



Tredyffrin/Easttown School District
Wayne, Pennsylvania
STUDENT REGISTRATION FORM
STUDENT INFORMATION

STUDENT ID # _____
GRADE ENTERING SCHOOL _____
ENROLL DATE _____

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:

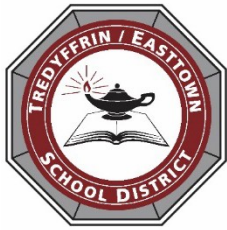
Name _____ Address _____
City _____ State _____ Zip _____

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 _____



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



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.

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.)

(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



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.

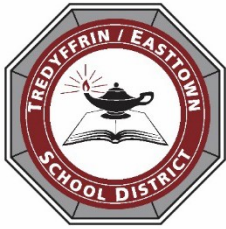
Does your child take any medication? If yes, please list medication and dosage.

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

- Was the child born in Africa, Asia and Pacific Islands (except Japan), Central America, South America, Mexico, Eastern Europe or the Middle East?

Yes _____ No _____

If yes, in what country was the child born? _____

- Has the child lived or traveled in Africa, Asia and Pacific Islands (except Japan), Central America, South America, Mexico, Eastern Europe, the Caribbean or the Middle East for more than one month?

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.

Parent: _____ Date: _____

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

Form revised 2/11/2020



REQUEST FOR RELEASE OF STUDENT RECORDS ELEMENTARY SCHOOLS

Student Name _____
First Middle Last

Date of Birth _____ Grade: _____

School Last Attended _____

School Address _____

School Phone # _____

School Fax # _____

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

Beaumont E.S. 575 Beaumont Rd Devon, PA 19333 BESRegistration@tesd.net	Devon E.S. 400 S. Fairfield Rd Devon, PA 19333 DESRegistration@tesd.net	Hillside E.S. 507 Howellville Rd Berwyn, PA 19312 HESRegistration@tesd.net	New Eagle E.S. 507 Pugh Rd Wayne, PA 19087 NESRegistration@tesd.net	Valley Forge E.S. 99 Walker Rd. Wayne, PA 19087 VFERegistration@tesd.net
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

_____ Official Administrative Records (name, address, birthdate, grade level completed, grades, reading and math levels, attendance record, discipline records, family background data)

_____ Standardized Test Results

_____ Personality and Interest Test Scores

_____ Teacher and Counselor Observations/Ratings

_____ Intelligence and Aptitude Test Scores

_____ Health/Dental Records

_____ Evaluation Reports or Psychological Evaluations

_____ IEP, NOREP, GIEP, 504

_____ Other (please specify) _____

Date

Signature of Parent



Tredyffrin/Easttown School District Pre-K Summer Program Questionnaire

FOR INCOMING KINDERGARTEN STUDENTS ONLY

The Tredyffrin/Easttown School District (TESD) sponsors a pre-kindergarten summer reading program for a small number of children who will be entering our kindergarten in September. This program has no cost and transportation is provided for children who qualify.

The goals of this summer program are:

- To develop basic pre-reading skills
- To acquaint the child with basic school routines
- To provide the opportunity for fine motor skill development
- To develop basic social skills

In order to help us identify those children who might qualify for this program, please complete the questionnaire found below. If after reviewing your questionnaire, we believe your child might benefit from the summer program, we will follow up with you in the coming weeks about screening your son or daughter.

Please check all statements that apply to your child:

- ☐ My child recognizes some letter sounds.
- ☐ My child recognizes most capital letters of the alphabet.
- ☐ My child recognizes most lower-case letters of the alphabet.
- ☐ My child is able to print his/her first name.
- ☐ My child has had experience with and is comfortable with children his/her age.
- ☐ My child has attended pre-school.
- ☐ My child is able to sit and listen attentively to a read-aloud story.
- ☐ My child hears and/or speaks a language other than English in the home.

Do you have any concerns or additional information that you would like to share related to a family history of learning differences such as dyslexia?

Child's Name _____

Parent's Name(s) _____

Daytime Phone Number _____

Name of Pre-school (if applicable) _____

TESD School next year: _____