapy ☐ Yes  ☐ No
  Occupational Therapy ☐ Yes  ☐ No  Physical Therapy ☐ Yes  ☐ No
  Does he/she have a **current** Evaluation or Reevaluation Report (ER/RR)  ☐ Yes  ☐ No

☐ Gifted Education
  Does he/she have a **current** Gifted Individualized Education Plan (GIEP)  ☐ Yes  ☐ No
  Does he/she have a Gifted Written Report (GWR) ☐ Yes  ☐ No

☐ 504 Service Agreement
  Does he/she have a **current** 504 Service Agreement  ☐ Yes  ☐ No
  504 Includes: Occupational Therapy ☐ Yes  ☐ No  Physical Therapy ☐ Yes  ☐ No

☐ My child __________________________ **DOES NOT** receive special services
  Child’s Name

Please provide the registrar with a copy of all documents pertaining to your child’s special services.

**Sign below acknowledging that the above information is correct**

I __________________________, the Parent/Guardian of __________________________, acknowledge that the questions above are answered to the best of my knowledge and understanding.

_________________________   _________________________
Parent/Guardian Signature   Print Parent/Guardian Name

If you have any questions in reference to special services please contact the office of Special Education at 610-284-8005 ext. 1254.
William Penn School District  
REQUEST FOR DISCIPLINE RECORDS

24 PS § 13-1305 A under Article XIII-A PUBLIC SCHOOL CODE – SAFE SCHOOLS – Title 24 Education requires the enrolling school to obtain a certified copy of the student's discipline record from the sending school. The sending school has 10 days from receipt of the request to comply. Parent permission is not required.

On __________ (date), ____________________________ (student name) registered at ____________________________ school. We are requesting the discipline records as required by the law mentioned above within 10 days of receipt of this request.

Date _______________ Parent Signature ____________________________

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<td>100 Green Avenue</td>
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<td>Lansdowne, PA 19050</td>
</tr>
</tbody>
</table>
AUTHORIZATION FOR VERIFICATION OF ADDRESS
RELEASE OF INFORMATION AGREEMENT

(Parent or Legal Guardian will print his/her name and address)

I, _________________________________, do hereby give the William Penn School District authorization to contact any or all of the following to obtain verification of my address which is on file, or which I have used in filing forms with them. I further authorize the agency or employer contacted to release the requested information which will verify my address upon receipt of a photocopy or electronically transmitted copy of this form.

1. Internal Revenue Service
2. Employer
3. Welfare Agency or related Health Service Agencies
4. Bureau of Motor Vehicles
5. U.S. Postal Service
6. Credit Reporting Agencies
7. Landlord of (previous) address _________________________________________
8. Landlord of current address ___________________________________________

__________________________________________
Date    Signature of registering parent or guardian

__________________________________________
Street Address and Apt. #

__________________________________________
City, State and Zip Code
The Superintendent may assign a student to a school other than that designated by the attendance area when such exception is justified by circumstances and in the proper educational interest of the student. These circumstances may include but not limited to:

- Lack of class size space in your home school
- Change of address
- Limited English proficiency
- Special Service placement