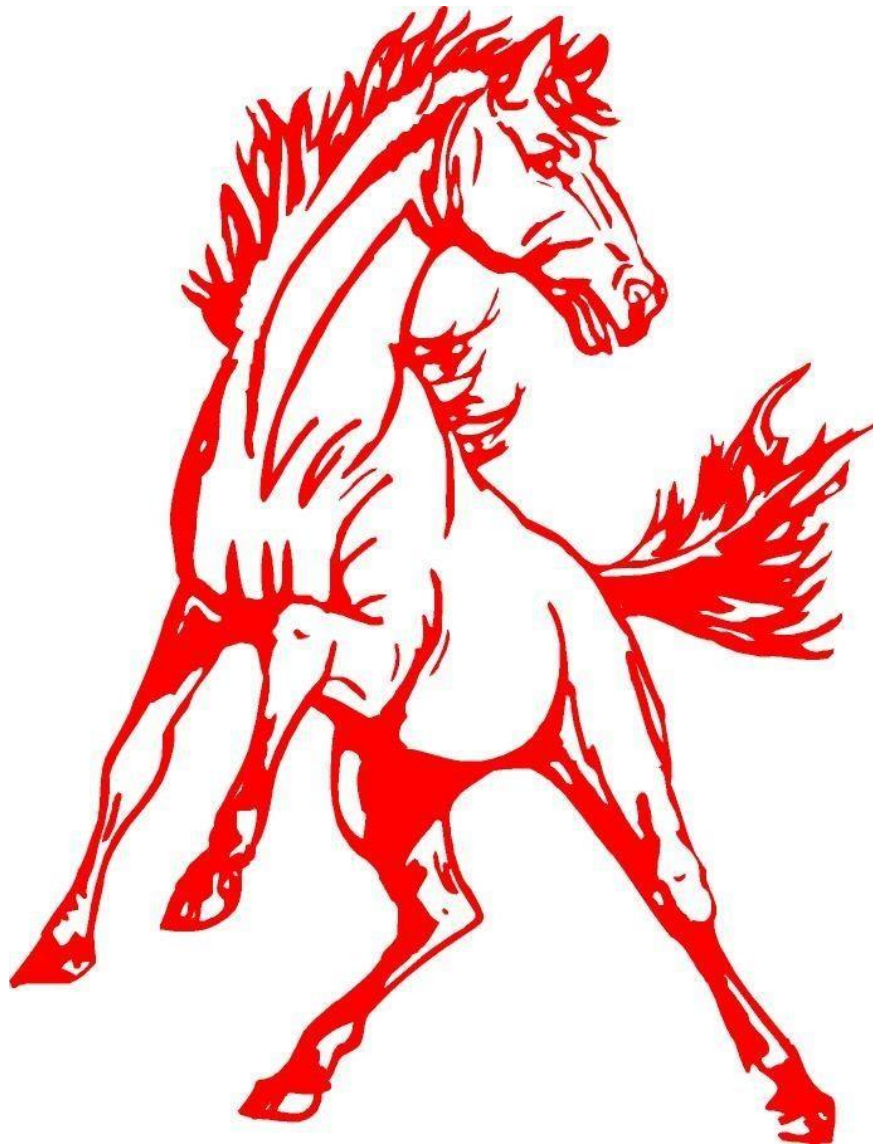


Laurel Highlands School District

New Student Enrollment Packet



Return this completed packet to your elementary school with all required documents during the district's scheduled kindergarten registration week. To complete the process, each child will be given a kindergarten screener by a Laurel Highland's staff member.



Laurel Highlands School District



304 Bailey Avenue
Uniontown, Pennsylvania 15401
(724) 437-2821 Fax (724) 437-8929
www.lhsd.org

REQUIRED DOCUMENTS FOR ENROLLMENT

We appreciate your efforts to enroll your child for school. Please be advised that the Pennsylvania Department of Education is requiring that we closely scrutinize enrollment documentation for our students due to the need for accuracy. Therefore, we must have the following documentation before your child can officially start school.

Failure to provide this documentation will result in your child being delayed in entering kindergarten.

PROOF OF AGE

IMMUNIZATION RECORDS

CUSTODY AGREEMENT (if applicable)

PROOF OF RESIDENCY (the following are acceptable proof):

- Renter’s Lease
- Mortgage Receipt
- Deed
- Utility Bills

SORRY.....A DRIVER’S LICENSE IS NOT ACCEPTABLE DOCUMENTATION

Please note, if you are relocating from a foreign country or are currently homeless, speak with the building principal to address your individual concerns.

If you have any questions, please contact your building principal or school secretary for further clarification.

CHILD CUSTODY

I agree to supply the most recent court orders specifying child custody as part of my child’s permanent records. Otherwise, school personnel will not be responsible in determining legal custody should a problem of this nature arise.

Parent Signature

Date

LAUREL HIGHLANDS SCHOOL DISTRICT NEW STUDENT REGISTRATION INFORMATION

School _____	Grade _____
Student Full Name as it appears on their birth certificate _____	
(Last) _____	(First) _____
(Middle) _____	
Date of Birth: _____	Student Gender: M F
Household Last Name _____	Date Entered US _____
Household Language _____	Date Entered PA _____
Birth Certificate #: _____ (provide copy of state-issued certificate)	
Place of Birth: _____	
(City)	(State) (Country)
Father Living Y/N: _____	Mother Living Y/N: _____
Parents Separated Y/N: _____	Parents Divorced Y/N: _____
Note: IF PARENTS ARE SEPARATED/DIVORCED-IS THERE A PROBLEM WITH CUSTODY? YES _____ NO _____	
IF "YES", PLEASE SEE PRINCIPAL TO DISCUSS THE PROBLEM AND PROVIDE A COPY OF THE CUSTODY AGREEMENT OR COURT ORDER	

Ethnicity: (Please mark Hispanic Yes or No <u>AND</u> one of the listed race choices below.) Hispanic: Yes _____ No _____ Asian _____ White _____ Black _____ American Indian/Indian/Alaskan Native _____ Hawaiian/Pacific Islander _____
--

Is this student in Foster Care? Y N If so, name of placing agency: _____ Residence of Biological Parents: _____ Parent/Guardian #1: _____ Relationship to Student: _____ Married _____ Divorced _____ Separated _____ Physical Address _____ Mailing Address (IF DIFFERENT, i.e. PO Box) _____ Home Phone: _____ Cell Phone: _____ Email: _____ Lives with Y/N? _____ Correspondence Y/N? _____ Occupation: _____ Employer: _____ Employer Phone#: _____ Parent/Guardian #2: _____ Relationship to Student: _____ Married _____ Divorced _____ Separated _____ Physical Address _____ Mailing Address (IF DIFFERENT) _____ Home Phone: _____ Cell Phone: _____ Email: _____ Lives with Y/N? _____ Correspondence Y/N? _____ Occupation: _____ Employer: _____ Employer Phone#: _____

**LAUREL HIGHLANDS SCHOOL DISTRICT
NEW STUDENT REGISTRATION INFORMATION**

NOTE: All correspondence regarding this student will be mailed to the custodial parent/guardian at the student's address. If joint custody, please provide a second address:

Name: _____ Relationship to Student: _____

Address: _____

IN CASE OF EMERGENCY, CALL (OTHER THAN PARENT OR GUARDIAN-MAX TWO)

Name: _____

Name: _____

Phone: _____

Phone: _____

Cell Phone: _____

Cell Phone: _____

Relationship: _____

Relationship: _____

Number in family: _____ Brothers: _____ Sisters: _____

Name: _____ Grade: _____

School: _____

Name: _____ Grade: _____

School: _____

Name: _____ Grade: _____

School: _____

Name: _____ Grade: _____

School: _____

Name: _____ Grade: _____

School: _____

Name: _____ Grade: _____

School: _____

Name of Previous Preschool/School: _____ Fax No.: _____

Address: _____

Phone Number: _____

Dates Attended: _____

Laurel Highlands School District



304 Bailey Avenue
Uniontown, Pennsylvania 15401
www.lhsd.org



Clark Elementary
724-437-9600
724-437-9688 (fax)

Hatfield Elementary
724-437-7371
724-437-9229 (fax)

Hutchinson Elementary
724-437-6208
724-437-9774 (fax)

Marshall Elementary
724-438-5851
724-438-7858 (fax)

LH Middle School
724-437-2865
724-437-8518 (fax)

LH Senior High School
724-437-4741
724-425-5436 (fax)

AUTHORIZATION OF SCHOOL RECORDS

Date: _____

TO: (List last school attended)

FROM:

FAX # _____

(Phone)

Please send us the following information for:

Student's Name

Birthdate Grade

Parent Name

Contact number

- | | |
|--|--------------------------------------|
| 1. Cumulative Permanent Records | 6. Attendance Records |
| 2. Test Scores | 7. Discipline Records |
| 3. Health/Immunization Records | 8. IEP, ER/RR, NOREP (if applicable) |
| 4. Numerical Evaluation of Grading Scale | 9. PA Secure ID# _____ |
| 5. Grades to Date of Withdrawal | |

Parental permission is no longer required when records are requested by authorized school personnel. (Family Educational Rights and Privacy Act, Final Rule on Educational Records, Federal Register, June 17, 1976, Vol. 41, No. 118, page 24673.)

Parent/Guardian Signature

Laurel Highlands School District



304 Bailey Avenue, Uniontown, Pennsylvania 15401
(724) 437-2821 Fax (724) 437-8929
www.lhsd.org



Sworn Statement

Student Name: _____

Date of Birth: _____

Pennsylvania School Code as amended by Act 26 of 1995 (Section 1304-A)

- (A) Prior to admission to any school entry, the parents, guardians, or other person having control or in charge of a student shall, upon registration, provide a sworn statement or affirmation stating whether the pupil was previously 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 any act of violence committed on school –property. This registration shall be maintained as part of the student’s disciplinary record.
- (B) Any willful false statement made under this section shall be a misdemeanor of the third degree.

Pennsylvania School Code as amended by Act 26 of 1995 (Section 1305-A)

Whenever a pupil transfers to another school entity, a certified copy of the student’s disciplinary record shall be transmitted to the school entity to which the pupil has transferred, the receiving school shall request the records. The sending school shall have (10) days from receipt of the request to supply a certified copy of the student’s disciplinary record.

I hereby swear/affirm that my child has not been suspended or expelled for any of the above reasons.

Signature

Date

Note: Parents or guardians who intentionally submit a false statement shall be subject to conviction of a misdemeanor of the third degree.

“Laurel Highlands School District is an Equal Opportunity Employer”

Laurel Highlands School District



304 Bailey Avenue
Uniontown, Pennsylvania 15401
(724) 437-2821 Fax (724) 437-8929
www.lhsd.org



Dear Parent/Guardian:

The Laurel Highlands School District is required to identify those students' parents/guardians who are **employed by the Federal government, work on Federal property, or are active duty with the armed services**. The accuracy of this survey means additional revenue for the School District.

If you are included in any of these categories listed above, please complete the following survey. Your responses will be kept in strict confidence except for being a part of the numerical group.

Student Name _____ School _____

Homeroom Teacher _____ Grade _____

A. Civilian Federal Employers

1. Is either parent/guardian employed by the Federal government or work on Federal property?

Yes _____ No _____

If yes, complete the following:

Name: _____

Address: _____

Name of Federal Employer: _____

Address of Federal Employer: _____

B. Uniformed Services

1. Is either parent/guardian on active duty in the uniformed services?

Yes _____ No _____

If yes, complete the following:

Name Rank Branch of Service

C. This is to certify that the above information is correct.

Signature: _____

Date: _____



Laurel Highlands School District

Special Education/Home Language Survey

Student's Name: _____ Date of Birth: _____

Education/Home Background Survey

The Civil Rights Act of 1964, Title VI – Language Minority Compliance Procedures, requires that school district/charter school identify limited English Proficient (LEP) students. Pennsylvania Department of Education has selected the Home Language Survey as a method for the identification.

Home Language Survey

What is the language your child learned to speak? _____

What language(s) does your child speak most often at home? _____

What language is most often spoken at home? _____

**The school district/charter school has the responsibility under the federal law to serve students who are limited English proficient and need English instructional services. Given the responsibility, the school district/charter school 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 may conduct screenings or ask for related information about students who are already enrolled in the district as well as from students who enroll in the school district/charter school in the future.*

Special Programs in Previous School: _____

Has an IEP/GIEP been written for this student? YES NO Is the IEP/GIEP currently active? YES NO

If yes, what type of support(s)? _____
(Speech, Gifted, Visual, Learning Support, Autistic Support, Life Skills, Emotional Support, etc.)

Primary Disability: _____ Secondary Disability: _____

Does the student have a Service Agreement (504 Plan)? YES NO

Does the student have any physical disabilities? YES NO If yes, explain: _____

Has the student ever attended any school in Laurel Highlands School District? YES NO

If so, which school(s)? _____ Dates Attended: _____

Signature of Parent/Guardian

Date



**Laurel Highlands School District
Student Accounting Form**

Student: _____

School Building

AM Bus #/Tag _____

PM Bus #/Tag _____

Walker Y N

Last First Middle Today's Date

Grade Date of Birth Student ID Homeroom No.

Physical Location of home for Bus: _____

New Students in District

Transfers in District

Address:

Address:

Street, Box No.

Street, Box No.

City, State, Zip Code

City, State, Zip Code

Parent/Guardian (Full Name)

Parent/Guardian (Full Name)

Phone No.

From:

Emergency Phone No.

Building or School

To:

Building or School

WITHDRAWALS

Last First MI

Date of Withdrawal: _____

LAUREL HIGHLANDS SCHOOL DISTRICT

Physical Education Participation

Student's Name: _____

Please Check One:

- () Is permitted in the regular Physical Education Program.
- () Is permitted to participate in a limited Physical Education Program this would be semi-active games and activities.
- () Is physically unable to participate in our regular or semi-active Physical education Program.

If your child is permitted to take, the limited program or if he/she is not permitted to take any Physical Education, you must have your doctor sign this form before your child returns to school. Please do this as soon as possible so that your child can benefit from our program.

If your child is able to participate in our regular Physical Education Program, please sign this form and return it to the school.

Thank you for your cooperation.

Date

Parent/Guardian Signature

Student: _____

Reason for Exemption:

Please list limitations if this child is to be placed in the semi-active program.

Does the child have restrictions on the playground? If yes, specify: _____

If these restrictions are not for the entire school year, specify time: _____

Date

Physician's Signature

LAUREL HIGHLANDS SCHOOL DISTRICT
Health History

Child's Name: _____ DOB: _____

Sex: _____ Phone No. _____ Parent/Guardian: _____

Address: _____

School Last Attended: _____ Reg. School: _____
Date: _____

Family Physician: _____ Phone No. _____

Family Dentist: _____ Phone No. _____

PAST HEALTH HISTORY: Please indicate if condition is Mild, Moderate or Severe

- | | |
|---|--|
| <p>1. Childhood Diseases: _____
_____ Chicken Pox? At What Age? _____
_____ Other _____</p> <p>2. Allergies: _____
Medication: _____
Food: _____
Environmental: _____
Bee Stings: _____ Reaction: _____</p> <p>3. Skin Problems: _____
_____</p> <p>4. Head Injury: _____
_____</p> <p>5. Eye Concerns: _____
_____</p> <p>6. Ear Concerns: _____
_____</p> | <p>7. Nose/Throat: _____
Frequent Sore Throats _____
Dental Concerns: _____</p> <p>8. Breathing Problems: _____
Asthma: _____
Tuberculosis: _____</p> <p>9. Heart Problems: _____
_____</p> <p>10. Bowel & Bladder: _____
_____</p> <p>11. Fractures: Where? _____
At What Age: _____
Restrictions/Physical Activity: _____
_____</p> <p>12. Seizures: _____
Epilepsy: _____
Fainting: _____</p> |
|---|--|

Previous Surgery (including Same Day Surgery) and/or Hospitalization

Date/Age: _____ Diagnosis: _____

Date/Age: _____ Diagnosis: _____

Special Health Problems (Diabetes, etc.): _____

Child Currently Taking Medication Regularly: _____

Medication(s): _____

Reason(s): _____

Signature of Parent/Guardian

Date

Authorization for Medication During School Hours

(Full Name of Student)

_____, must receive the following PRESCRIBED medications during the school hours in order to maintain sufficient health to participate in the school program.

Diagnosis: _____ Reason for Medication: _____ Name of Medication: _____

_____ Prescribed Dosage: _____

Time of Day: _____ Length of Time: _____ Days _____ Months _____

Possible Side Effects: _____

I do hereby release, discharge and hold harmless the Laurel Highlands School District, its agents and employees, from any and all liability and claim whatsoever for the administration of the above medication to my child should there be a reaction from the medication.

Signature of Parent/Guardian

Date

Signature of Prescribing Physician

Date

Laurel Highlands School Board Adopted Policy

“No patented drug, prescription, medicine, or other controlled substance shall be permitted to be brought upon the school property or into any school building unless permission is first granted by a school nurse, following consultation with the prescribing physician. Conditions imposed by the school physician and authorized school personnel shall be strictly followed.”

*Only one medication per form – make copies of this form for multiple medications.

*Please note all medication orders expire at the end of each school year, a newly signed order for all medications must be obtained each year.

Laurel Highlands School District Medical/Dental Consent Form

Medical Consent Form: Student’s Name: _____

Dear Parent/Guardian:

The Pennsylvania School Health Law requires medical exams for children in PA upon original entry into school, sixth grade, and eleventh grade. This exam may be done at school, by the school doctor, with your consent, or it may be done by your family physician, at your expense, and recorded on a form provided by the school district. Private exams will be accepted up to one year prior to entering school.

Please Check:

- () Please examine my child at school.
- () I will arrange for the medical exam with my child’s physician, and I will return the private physicians form by September 1st, to the school.

Telephone Number	Date	Parent/Guardian Signature
------------------	------	---------------------------

Dental Consent Form: Student’s Name: _____

Dear Parent/Guardian:

The Pennsylvania School Health Law requires dental exams for children in PA upon original entry into school, third grade, and seventh grade. This exam may be done at school, by the school doctor, with your consent, or it may be done by your family dentist, at your expense, and recorded on a form provided by the school district. Private exams will be accepted up to one year prior to entering school.

Please Check:

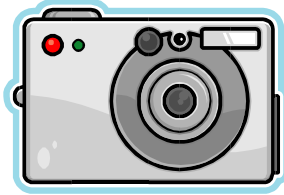
- () Please examine my child at school. () I will arrange for the dental exam with my child’s dentist, and I will return the private dental form by September 1st, to the school.

Telephone Number	Date	Parent/Guardian Signature
------------------	------	---------------------------

Thank you.
Certified School Nurses



PERMISSION TO PHOTOGRAPH/VIDEOTAPE



In connection with the educational programs in our school, opportunities may occur to photograph or videotape your child. These photographs and/or videos may be used in the school or newsletters, school web sites, yearbooks, bulletin boards, in local or regional newspapers, on television, or as part of a public performance.

In order to grant the school permission to photograph and/or videotape your child, parents/guardians of all students must complete and return the form below.

Please check the appropriate box.

- I **DO** give permission for my child
- I **DO NOT** give permission for my child

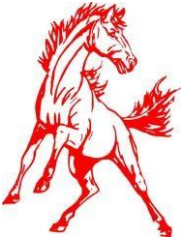
Student's name

To be photographed, videotaped, audio-taped, named on radio, named or shown on television, named or pictured in a newspaper, and/or appear in a public performance (which may be photographed or videotaped).

Parent/Guardian name (Print)

Parent/Guardian Signature

Date



Laurel Highlands School District

DISTRICT USE ONLY:

Student Name: _____

School ID#: _____

Copy of State Issued Birth Certificate? Y N

PA Secure No.: _____

Certificate No.: _____

US Entry Date: _____

PA Entry Date: _____

City: _____

District Entry Date: _____

State: _____ Country: _____

Building Entry Date: _____

Building Entry Code: _____

In Loco Parentis? Y N

Grade 9 Entry Date: _____

Foster Child? Y N (if yes, complete Foster Care Tracking Sheet)

Foster Care Agency: _____

Custody Documents on File? Y N Not Applicable

Current Proof of Residence: _____

(Lease, Deed, Utility Bill)

Immunization Records? Y N

IEP/GIEP/Service Agreement on file? Y N Not Applicable

Primary Disability: _____

Secondary Disability: _____

Minor/Adult _____

Status: _____ Years in

Expected _____ Graduation Date:
(Senior High Only)

Attended (circle one): Preschool Head-Start Kindergarten

COMMENTS/NOTES: _____
