



Tredyffrin/Easttown School District
Wayne, Pennsylvania
STUDENT REGISTRATION FORM

STUDENT ID # _____
GRADE ENTERING _____
SCHOOL _____
ENROLL DATE _____

STUDENT INFORMATION

Student Name _____
Last First Middle

Preferred First Name _____ **Student's Cell Phone (if applicable)** (____) _____ - _____

Birth Date _____ **Gender:** Female Male

Is student a T/E District resident? Yes No If no, please explain: _____

Student's Address:
Apt # (if applicable) _____ P.O. Box (if applicable) _____ House Number _____ Street Name _____
City _____ State _____ Zip _____ Home Phone (____) _____ - _____

Township of Residence: Tredyffrin Easttown Other: _____ **Ethnicity:** Hispanic or Latino Not Hispanic or Latino
Race (check all that apply): African American/Black American Indian/Alaskan Native Asian
Caucasian Multi-Racial (two or more races) Native Hawaiian/Pacific Islander

Last School Student Attended (if applicable) _____ **Grade Completed** _____
City _____ State _____ Zip _____ Date of Withdrawal _____

Previous T/E School Attended (if applicable) _____ Date of Withdrawal _____

Siblings: (Names and Birth Dates): _____

Student's Country of Citizenship _____

Birth City & State _____ Birth Country _____

US Entry Date _____ PA State Entry Date _____ District Entry Date _____

Primary Language Spoken in Home _____ **Primary Language Spoken by Student** _____

Does Student have any of the following (check all that apply): IEP GIEP 504 Service Agreement

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1 (The #1 Parent/Guardian will receive all school communications including cafeteria low balance and school alerts.)

Name _____ Title: Mr. Mrs. Ms. Other: _____

Gender _____ Relationship to Student _____

Apt # (if applicable) _____ P.O. Box (if applicable) _____ House Number _____ Street Name _____

City _____ State _____ Zip _____ Preferred Phone(cell,land,ofc) (____) _____ - _____

Occupation _____ Alt Phone(cell,land,ofc) (____) _____ - _____

Employer _____ Add'l Phone(cell,land,ofc)(____) _____ - _____

Employment Address _____ City _____ State _____ Zip _____

E-mail Address _____

Parent/Guardian #2

Name _____ Title: Mr. Mrs. Ms. Other: _____

Gender _____ Relationship to Student _____

Apt # (if applicable) _____ P.O. Box (if applicable) _____ House Number _____ Street Name _____

City _____ State _____ Zip _____ Preferred Phone(cell,land,ofc) (____) _____

Occupation _____ Alt Phone(cell,land,ofc) (____) _____

Employer _____ Add'l Phone(cell,land,ofc) (____) _____

Employment Address _____ City _____ State _____ Zip _____

E-mail Address _____

* All schools in the T/E School District use email to communicate school information and school newsletters throughout the school year. Your email address may be provided to Parent Teacher Organizations to be used exclusively for school district communication purposes. Your privacy is of the utmost importance and the District will not provide your email address to any organizations outside of the T/E School District.

EMERGENCY CONTACT INFORMATION

Contact Person (Other than Parent) _____
Relationship _____ Phone (____) _____ - _____
Physician _____ Phone (____) _____ - _____
Dentist _____ Phone (____) _____ - _____
Hospital Preference _____

CUSTODY INFORMATION (Please complete this section if student does NOT reside with both parents)

Legal, court-awarded custody/guardianship is held by: Both Parents Jointly Mother Father Guardian(s)
Guardian Name _____ Relationship (if any) _____
Guardian Name _____ Relationship (if any) _____
Unless denied by court order, both parents are entitled by law to receive school mailings. If applicable, please indicate the name/address to which duplicate mailings are to be sent:
Name _____ Address _____
City _____ State _____ Zip _____

Form Completed by (PLEASE PRINT) _____ Relationship _____

Signature _____ Date _____

Office Use Only

Anticipated year of graduation _____ Entry Date _____ Entry Code _____ Counselor _____
Grade _____ Homeroom _____ Homeroom Teacher _____ Curriculum Code _____
Calendar _____ Locker # _____ Lock # _____ Combination _____
Proof of Birth Date _____ Verified by _____ Proof of Citizenship _____ Verified by _____
Proof of Immunization _____ Verified by _____ Proof of Residency _____ Verified by _____
Travel Code _____ To School Bus Route 1 _____ Bus Route 2 _____ From School Bus Route 3 _____ Bus Route 4 _____

Enrollment Form

Student _____
 First Middle Last

Place of Birth _____ Type of Visa _____ Expiration Date _____

Address _____ Telephone _____
 Street City State Zip

School Last Attended _____ Grade _____

School Address _____
 Street City State Zip

Was student enrolled previously in the T/E School District? Yes _____ No _____

In which T/E school was the student last enrolled? _____

Has individual psycho/educational testing of the student ever been conducted?

Yes _____ No _____ If "yes," date of testing _____

Has the student received special education services for learning disabilities or other handicapping condition?

Yes _____ No _____

Indicate any other condition which may have a bearing upon the student's academic performance (hearing loss, visual impairment, social and emotional problems, attention deficit disorder, hyperactivity, other health impairment):

Indicate any other information of which the school should be aware: _____

Please complete the reverse side.

Father _____

Address if different from student's _____

Place of birth (country) _____

Employer _____ Business Telephone _____

Mother _____

Address if different from student's _____

Place of birth (country) _____

Employer _____ Business Telephone _____

If parents are divorced, to whom has legal custody been awarded? _____

Stepparent/Guardian _____ Relationship _____

Address if different from student's _____

Employer _____ Business Telephone _____

Brothers/Sisters	Date of Birth	Residing at Home?	College Attending/Attended
_____	_____	Yes ___ No ___ College ___	_____
_____	_____	Yes ___ No ___ College ___	_____
_____	_____	Yes ___ No ___ College ___	_____
_____	_____	Yes ___ No ___ College ___	_____

Comments:

Signature of person completing Enrollment Form _____

Relationship to student _____ Date _____

REQUEST FOR RELEASE OF RECORDS

(this form is to be sent by Conestoga)

(Last Name) _____ (First Name) _____ (Middle Initial) _____

Date of Birth: _____ Withdrawal Date: _____

Grade at Withdrawal: _____

Institution Releasing Records

Name _____

Street Address _____

City/State/Zip _____

PLEASE SUBMIT ACADEMIC INFORMATION ON YOUR OFFICIAL TRANSCRIPT FORM with school seal and a certified copy of the student's discipline record (per Act. 26, 1995, of the Pennsylvania School Code: "A Pennsylvania School must submit a certified copy of a student disciplinary record to the school entity to which the student has transferred within ten (10) days from receipt of a request to supply it.") to Conestoga High School, Student Services Center, Attention: Registrar, 200 Irish Road, Berwyn, Pa 19312-1260.

PLEASE NOTE THAT IMMUNIZATION RECORDS ARE REQUIRED BEFORE REGISTRATION IS COMPLETED AND STUDENT IS ADMITTED.

I authorize the release of all official records (signed/school seal) to include: name, address, parent/guardian, grade level completed, group test results, class rank, co-curricular activities, attendance, health records, psychological (IEP's, 504's) or special placement data, PSSA testing results (if applicable), and grades to date at withdrawal.

Student Signature _____ Date _____

Parent/Guardian Signature (if minor) _____ Date _____

Date Record Requested _____



PARENTAL REGISTRATION STATEMENT

Student Name _____

Parent/Guardian Name _____

Address _____

Telephone Number _____

To comply with state law, please accurately complete both sections 24 P.S. §13-1304-A and 24 P.S. §13-1318.1 below and sign.

24 P.S. §13-1304-A

Pennsylvania School Code §13-1304-A states in part “Prior to admission to any school entity, the parent, guardian or other person having control or charge of a student shall, upon registration, provide a sworn statement or affirmation stating whether the pupil was previously or is presently suspended or expelled from any public or private school of this Commonwealth or any other state for an action 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 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.

24 P.S. §13-1318.1

Pennsylvania School Code §13-1318.1 states in part “Prior to admission to a public 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 student was previously or is presently expelled under the provisions of this section.” This section of the Pennsylvania School Code contains provisions regarding Students Convicted or Adjudicated Delinquent of Sexual Assault.

I hereby swear or affirm that my child was _____ was not _____ previously expelled, or is _____ is not _____ presently expelled from any public or private school of this Commonwealth for reason of being convicted or adjudicated delinquent of sexual assault of a student enrolled in the same school entity. I make this statement subject to the penalties of 24 P.S. §13-1318.1 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.

<p>If this student has been or is presently suspended or expelled from another school, please complete: Name of the school(s) from which student was suspended or expelled: _____ Date(s) of suspension or expulsion: _____ Reason(s) for suspension or expulsion: _____ (If necessary, please attach another sheet to provide additional schools, dates and reasons for expulsion or suspension.)</p>
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(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.

TESD 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)

Child's School: _____ Grade: _____

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? _____
4. In which language do you prefer to receive information? _____
5. Has your child attended school in the United States? No Yes

If Yes, please list the schools

Name of School	State	Dates Attended
_____	_____	_____
_____	_____	_____

Parent/Guardian Signature: _____ Date: _____

Interpreter Provided No Yes



SPECIAL SERVICES REGISTRATION FORM

Student Name: _____ Entrance Grade: _____

Please check the appropriate box(es) below indicating your child's status for Special Services:

My child has an IEP or 504 Service Agreement on file at the previous school attended and has received the following documented special services:

- | | |
|---|---|
| <input type="checkbox"/> Autistic Support | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Learning Support | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Gifted Support | <input type="checkbox"/> Nursing Support |
| <input type="checkbox"/> Vision Support | <input type="checkbox"/> Assistive Technology |
| <input type="checkbox"/> Life Skills Support | <input type="checkbox"/> Special Transportation Needs |
| <input type="checkbox"/> Speech/Language Support | |
| <input type="checkbox"/> Hearing Support | |
| <input type="checkbox"/> Emotional Support | |
| <input type="checkbox"/> Other (please specify) _____ | |

My child has a Multidisciplinary Evaluation (MDE) in progress.

My child has completed the following evaluation(s) and did/did not qualify for special services:

My child has not received any special services nor been evaluated for such services.

Parent Signature

Date



Tredyffrin/Easttown School District Student Health History

Name of Child _____ Birthdate _____ Grade _____

Name of Child's Physician _____ Telephone # _____

Date of last physical examination: _____

Name of Child's Dentist _____ Telephone # _____

Date of last dental examination: _____

Is your child allergic to any drug, insect bite, food, or other substance? Are any allergies life-threatening? Does he/she carry an epinephrine auto injector?

Does your child have any condition requiring special attention such as a cardiac problem, asthma, diabetes, epilepsy or other? If yes, please list.

Does your child have any problem with coordination or mobility? If yes, please list.

Does your child have any problem with vision, hearing, speech, or communication? If yes, please list and explain.

Does your child have any socialization or emotional problems? If yes, please list.

Has your child had any serious accident, illness, or operation? If yes, please describe.

Does your child take any medication? If yes, please list medication and dosage.

Has your child had any of the following illnesses? If yes, check illnesses that apply.

Chicken Pox _____ Mumps _____ Whooping Cough _____

German Measles _____ Measles _____ Polio _____

May the School Nurse share this information with other school staff? Yes ____ No ____

Signature of Parent or Guardian _____ Date _____



Tuberculosis (TB) Risk Assessment Form

The purpose of the TB Risk Assessment Form is to identify children who may be at increased risk for tuberculosis (TB) and may require evaluation and testing. A child with any risk factor described below may be a candidate for TB testing.

Child's Name: _____ DOB: _____ Date: _____

TB Risk Assessment

- Has the student had temporary or permanent residence of > 1 month in a country with a high TB rate. Please note any country other than the United States, Canada, Australia, New Zealand, and those countries in Northern Europe or Western Europe.

Yes _____ No _____

Country of residence _____

- Does the student have current or planned immunosuppression including HIV virus, transplant recipient, chronic use of steroids or other immunosuppressive medications that increase their risk for contacting TB ?

Yes _____ No _____

- Has the child lived with or spent time with someone who has been diagnosed with TB?

Yes _____ No _____

If yes to any of the above, the child has an increased risk of TB infection and should have a TB test performed by their family doctor. Please provide the results of this test to your school nurse.

Parent: _____ Date: _____

Reference: Centers for Disease Control, CDC Baseline Individual TB Risk Assessment