



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 resident? Yes: No: If no, please explain: \_\_\_\_\_

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

Name \_\_\_\_\_ Title: Mr. Mrs. Ms. Other \_\_\_\_\_  
*Last, First*

Gender \_\_\_\_\_ Relationship to Student \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Preferred Phone \_\_\_\_\_ (cell, home)

Occupation \_\_\_\_\_ Add'l Phone \_\_\_\_\_ (cell, home)

Employer \_\_\_\_\_

Employer Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Parent/Guardian #2**

Name \_\_\_\_\_ Title: Mr. Mrs. Ms. Other : \_\_\_\_\_  
*Last, First*

Gender \_\_\_\_\_ Relationship to Student \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Preferred Phone \_\_\_\_\_ (cell, home)

Occupation \_\_\_\_\_ Add'l Phone \_\_\_\_\_ (cell, home)

Employer \_\_\_\_\_

Employer Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Email 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 \_\_\_\_\_



# Tredyffrin/Easttown School District

Administration Offices, West Valley Business Center  
940 West Valley Road, Suite 1700, Wayne, PA 19087

Phone: 610-240-1900

## REQUEST FOR RELEASE OF STUDENT RECORDS

Student Name: \_\_\_\_\_  
(Last Name, First Name, Middle Name)

Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_

School Last Attended: \_\_\_\_\_

School Address: \_\_\_\_\_  
\_\_\_\_\_

School Telephone: \_\_\_\_\_

School Fax #: \_\_\_\_\_

Please forward the following information on the above student (s) to the school indicated below.

- Tredyffrin Easttown Middle School  
801 Conestoga Road  
Berwyn, PA. 19312  
Attn: Registration  
Phone: 610-240-1208  
Email: TEMRegistration@tesd.net
  
- Valley Forge Middle School  
105 W. Walker Road  
Wayne, PA. 19087  
Attn: Registration  
Phone: 610-240-1303  
Email: VFMRegistration@tesd.net

- \_\_\_\_\_ Official Administrative Records
- \_\_\_\_\_ Disciplinary Records
- \_\_\_\_\_ Level completed, class standing, attendance records
- \_\_\_\_\_ Standardized Achievement Test Scores
- \_\_\_\_\_ Personality and Interest Test Scores
- \_\_\_\_\_ Teacher and Counselor Observations and Ratings
- \_\_\_\_\_ Intelligence and Aptitude Test Scores
- \_\_\_\_\_ Health/Dental Records
- \_\_\_\_\_ Evaluation Reports or Psychological Evaluations
- \_\_\_\_\_ IEP, NOREP, GIEP, 504
- \_\_\_\_\_ Other (please specify) \_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_ Parent Signature



**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. Translation Services are available. Would that be helpful to your family in communicating with your child's teacher and school?      No      Yes

6. 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:

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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?

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

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

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

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

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

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

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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