

# William Penn School District

## Student Information Packet for

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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# \_\_\_\_\_

<b>Siblings</b> (living in home)	<b>Date of Birth</b>	<b>Male/Female</b>	<b>Grade/School</b>

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** \_\_\_\_\_



WILLIAM PENN SCHOOL DISTRICT  
PROOF OF RESIDENCY

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, 6<sup>th</sup> grade and 11<sup>th</sup> 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 <input type="checkbox"/> No <input type="checkbox"/> | Diabetes | Yes <input type="checkbox"/> No <input type="checkbox"/> | Chronic Ear Infections | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Peanut Allergy | Yes <input type="checkbox"/> No <input type="checkbox"/> | ADHD     | Yes <input type="checkbox"/> No <input type="checkbox"/> | Bee Sting Allergy      | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Convulsions    | Yes <input type="checkbox"/> No <input type="checkbox"/> | Asthma   | Yes <input type="checkbox"/> No <input type="checkbox"/> | Lactose Intolerant     | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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 _____
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WILLIAM PENN SCHOOL DISTRICT  
IMMUNIZATION HISTORY

Student Name: \_\_\_\_\_

Diphtheria (DPT) 4 Required

\_\_\_\_\_

Tetanus and diphtheria (Tdap) 1 Required if at least 5 years have elapsed since last dose

Polio (OPV) 4 Required

\_\_\_\_\_

Measles, Mumps & Rubella (MMR) 2 Required the first given after age 1

\_\_\_\_\_

Hepatitis B (HBV) 3 Required

\_\_\_\_\_

Meningococcal Conjugate Vaccine (MCV) 1 Required

\_\_\_\_\_

Varicella (VPD/VAC) 2 Required

\_\_\_\_\_

Child Physical Received: \_\_\_\_\_ Yes \_\_\_\_\_ No

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Interpreter Provided: Yes  No

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? <b>If Yes – complete the section below regarding Schools.</b>	_____ 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:**

Name of School	City, State	Grades Completed	Dates Attended

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:**

\_\_\_\_\_ Relationship to parent/guardian  
 \_\_\_\_\_ Person completing form

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

Student Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

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.

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

**Name of the school from which student was suspended or expelled:**

\_\_\_\_\_

**Dates of suspension or expulsion:** \_\_\_\_\_

(Please provide additional schools and dates of expulsion or suspension on back of the sheet)

**Reason for suspensions/expulsion:** \_\_\_\_\_

\_\_\_\_\_  
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





William Penn School District
REQUEST FOR RELEASE OF INFORMATION FROM FILES

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:

\_\_\_\_\_ Aldan Elementary
1 North Woodlawn Avenue
Aldan, PA 19018

\_\_\_\_\_ Ardmore Avenue Elementary
161 Ardmore Avenue
Lansdowne, PA 19050

\_\_\_\_\_ Bell Avenue Elementary
1000 Bell Avenue
Yeadon, PA 19050

\_\_\_\_\_ Colwyn Elementary
211 Pine Street
Colwyn, PA 19023

\_\_\_\_\_ East Lansdowne Elementary
401 Emerson Avenue
East Lansdowne, PA 19050

\_\_\_\_\_ Evans Elementary
900 Baily Road
Yeadon, PA 19050

\_\_\_\_\_ Park Lane Elementary
1300 Park Lane
Darby, PA 19023

\_\_\_\_\_ Walnut Street Elementary
224 South Sixth Street
Darby, PA 19023

\_\_\_\_\_ Penn Wood Middle School
121 Summit Street
Darby, PA 19023

\_\_\_\_\_ Penn Wood High
Cypress Street Campus
600 Cypress Street
Yeadon, PA 19050

\_\_\_\_\_ Penn Wood High
Green Avenue Campus
100 Green Avenue
Lansdowne, PA 19050

\_\_\_\_\_ William Penn School District
Registration Office
100 Green Avenue
Lansdowne, PA 19050



**WILLIAM PENN SCHOOL DISTRICT  
OFFICE OF SPECIAL EDUCATION**

**(All registrants must sign and acknowledge that they have read this document)**

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.**

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**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 \_\_\_\_\_

Office use only, please do not write below this line.

**PLEASE SEND RECORDS TO:**

\_\_\_\_\_ Aldan Elementary  
1 North Woodlawn Avenue  
Aldan, PA 19018

\_\_\_\_\_ Ardmore Avenue Elementary  
161 Ardmore Avenue  
Lansdowne, PA 19050

\_\_\_\_\_ Bell Avenue Elementary  
1000 Bell Avenue  
Yeadon, PA 19050

\_\_\_\_\_ Colwyn Elementary  
211 Pine Street  
Colwyn, PA 19023

\_\_\_\_\_ East Lansdowne Elementary  
401 Emerson Avenue  
East Lansdowne, PA 19050

\_\_\_\_\_ Evans Elementary  
900 Baily Road  
Yeadon, PA 19050

\_\_\_\_\_ Park Lane Elementary  
1300 Park Lane  
Darby, PA 19023

\_\_\_\_\_ Walnut Street Elementary  
224 South Sixth Street  
Darby, PA 19023

\_\_\_\_\_ Penn Wood Middle School  
121 Summit Street  
Darby, PA 19023

\_\_\_\_\_ Penn Wood High  
Cypress Street Campus  
600 Cypress Street  
Yeadon, PA 19050

\_\_\_\_\_ Penn Wood High  
Green Avenue Campus  
100 Green Avenue  
Lansdowne, PA 19050

\_\_\_\_\_ William Penn School District  
Registration Office  
100 Green Avenue  
Lansdowne, PA 19050



## 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



WILLIAM PENN SCHOOL DISTRICT  
"ASSIGNMENT WITHIN THE DISTRICT"

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature