

NORTH SCHUYLKILL SCHOOL DISTRICT
NORTH SCHUYLKILL ELEMENTARY SCHOOL
38 Line Street, Ashland, PA 17921
570-874-3661 x 3010/570-874-2857 fax

REGISTRATION AND ADMISSION PROCEDURES

*All forms **MUST** be completed in black or blue ink*

Welcome to North Schuylkill! You are applying for admission of your child to one of the finest public school districts in the Commonwealth of Pennsylvania. All registration forms can be obtained in the main office. Once you have completed all registration forms, you will be assigned a start date and transportation will be scheduled within 5 days.

REQUIRED ENROLLMENT DOCUMENTATION

Except when a child is homeless, whenever a child of school age is presented for enrollment by a parent(s), school district resident, or any other person having charge or care of the child, the North Schuylkill School District shall require that the following information be documented before enrolling the child and allowing the child to attend school. The school district will enroll the student no later than five business days after receipt of the required enrollment documentation.

1. PROOF OF THE CHILD'S AGE

Any one of the following constitutes acceptable documentation:

Birth Certificate; Baptismal Certificate; Copy of the Record of Baptism-notarized or duly certified and showing the date of birth; Notarized statement from the parents or another relative indicating the date of birth; a valid Passport; a prior School Record indicating the date of birth.

2. IMMUNIZATIONS REQUIRED BY LAW

PA law requires that **proof of immunization** must be provided **before** a child can be admitted to any public, private or parochial school. Acceptable documentation includes: either the child's immunization record, a written statement from the former school district, or from a medical office that the required immunizations have been administered, or that a required series is in progress, or verbal assurances from the former school district or a medical office that the required immunizations have been completed, with records to follow.

3. THREE PROOFS OF RESIDENCY

Under Sections 1301 and 1302 of the PA School Code, North Schuylkill SD requires three current proofs of address. Some examples are: Internal Revenue Statement, W2 Form, Voter Registration Card, Property Deed, Property Tax Bill, Driver's License, State ID Card, Insurance Statement, Vehicle Registration, Current Pay Stub, Bank Statement, Billing Statement, Multiple Occupancy Form (if applicable) or a Utility Statement. Owning property and payment of property taxes in the North Schuylkill SD does not automatically fulfill the residency clause as stated in the Pennsylvania School Code.

4. PARENT REGISTRATION STATEMENT (ACT 26)

A sworn statement attesting to whether the student has been or is suspended or expelled for offenses involving drugs, alcohol, weapons, infliction of injury or violence on school property.

5. HOME LANGUAGE SURVEY

All students seeking first time enrollment in a school shall be given a home language survey in accordance with requirements of the U.S. Department of Education's Office for Civil Rights. Enrollment of the student may not be delayed in order to administer the Home Language Survey. A copy of the **Home Language Survey** is included in the registration packet.

REQUESTED FORMS

* Student Registration Form

* Census Enumeration Form

* Current Transcript and/or Current Report Card

*Application for Free/Reduced Price Lunch

* Emergency Contact Card

* Technology Internet Agreement

* School Handbook/Sign-off page

NORTH SCHUYLKILL SCHOOL DISTRICT

STUDENT REGISTRATION

| | |
|------------------------|---|
| OFFICE USE ONLY | Student ID _____ HMR: _____ |
| | School _____ Entry Date _____ |
| | Reg for School Year _____ Grade _____ |
| | Check if: <input type="checkbox"/> MO <input type="checkbox"/> FO <input type="checkbox"/> Foster |
| | <input type="checkbox"/> Guardianship <input type="checkbox"/> Custody Agreement |
| | Residency Code: _____ |
| | Registered by _____ Reg Date _____ |

STUDENT INFORMATION

Student's Legal First Name _____ Middle _____ Last _____ Suffix _____

Gender: Male Female Date of Birth: ____ / ____ / ____

DOB verification

Type: Birth Certificate Baptismal Certification Other _____

Ethnic Background (Check one)

US Indian/Alaskan Asian Pacific Islander Black Non-Hispanic Hispanic White Non-Hispanic Multi-Racial

What language(s) is/are spoken daily in your home? _____

Has this child ever registered at any North Schuylkill school in the past? Yes No

If so, which school? _____ Dates enrolled: ____ / ____ / ____ to ____ / ____ / ____

Initial Pennsylvania school enrollment date: ____ / ____ / ____ Date entered 9th Grade ____ / ____ / ____

Student's Physical Address _____ City _____ State _____ Zip _____ County _____

Closest intersection to residence: _____

Mailing Address (if different than physical address, example PO Box) _____ City _____ State _____ Zip _____

Do you: own your home lease your home other _____

PARENT/GUARDIAN INFORMATION (COMPLETE SECTIONS I AND II AS APPLICABLE)

I. Father/Guardian Full Name _____

Address (if different than student) _____

_____ Email Address _____ Home Phone _____ Mobile Phone # _____ Work Phone # _____

II. Mother/Guardian Full Name _____

Address (if different than student) _____

_____ Email Address _____ Home Phone _____ Mobile Phone # _____ Work Phone # _____

With whom does the student reside (Check all that apply) mother father guardian

Other (relationship) _____

School District of Parent Residence _____

Home School of Parent Residence _____

GENERAL INFORMATION

Has the student ever previously attended any North Schuylkill school in the past? Yes No If yes, last grade level: _____

Has the student ever received support through a Chapter 15/Section 504 Service Agreement? Yes No

If yes, provide a copy of the agreement.

Has the student been placed in your home by an agency? Yes No

If yes: Agency Name: _____

Caseworker: _____

Phone #: _____

Has the student every received English Speakers of other Languages (ESOL) Instruction/Bilingual Instruction? Yes No

If applicable, the parent is requested to provide a custody agreement or court order, if that agreement or order is to be relied upon by the school district for purposes of enrollment or educational decision making for the child. In case of guardianship, a court order must be provided at registration.

SPECIAL PROGRAMMING (Please mark all that apply)

Is your child currently receiving Special Education Supports and Services? Yes No

Please Circle all that apply

Learning Support Emotional Support Life Skills Support Vision Support Gifted Support Physical Support
Hearing Support Speech/Language Support Autistic Support Multiple Disabilities Support

Do you have a current copy of the IEP (Individualized Educational Plan)? Yes No

Do you have a current copy of the ER (Evaluation Report)? Yes No

MISCELLANEOUS STUDENT INFORMATION

BROTHERS & SISTERS (Please list full name, date of birth and school for children ages 0-18 years)

EMERGENCY CONTACTS (Please list name, address and phone number)

CONTACT #1: _____

CONTACT #2: _____

LAST SCHOOLS ATTENDED

Name of school: _____ Grade: _____

School address and phone number: _____

Name of school: _____ Grade: _____

School address and phone number: _____

MEDICAL INFORMATION

Does this child have any specific health problems that should be brought to the school's attention? Yes No

If yes, please specify _____

- I am aware that the school district may request, from the school this student previously attended, the student's educational records, including special education records, attendance reports, standardized testing, and school medical records.
- I verify that the above information is true and correct to the best of my knowledge and belief.
- I make this statement subject to the penalties of 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.

This is to certify that I am the PARENT GUARDIAN of the pupil registered on this form.

Signature

Date

This is to certify that I am the PARENT GUARDIAN of the pupil registered on this form.

Signature

Date

Signature of Registration Secretary

Date

Please Print Name

NORTH SCHUYLKILL SCHOOL DISTRICT

15 Academy Lane, Ashland, PA 17921

Verification of Residency within the North Schuylkill School District

Section § 13-1302 Sworn Statement

The undersigned does hereby swear that they are residents of the North Schuylkill School District, Columbia/Schuylkill Counties in Pennsylvania and that they currently reside at:

Student Name: _____

Physical Address: _____

Municipality where you reside: _____

I further acknowledge that the submission of false or inaccurate information herein, or a change in the continued accuracy of the information set forth herein, may cause a forfeiture of the right to free school privileges. It may further result in the removal of the child from enrollment in North Schuylkill School District, and may result in you being liable for tuition costs for the school days during which the child was not entitled to free school privileges.

The facts set forth in this statement are certified to be true and correct to the best of their knowledge, information, and belief of the undersigned, subject to the penalties of 18 Pa. C.S.A. Section § 4904 relating to unsworn falsification to authorities.

Per 24 P.S. § 13-1302, a person who knowingly provides false information in the sworn statement for the purpose of enrolling a child in the school district for which the child is not eligible commits a summary offense and shall, upon conviction for such violation, be sentenced to pay a fine of no more than three hundred dollars (\$300) for the benefit of the school district in which the person resides or to perform up to two hundred forty (240) hours of community service, or both. In addition, the person shall pay all court costs and be liable to the school district for an amount equal to the cost of tuition calculated in accordance with section 2561 during the period of enrollment.

I am supporting this child gratis. I will assume all personal obligations for the child relative to school requirements. I intend to support the child continuously and not merely through the school term.

Date

Resident Signature

Date

Resident Signature

NORTH SCHUYLKILL SCHOOL DISTRICT
STUDENT REGISTRATION
ACT 26 STATEMENT

As per Act 26, 1995 of the 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 or 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."

To be completed by the Parent or Guardian

Student: _____ DOB: _____

Please complete this section if the student has been or is presently suspended or expelled from another school

| | |
|---|--|
| Name of school from which the student was suspended or expelled: | |
| Dates of suspension or expulsion: (Please provide additional schools and dates of suspension/expulsion if applicable.) | |
| Reason for suspension or expulsion: | |

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 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. 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.

Signature of Parent/Guardian

Signature of Student



pennsylvania
DEPARTMENT OF EDUCATION

HOME LANGUAGE SURVEY

ALL newly registering students regardless of race, nationality, or language origin MUST complete this form. Federal law requires that all Local Education Agencies (LEAs) utilize a non-biased procedure for identifying which students are potential English Learners (ELs) in order to provide appropriate language instruction educational programs and services. Given this responsibility, LEAs have the right to ask for the information contained on this and other forms associated with the identification process.

Student Information (Parents/Guardians should complete this section):

Child's first name: _____

Child's family name: _____

Child's Date of Birth: _____
(Month/Day/Year)

Questions for Parents or Guardians

1. Is a language other than English spoken in the child's home? No Yes (language) _____
2. Does your child communicate in a language other than English? No Yes (language) _____
3. What is the language that your child first learned to speak? _____

Parent/Guardian Signature: _____ Date: _____

Interpreter Provided No Yes

NORTH SCHUYLKILL SCHOOL DISTRICT CENSUS ENUMERATION FORM

Parcel # (See Property Tax Bill): _____

Date: _____

Current Address: _____

Municipality: _____

Former Address: _____

Municipality: _____

Do you Own your home Rent (name of landlord) _____

How long have you been a resident at your current address? _____

PLEASE LIST ALL RESIDENTS OVER 18 YEARS OF AGE

| | | |
|----------------------------|--------------------------------|--------------------------|
| Name (Last, First, Middle) | Date of Birth (Month/Day/Year) | Total Years of Education |
| Occupation | Employer | Employer Address |
| | | |
| Name (Last, First, Middle) | Date of Birth (Month/Day/Year) | Total Years of Education |
| Occupation | Employer | Employer Address |
| | | |
| Name (Last, First, Middle) | Date of Birth (Month/Day/Year) | Total Years of Education |
| Occupation | Employer | Employer Address |
| | | |
| Name (Last, First, Middle) | Date of Birth (Month/Day/Year) | Total Years of Education |
| Occupation | Employer | Employer Address |
| | | |

PLEASE LIST ALL RESIDENTS UNDER 18 YEARS OF AGE (FROM OLDEST TO YOUNGEST)

| Name (Last, First, Middle) | Gender | Date of Birth (Month/Day/Year) | School | Grade |
|----------------------------|--------|-----------------------------------|--------|-------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

NORTH SCHUYLKILL SCHOOL DISTRICT
MULTIPLE OCCUPANCY FORM
(Proof of Residency)

The North Schuylkill School District requests the filing of a form of Multiple Occupancy when a child of school age resides with one or both parents or their guardian in the home of another resident of the school district. The purpose of this statement is to document residency of the child. By filing the statement with the school district, the North Schuylkill residents are declaring that they are residing in the home on a full-time basis, and that the parent is living with their child at the address.

In order to provide quality education and treat all North Schuylkill residents equitably and fairly, the following procedures are in place.

1. The parent(s) or guardian(s) complete(s) the **Multiple Occupancy Form**, declaring that the parent(s) or guardian(s) and their school-age child(ren) are living at the designated residence in the school district on a full-time basis.
2. The school district reserves the right and has the responsibility to verify the residency of students. **Periodic verification** may be made to determine that the child is living in the resident's home on a full-time basis. The School District may verify **Multiple Occupancy** status at the beginning of each school semester (90 school days). The accuracy of the information may be investigated and, if found incorrect, the parent(s) or guardian(s) filing the form will be **subject to the penalties of 18 Pa. C.S.A. § 4904, relating to unsworn falsification to authorities.**
3. At the time of registration, the multiple occupant must provide three proofs of residency at the North Schuylkill School District address.

NOTE:

1. School District personnel will register the **Census Enumeration Form** in the name of the parent/guardian (see page 6).
2. The owning of property and payment of property taxes within the North Schuylkill School District does not automatically fulfill the residency clause as stated in the Pennsylvania School District Code.

NORTH SCHUYLKILL SCHOOL DISTRICT
PROOF OF ADDRESS
(Please Print)

| Name of Child(ren) | North Schuylkill School |
|--------------------|-------------------------|
| | |
| | |
| | |
| | |
| | |

***Under Sections 1301 and 1302 of the PA School Code, the North Schuylkill School District requires three current proofs of address. Some examples are:**

- | | | |
|------------------------------|-----------------------|---------------------------|
| * Internal Revenue Statement | * W2 Form | * Voter Registration Card |
| * Property Deed | * Property Tax Bill | * Driver's License |
| * State ID Card | * Insurance Statement | * Vehicle Registration |
| * Current Pay Stub | * Utility Statement | * Bank Statement |
| * Billing Statement | | |

I am the parent or legal guardian of the child(ren) listed above. We reside in the North Schuylkill School District in a home/apartment that is owned or leased by a North Schuylkill School District resident. I am providing three proofs of residence. I assume responsibility for notifying the school district should my/our residence change.

I understand that if any information proves to be incorrect, the North Schuylkill School District has the right to reject the application and remove the student from North Schuylkill schools, in addition to collecting tuition charges for the time the child was enrolled.

Signature of Parent/ Guardian

Signature of Parent/Guardian

Date

Date

**NORTH SCHUYLKILL SCHOOL DISTRICT
ATTENDANCE OF RESIDENT AND NON-RESIDENT
PUPILS IN NORTH SCHUYLKILL**

STUDENTS Section

Policy No. 202

Sections 1301 and 1302 of the Pennsylvania School Code and Regulations 11.11 and 11.19 of the Pennsylvania State Board of Education authorize North Schuylkill School District to request proof of residence or guardianship prior to admission to our school programs.

All requests for information received by school personnel regarding **resident** and **non-resident** pupils should be referred to the School District Child Accounting Office. Pupils who do not reside, in a full-time basis, within the boundaries of the North Schuylkill School District shall not be eligible to attend the public schools in this district **except:**

1. The School District shall accept students who have been placed in foster homes within the district whose tuition shall, therefore, be reimbursed by the Commonwealth under the provisions of Section 1305 of the School Code of Pennsylvania.
2. The School District shall accept pupils from other areas who make their home in the North Schuylkill School District under the provisions of Section 1302 of the School Code of Pennsylvania. Before a child is accepted, the person or persons with whom such child is residing shall file, with the Child Accounting Office, a sworn statement that they are residents of the district and they are supporting the child gratis; they will assume all personal obligations relative to school requirements for the child; and that they intend to so keep and support the child continuously and not merely through the school term. The district shall require:
 - A sworn statement attesting to the information above in #2, or documentation of guardianship and
 - Proof of Residence
 - Periodic verification may be made to determine that the child is living in the resident's home on a full-time basis. (The School District reserves the right to re-verify guardianship status at the beginning of each school semester (90 school days) with the Child Accounting Office.
3. A resident pupil who ceases to live within the boundaries of the School District after April 1 shall be allowed to finish that school year **WITHOUT** payment of tuition, contingent on adherence to the established rules of proper student decorum and on good academic standing as judged by the school building principal.
4. A resident pupil who ceases to live within the boundaries of the School District after the start of the school year, but prior to April 1, shall be allowed to finish that school year **on a tuition basis**, provided that the school building principal recommends continued enrollment based on adherence to the established rules of proper student decorum and on good academic standing. Transportation for these non-resident tuition students, who are not court placed, **WILL NOT** be provided by the School District.
5. In cases where tuition payment is in order, the full payment must be made in advance. Failure to pay tuition will result in immediate withdrawal of the child from school and re-registration will not be permitted until such time as the parents actually become residents. Retention of pupil on a tuition basis is contingent on adherence to the established rules of proper student decorum and on good academic standing as evidenced by the school building principal.

Legal Reference(s)

School Laws of Pennsylvania
Article XIII Pupils & Attendance
Section 1301 Age Limits, Temporary Residence
Section 1302 Residence & Right to Free School Privileges
Section 1305 Non-Resident Child Placed in Home of Resident
Section 1306 Non-Resident Inmates of Children's Institution
Section 1309 Cost of Tuition
Section 1316 Permitting Attendance of Non-Resident Pupils
Enrollment of Students – Basic Education Circular January 2009

NORTH SCHUYLKILL ELEMENTARY SCHOOL
ATTENDANCE and TARDY POLICY

It is the responsibility of the North Schuylkill School District to enforce compliance with the school code regarding attendance. Therefore, this is to inform students and parents of the rules for reporting absences from school.

If a student is absent, a parent or guardian should call the elementary office at 570-874-3661. If no one is available to take your call, a message can be left at any hour on the voice mail. However, a phone call does not take the place of an excuse note. The school requires a written note within three (3) days upon the student's return to school. The note should contain the first and last name of the student, the date, grade, reason for the absence, and the parent's/guardian's signature. If a note is NOT received, the absence will be considered illegal.

**** Ten (10) or more absences will require a doctor's note**

****5 tardy will result in an illegal 1/2 day****

****If a student enters school after 11:15 AM or is excused to leave before 12:45 PM, he/she will be considered present for only a HALF DAY.**

If a note is NOT turned in or turned in after 3 days, it is illegal, no exceptions will be made.

Three (3) or more unexcused absences can result in a citation filed with the district magistrate.

Student Name: _____ Grade: _____

Parent/Guardian Signature

Date

North Schuylkill School District
School Health Program

The North Schuylkill School District provides the following mandated health services for your child:

1. Measurement of height, weight, and BMI (all grades)
2. Visual screenings (all grades)
3. Hearing screenings (grades K, 1, 2, 3, 7, 11)
4. Physical Examinations (grades K, 6, 11)
5. Dental screenings (grades 1,3,7)
6. Scoliosis screen (grades 6, 7)

Appropriate forms may be obtained from the school nurse's office if you would like your child to have a physical or dental examination provided by your family doctor or dentist.

ALL MEDICATIONS BROUGHT TO SCHOOL MUST BE TURNED OVER TO THE SCHOOL NURSE. All medications (prescription and over-the-counter) must be labeled and accompanied by a note from a physician containing name of drug, dosage to be given and time. Note must also include information that medication must be administered during school hours.

In order to prevent the spread of contagious, infectious diseases, parents are requested to keep children home when symptoms are first noticed. The following conditions are considered contagious by the PA Department of Health.

Covid-19 Head Lice Conjunctivites (Pink Eye) Ringworm Impetigo
Strep Throat Chicken Pox Scabies

If symptoms of the above conditions are noted, the child will be excluded from school until judged noninfectious by the school nurse and/or family doctor.

If any of the above conditions are noted by you or your doctor, we request that you notify the school nurse so appropriate measures may be taken. Please contact nurse with other conditions not listed above.

I am aware of the Health Services provided by the North Schuylkill School District and hereby give permission for these services to be provided to my child, unless I specifically inform the school in writing that I will obtain these services elsewhere. I will return the required forms completed by the doctor/dentist before the date of school examinations; otherwise the school will provide the examination.

Student Name: _____

Parent/Guardian Signature: _____ Date: _____

Pennsylvania Department of Health School Immunization Requirements

Children in ALL grades (K-12) need the following vaccines:

- 4 properly spaced doses of tetanus* (1 dose on or after 4th birthday) 4 doses of diphtheria* (1 dose on or after 4th birthday)
- 4 properly spaced doses of polio (1 dose on or after 4th birthday and at least 6 months after previous dose given)
- 2 properly spaced doses of Measles, Mumps, Rubella**
- 3 properly spaced doses of hepatitis B
- 2 properly spaced doses of varicella (chickenpox) or evidence of immunity

*Usually given as DTP or DT or Td

**Usually given as MMR

7th Grade ADDITIONAL Immunization requirements for entry:

- 1 dose meningococcal conjugate vaccine (MCV)
- 1 dose of tetanus, diphtheria, acellular pertussis (Tdap)

The only exemptions to the school laws for immunizations are:

- Medical reasons;
- Religious beliefs; or
- Philosophical/strong moral or ethical conviction

**If your child is exempt from immunizations, he or she may be removed from school during an outbreak.

NORTH SCHUYLKILL SCHOOL DISTRICT
Annual Student Medical Update/EMERGENCY CONTACT INFORMATION

Name _____ Grade _____ Homeroom _____
 Address _____ Gender _____ Birthdate _____
 _____ Phone _____

Please list **Parents/Guardians/Adults** whom your child may be released to

| | <u>Name</u> | <u>Relation</u> | <u>Address</u> | <u>Phone/Cell Number</u> | <u>Employer and Work Number/ Alternate Number</u> |
|---|-------------|-----------------------------|----------------|--------------------------|---|
| 1 | | <u>Parent/ Guardian</u> | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |

Other Children Living at Home

| <u>Name</u> | <u>Gender</u> | <u>Birthdate</u> | <u>Grade</u> | <u>School</u> |
|-------------|---------------|------------------|--------------|---------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Does your child have any of these ongoing conditions?

Covid-19 Asthma Seizure Disorder Diabetes Type 1 Type 2 ADD/ADHD

Frequent Headaches/Migraines (please specify treatment) _____

Abdominal/belly problems (please specify): _____

Emotional/Behavioral Concerns (please specify): _____

Life Threatening Allergy (nuts, bees, etc.) Please specify: _____

Please List Any Other Health Problems/Allergies Your Child Has: _____

PLEASE COMPLETE BOTH SIDES OF FORM

Consent to Share Confidential Health Information

The school nurse will share important medical conditions (asthma, seizures, diabetes, etc.) and serious allergies with only the staff members that are responsible for your child during the school day. This information is shared to best ensure the proper care of your child. Please contact the school nurse if you do not want this information shared.

Family Doctor/Pediatrician Name: _____ Phone: _____

Family Dentist: _____ Phone: _____

Does your child have health insurance?

Yes - Name of insurance: _____ *information will not be used for billing

No – Would you like information on Chip- Pennsylvania’s Health Insurance Program? Yes No

Please initial those items which may be used by the school nurse in the care of your child:

_____ Acetaminophen (Tylenol)

_____ Hydrocortisone Cream

_____ Tums

_____ Menthol Cough Drop

Please check any of the following your child may have experienced in the past year:

Chronic medical conditions (please specify) _____

Surgery (please specify) _____ Date: _____

Other significant illness/injury (please specify) _____ Date: _____

Is your child presently under the care of a physician or other health care provider? Yes No

If "yes" please explain: _____

****If your child has had any immunizations in the last year, please attach a copy of the immunization record.**

Please list any medications your child is presently taking _____

Has there been any family changes/life events that affected your child in the past year (marriage, death; serious illness)?

*****IN EXTREME EMERGENCY IT MAY BE NECESSARY TO TRANSPORT YOUR CHILD TO THE NEAREST HOSPITAL*****

I give permission to the NSSD staff to transport or make arrangements for the transportation of my child to receive emergency medical care in the event that the emergency contacts listed cannot be contacted.

Signature of Parent/Guardian: _____ Date: _____

If you have any health concerns regarding your child, please contact the NSE Nurses' Office at 570-874-3661 x3015

PLEASE COMPLETE BOTH SIDES OF FORM

NORTH SCHUYLKILL SCHOOL DISTRICT
RECORDS REQUEST

NORTH SCHUYLKILL ELEMENTARY SCHOOL
38 LINE STREET, ASHLAND, PA 17921
Phone: (570) 874-3661
Fax: (570) 874-1531

NORTH SCHUYLKILL JR/SR HIGH SCHOOL
15 ACADEMY LANE, ASHLAND, PA 17921
Phone: (570) 874-0495
Fax: (570) 874-0470

Student Name: _____

Grade: _____ Date: _____

Please forward the following records: Birth Certificate, Attendance Records, Report Cards, Transcripts, Discipline Records, State Assessment Tests, Chapter 15 (Section 504), Health Records, Immunization Records, and ESL Records, etc.

****Special Education Services****

If this student receives Special Education, please include the following records (if applicable): Evaluation Report (ER), Speech/Language Report, Physical Therapy Reports(PT), Individualized Education Program (IEP), Occupational Therapy (OT), Transcripts (grades 9-12), Reevaluation Report, Educational Reports, Hearing Evaluation, Notice of Recommended Educational Placement (NOREP), Reevaluation Waiver, Vision Evaluation, Audiological Report, Psychiatric Evaluation, and Behavioral Intervention Plan (BIP) to:

SPECIAL EDUCATION DEPARTMENT
Knutte Brayford, Director of Special Education
Gayle Sokoloski, Special Education Secretary
Phone: (570) 874-0495 x1141
Fax: (570) 874-1398

The former school district or charter school, if within this Commonwealth, is required to respond by forwarding the records within **10 business days** of the date upon which a student's records are requested by another Commonwealth school district or charter school. 22 Pa. Code§11.11(b).

I authorize the release of my child's records _____

Parent/Guardian Signature

North Schuylkill Elementary School Kindergarten Registration Health Assessment

**Please complete all pages and return to school nurse during registration

Child's Name: _____ Date of Birth: _____ Age: _____

Parent/Guardian #1- Name: _____

Address: _____

Phone Number: _____

Parent/Guardian #2- Name: _____

Address: _____

Phone Number: _____

Child lives with: Parent Guardian Step-Parent Foster Parent Other

Number of children in home (other than above named child). _____

Are there family members with learning, emotional or medical difficulties? Yes No

If yes, please describe: _____

How is your child's interaction with friends? Poor Fair Good Excellent

Describe any difficulties: _____

How is your child's interaction with adults? Poor Fair Good Excellent

Describe any difficulties: _____

Do you have any concerns regarding your child's behavior? Yes No

If yes, please describe: _____

Pregnancy history for this child:

Did mother have any illness, accidents or stress during pregnancy? Yes No

If yes, please describe: _____

Did mother have regular medical examinations: Yes No

Check any of the following that apply to the mother during this pregnancy: Took prescribed medications

Took over-the-counter medications Took other types of substances/supplements

Please list: _____

Birth history:

Child born at: Home Hospital Was physician/midwife present? Yes No

Describe any difficulties during labor: _____

Check if any of the following occurred: _____ Premature Birth _____ Multiple Birth
 _____ Stayed in Newborn Intensive Care _____ Fetal Distress _____ Drug Withdrawal _____ Seizures
 _____ Required Oxygen or Respirator

Length of Stay in Hospital _____

Health History:

Does your child have any allergies to medications/food(nuts)/environment/bees? _____ Yes _____ No

To what? _____

Type of reaction? _____

Does your child require an epi-pen? _____

Does your child have any chronic illness, medical or physical problem? _____ Yes _____ No

If yes, please describe: _____

Has your child ever had any of the following illnesses/problems?

| | No | Yes | |
|---|--------------------------|--------------------------|---|
| Covid-19 | <input type="checkbox"/> | <input type="checkbox"/> | Age: _____ |
| Measles | <input type="checkbox"/> | <input type="checkbox"/> | Age: _____ |
| Whooping Cough | <input type="checkbox"/> | <input type="checkbox"/> | Age: _____ |
| Rheumatic Fever | <input type="checkbox"/> | <input type="checkbox"/> | Age: _____ |
| German Measles | <input type="checkbox"/> | <input type="checkbox"/> | Age: _____ |
| Pneumonia | <input type="checkbox"/> | <input type="checkbox"/> | Age: _____ |
| Tonsils Removed | <input type="checkbox"/> | <input type="checkbox"/> | Age: _____ |
| Skin Issues | <input type="checkbox"/> | <input type="checkbox"/> | Please Describe: _____ |
| Trouble with ears, hearing or frequent ear infections | <input type="checkbox"/> | <input type="checkbox"/> | Please Describe: _____ |
| Tubes in ears | <input type="checkbox"/> | <input type="checkbox"/> | Age: _____ Currently in place? ___ Yes ___ No |
| Trouble with eyes or seeing | <input type="checkbox"/> | <input type="checkbox"/> | |
| Child wears glasses | <input type="checkbox"/> | <input type="checkbox"/> | |
| Will require special seating in classroom | <input type="checkbox"/> | <input type="checkbox"/> | |
| Frequent headaches | <input type="checkbox"/> | <input type="checkbox"/> | Age: _____ Preferred treatment: _____ |
| High Blood Pressure | <input type="checkbox"/> | <input type="checkbox"/> | Age: _____ |
| Heart murmur | <input type="checkbox"/> | <input type="checkbox"/> | |
| Frequent diarrhea | <input type="checkbox"/> | <input type="checkbox"/> | |
| Constipation | <input type="checkbox"/> | <input type="checkbox"/> | |
| Jaundice/trouble with liver | <input type="checkbox"/> | <input type="checkbox"/> | Age: _____ |
| Frequent complaints of bellyaches | <input type="checkbox"/> | <input type="checkbox"/> | |
| Bladder/kidney problems | <input type="checkbox"/> | <input type="checkbox"/> | Please Describe: _____ |

| | No | Yes | |
|---|--------------------------|--------------------------|-------------------------------|
| Toilet trained (BM & urine) | <input type="checkbox"/> | <input type="checkbox"/> | Please Describe any problems: |
| Asthma/wheezing | <input type="checkbox"/> | <input type="checkbox"/> | Medication? |
| Does the child snore? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Trouble sleeping | <input type="checkbox"/> | <input type="checkbox"/> | |
| Pain in arms or legs | <input type="checkbox"/> | <input type="checkbox"/> | |
| Swelling of joints or limping | <input type="checkbox"/> | <input type="checkbox"/> | |
| Arthritis | <input type="checkbox"/> | <input type="checkbox"/> | Age: _____ |
| Bleeding disorders | <input type="checkbox"/> | <input type="checkbox"/> | Please Describe: |
| Anemia | <input type="checkbox"/> | <input type="checkbox"/> | |
| Sickle Cell Anemia | <input type="checkbox"/> | <input type="checkbox"/> | |
| Lead Poisoning | <input type="checkbox"/> | <input type="checkbox"/> | Age: _____ |
| Concussion or other head injury | <input type="checkbox"/> | <input type="checkbox"/> | Age: _____ |
| Diabetes: | <input type="checkbox"/> | <input type="checkbox"/> | Age: _____ Type: _____ |
| Seizures | <input type="checkbox"/> | <input type="checkbox"/> | Please Describe: |
| Speech problems | <input type="checkbox"/> | <input type="checkbox"/> | |
| Receiving speech therapy | <input type="checkbox"/> | <input type="checkbox"/> | Age: _____ |
| Diagnosed with ADD/ADHD | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | |
| Any serious illnesses | <input type="checkbox"/> | <input type="checkbox"/> | Please Describe: |
| Hospitalizations | <input type="checkbox"/> | <input type="checkbox"/> | Please Describe: |
| Operations | <input type="checkbox"/> | <input type="checkbox"/> | Please Describe: |
| Accidents | <input type="checkbox"/> | <input type="checkbox"/> | Please Describe: |
| Broken Bones | <input type="checkbox"/> | <input type="checkbox"/> | Please Describe: |
| Trouble with teeth | <input type="checkbox"/> | <input type="checkbox"/> | |
| Ever seen by a dentist? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other special health needs of the child? | <input type="checkbox"/> | <input type="checkbox"/> | Please Describe: |
| Will medication need to be given during the school day? | <input type="checkbox"/> | <input type="checkbox"/> | Please Describe: |
| Other pertinent information | <input type="checkbox"/> | <input type="checkbox"/> | Please Describe Below |

Please provide further information regarding the child's health concerns below. Also, please provide any questions or concerns that you may want to discuss with the nurse in the section below.

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Parent/Guardian Signature: _____

Date: _____