

School District of Springfield Township Registration Check List

**The first five items (bolded) must be completed
and on file before a student can begin school.*

Registration Form with parent/guardian signature _____

Immunization Records _____

Birth Certificate _____

1 -2 Proof of Residency

- **Title/Deed/Agreement of Sale/ Lease** _____
- **License/Utility bill/ Tax Bill** _____
- **Notarized letter if living w/relative (See Registrar for Multiple Occupancy Forms)**_____

Last Report Card _____

Child Custody Form _____

Emergency Contact Form _____

Home Language Survey _____

IEP/ Initial Evaluation (ER)/ Most Recent Reevaluation Report. (If applicable) _____

Request Records Form _____

Student Information Form _____

Weapons/Violence Verification form _____

Information Sheet Registration

*Christina Sellers
Central Registration
Springfield Township School District
1901 East Paper Mill Road
Oreland, PA 19075
215-233-6000
Website – www.sdst.org*

**SCHOOL DISTRICT OF SPRINGFIELD TOWNSHIP
STUDENT REGISTRATION FORM**



Student Information-Please print

Student State ID#: _____ Grade entering: _____ School entering: Enfield Erdenheim Middle High

Full Legal Name (Last, First, Middle): _____ Date of Birth: _____

City and State of Birth: _____ Country of Birth: _____ Birth Cert. # _____

Race:(circle all that pertain): (1)American Indian/Alaskan (2) Asian (3) Black/African American (4) Native Hawaiian/ Pacific Islander (5) White

Ethnicity:(circle one) Hispanic Not-Hispanic **Sex:**(circle): Male Female **District Enrollment type:** First-time Re-entering Exchange Student

Address Information-where you live/will live if you are not currently residing in Springfield Twp.

Physical Address: _____

Apt.#: _____ City/State: _____ Zip: _____

Home Phone: _____

Date moved in/ intended date of residence in Springfield Twp: _____

Type of Residence (circle all that pertain): House or Apartment Own or Rent

If not currently residing in Springfield Twp.provide address where currently living:
(where you eat and sleep)

Last School Attended

Name: _____

Date last enrolled: _____ Grade: _____

Address: _____

Most recent date enrolled in a PA school (mm/yyyy): _____

If child was born outside of US, first date they entered US/enrolled in US school (mm/dd/yyyy): _____

Parent/Guardian Information

Mother living? (circle one) Yes No Father living? (circle one) Yes No

	Mother-Guardian-Step-Foster (circle one)	Father-Guardian-Step-Foster (circle one)
Name		
Address		
Cell Phone #		
E-Mail		
Employer		
Work Phone #		
Marital Status(circle one):	Married Single Divorced Widower Separated Other	Married Single Divorced Widower Separated Other

Which person listed above should be the first person contacted if needed for any reason:

Student resides with (circle one): Both Parents Mother Father Foster Guardian(s) Legal/Other (name): _____

	Non-Resident Parent	Mother-Father (circle one)
Name		
Address		
Home Phone #		
Cell Phone #		
E-mail		

Sibling Information

List children of the above family (oldest first):

Name	School	Grade	Relationship

The undersigned affirms that all of the above statements are true and correct.

(Signature of Parent/Guardian)

Date

School Office Use Only	
Regist. Date _____	Entry Code _____
Start Date _____	Census# _____
Verification of Birth _____ (i.e.: Birth Cert., passport, etc.)	
Proof of Res: Deed Lease Settlement Papers	
Utility Bill Other: _____	
Grade 9 Entry Date _____	
Business Office Use Only	
Resident status (circle all that apply):	
1302 inc.Res. Foster Mult Occ. Tuition Waived	
1305-Foster/resident Foster parent Res. Affidavit	
1305-Foster/nonres Foster parent	
Bus. Off. Approval: _____	Date: _____

Springfield Township School District
1901 East Paper Mill Road
Oreland, PA 19075
215-233-6000

Request for Student Records

Student Name: _____

Birthdate: _____ Grade: _____

Previous School's Name and Address:

Subject: School Records:

The above student has enrolled in our school. Please send his/her records, including:

- Official Administration records (name, address, birthdate, academic work completed, marks, attendance)
- Psychological reports
- State ID number
- Health records
- Standardized Achievement Tests
- Special Education Records – If applicable (IEP, Evaluation reports, etc)
- Disciplinary Records (Act 26 requirement) if none, please provide a written statement confirming that the student has no discipline report.
- Other information that would be helpful in planning his/her educational program

Send to: Central Registration
Springfield Township School District
1901 East Paper Mill Rd
Oreland, PA 19075
215-233-6025 - Fax

AUTHORIZATON TO RELEASE STUDENT'S SCHOOL RECORDS

I have enrolled my child _____
In the above school and hereby authorize you to release his/her school records.

Signature of Parent/Guardian: _____ Date: _____

The School District of Springfield Township
Student Information Sheet

Name _____ Nickname* _____
*The name your child would like to be called in school

How long have you resided in Springfield Township? _____

Previous Address: (if less than 3 years in the township)

If transfer student, reason for transfer:

Does your child have any physical or emotional concerns that our school should be aware of to assist us in his/her educational program? _____ no _____ yes, please explain _____

Has your child received support in any of the following areas?

Speech: _____ yes _____ no Health: _____ yes _____ no

Other _____

Does your child have an Individual Education Plan (IEP)? _____ yes _____ no

If yes, have you included a copy? _____ yes _____ no

Is custody with both parents? _____ yes _____ no

If physical custody *is not* with both parents, and one parent lives as a separate address, please read and sign the *Student Custody Form*.

School District of Springfield Township

ADMINISTRATION BUILDING
1901 E. PAPER MILL ROAD
ORELAND, PENNSYLVANIA 19075
215-233-6000

SPECIAL EDUCATION OFFICE - NEW REGISTRATIONS WITH IEP'S

DATE: _____

STUDENT NAME: _____

SCHOOL DISTRICT TRANSFERRING FROM: _____

NAME OF LAST SCHOOL ATTENDED: _____

ADDRESS OF LAST SCHOOL ATTENDED: _____

PHONE NUMBER OF LAST SCHOOL ATTENDED: _____

LAST GRADE COMPLETED: _____

PLEASE ATTACH IMPORTANT DOCUMENTS PERTAINING TO SPECIAL EDUCATION:

- | | |
|--|--------------------------------|
| _____ MOST RECENT IEP: | _____ OTHER EVALUATIONS |
| _____ INITIAL EVALUATION REPORT (ER) | |
| _____ MOST RECENT REEVALUATION REPORT | |

ADDITIONAL SPECIAL EDUCATION INFORMATION PERTINENT TO THIS STUDENT:

FOR DISTRICT USE:

_____ **Date student scheduled to start school**

_____ **Copy of IEP, ER and/or RR**

_____ **Copy of signed Request for Student Records & Student Information Sheet**

_____ **Student transferring from an alternative school – specify below**

School District of Springfield Township

Montgomery County
1901 EAST PAPER MILL ROAD
ORELAND, PA 19075

VERIFICATION

I, _____ verify that I am the parent/guardian of

_____ and that _____

Has not been previously suspended or expelled from any public or private school in Pennsylvania or any other state pursuant to an offense involving weapons, alcohol, drugs or other violent acts except as listed below. I understand that false statements herein are made subject to the penalties of 18 Pa C.S.A. Section 4904, relating to unsworn falsification to authorities.

Signature

Date

List all previous suspensions or expulsions for any public or private school in Pennsylvania or any other state pursuant to an offense involving weapons, alcohol, drugs or other violent acts:

**SPRINGFIELD TOWNSHIP SCHOOL DISTRICT
PARENTAL CUSTODY AND ACCESS TO SCHOOL INFORMATION**

Name of Student: _____

Legal and Physical Custody of child is with: (please check one)

Both Parents Mother Only Father Only Other please explain

Name & address of Custodial Parent: _____

Name & address of Non-Custodial Parent: _____

Name of Guardian or Foster Parent & address where student resides: _____

If custody is not with both parents, please complete the following:
Have you included legal documentation stating?

Custodial Rights? yes no Court Order? (Please attach) yes no
Visitation? yes no Does non-custodial parent have access to child? yes no
May the child be released to non-custodial parent? yes no*

*If no, a copy of the document providing legal justification MUST be supplied to the school office to be kept on file.

Will you provide non-custodial parent with the progress information such as report cards and conference reports? _____
If you answered no any of the above questions, please explain

School officials are not permitted to restrict parental custody without proper legal documentation.
Please read carefully and sign the bottom of this form.

Recent court decisions and legal opinions have made it clear that school officials must remain neutral towards parents who are separated or divorced. We may not side with one parent against the other regardless of the child's residence or guardianship. Like you, teachers and school officials hope that children can be protected from emotional stress resulting from parental disagreement over matters involving the school.

If you have a court decree, which establishes you as the legal guardian, please make sure that a copy of that document is forwarded to the school principal to be placed in the child's official school record. In some cases, a document can provide legal basis for working with one parent and the exclusion of the other.

In the absence of such a document, you must be aware that school officials cannot deny either parent access to his/her child, or the child's school records. We could not refuse to provide information or refuse to meet with or work with the other parent. We could not prevent the other parent from picking up the child from school property.

Officials of the Springfield Township School District wish to protect all children from emotionally upsetting situations. Separated and divorced parents are urged to communicate frequently about their child's school experiences. It is hoped that "ground rules" for involvement with the school can be decided amiably outside of the school so that most problems are resolved before they arise and so that the likelihood of a confrontation in school is reduced. Should you have any concerns or need assistance, you are urged to contact the school principal or guidance counselor.

If you are involved in a separation or divorce, please sign below to indicate that you have read this statement and understand its content. Thank you.

Signature of Parent or Guardian

Date

**SCHOOL DISTRICT OF SPRINGFIELD TOWNSHIP
HOME LANGUAGE SURVEY***

The Office of Civil Rights (OCR) requires that school districts/charter schools/full day AVTS identify limited English proficient (LEP) students in order to provide appropriate language instructional programs for them. Pennsylvania has selected the Home Language Survey as the method for the identification.

School: _____ **Date:** _____

Student's Name: _____ **Grade:** _____

1. What is/was the first language the child learned to speak?

2. Does the student speak a language(s) other than English?
(Do not include languages learned in school.)

No Yes If yes, specify the language(s) and dialect(s):

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

4. Has the student attended any United States school for 3 consecutive years between the ages of 3 and 21?

No Yes If yes, complete the following:

Name of School	State	Dates/Year Attended

Person completing this form (if other than parent/guardian): _____

Parent/Guardian signature: _____

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

Reference: The Office for Civil Rights, Civil Rights Act of 1964; Title VI: Language Minority Compliance Procedures

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TO BE FILLED OUT BY SCHOOL DISTRICT OF SPRINGFIELD TOWNSHIP PERSONNEL ONLY:

Date screened: _____

No ELL needed

PHLOTE

Date of entry into ELL: _____

ELL Teacher: _____

Date of exit from ELL: _____

EMERGENCY CONTACT INFORMATION

Name:
Address:
City:
Home Phone:

Birthdate:
Gender:
Ethnicity:
Grade:

Guardian Information- FILL IN ALL FIELDS. PLEASE PRINT CLEARLY

Guardian 1 email: _____

Guardian 2 email: _____

Call Order	Name	Relation to student	Lives with Y or N	Address	City/State/Zip	Phone#	
1							Home
							Cell
							Work
2							Home
							Cell
							work

*** Student's aftercare provider and phone number:

Emergency Contact- Maximum of 4 individuals

Allowed to pick up your child for any reason-illness, school emergency, etc. Fill in all fields. Please print clearly.

Call order after parents	Name	Relation to student	Phone#	List type- Home/ cell/work	
1					
2					
3					
4					

Doctor/Dentist- Please print Clearly

Doctor Name	Address	City/State/Zip	Office Phone#
Dentist Name	Address	City/State/Zip	Office Phone#

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician or dentist indicated and to follow his/her instructions. If it is impossible to contact this physician or dentist, the school may make emergency arrangements.

Signature of Parent/Guardian: _____

Attention Parents/Guardians

DON'T WAIT -----VACCINATE NOW
FOR ATTENDANCE IN ALL GRADES SCHOOL REGULATIONS in
2011/2012 children need the following:



- 4 doses of tetanus*
(1 dose on or after the 4th birthday)
- 4 doses of diphtheria*
(1 dose on or after the 4th birthday)
- 3 doses of polio
- 2 doses of measles**
- 2 doses of mumps**
- 1 dose of rubella (German measles)**
- 3 doses of hepatitis B
- 2 doses of varicella (chickenpox)
vaccine or history of disease

*Usually given as DTP or DTaP or DT or Td

**Usually given as MMR

Children ATTENDING 7th grade in 2011/2012 need the following:

- 1 dose of tetanus, diphtheria, acellular pertussis (Tdap)
(if 5 years has elapsed since last tetanus immunization)
- 1 dose of meningococcal conjugate vaccine (MCV)

These requirements allow for medical reasons and religious beliefs.

If your child is exempt from immunizations,

He/she may be removed from school during an outbreak.

Pennsylvania's school immunization requirements can be found in 28 PA.CODE CH.23 (School Immunization)
Contact your healthcare provider or the Montgomery County Health Department

Norristown
610-278-5145

Pottstown
610-970-5040

Willow Grove
215-784-5415

To help us provide the best possible care for your child, on the following page, please take a moment to tell us of anything new or of any changes which may affect your child's health:

Has your child had:

- Allergies or unusual reactions to medicines, pets, food or other substances? If yes, please specify.
- Injuries, illnesses, operations, emergency room visits? If yes, please specify.
- A recent diagnosis of or exposure to communicable diseases? If yes, please specify.

When was your child's most recent physical exam? _____ Significant findings _____

When was your child's most recent dental exam? _____ Significant findings _____

When was your child's most recent eye exam? _____ Significant findings _____

Is your child:

- Receiving medical treatment? If yes, please specify.
- Taking any medication at the present time? Please specify medication name and time given . (If medication is needed during the school day, please contact the school nurse.
- In need of special considerations at school? If yes, please specify.
- Prone to frequent ear infections, has a history of frequent ear infections, or ever had ear tubes (myringotomies)? If yes, please specify

Has anyone in your family had:

- Serious illness, newly diagnosed chronic illness, or exposure to contagious diseases? If yes, please specify.

Academic concerns (Learning disabilities, Attention problems, Disabilities)? If yes, please specify.

Have there been any recent stressful changes such as:

- Separation, divorce, loss of job, or death of a loved one? If yes, please specify.
- Recent relocation? If yes, please specify.
- Please share any other concerns you have.

Thank you for providing this information to help us provide the best care we can for your child. This information will remain confidential and only be shared with school personnel as deemed appropriate for their educational experience.

Signature Of Parent or Guardian

Date

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH

**PRIVATE DENTIST REPORT
OF DENTAL EXAMINATION OF A PUPIL OF SCHOOL AGE**

NAME OF SCHOOL _____ DATE _____ 20 ____

NAME OF CHILD _____ Last First Middle	AGE _____	SEX <input type="checkbox"/> M <input type="checkbox"/> F	GRADE _____	SECTION/ROOM _____
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ADDRESS _____

No. and Street	City or Post Office	Borough or Township	County	State	Zip
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REPORT OF EXAMINATION

		TOOTH CHART																
		RIGHT								LEFT								
		1	2	3	4 A	5 B	6 C	7 D	8 E	9 F	10 G	11 H	12 I	13 J	14	15	16	
UPPER		32	31	30	29 T	28 S	27 R	26 Q	25 P	24 O	23 N	22 M	21 L	20 K	19	18	17	Upper
LOWER																		Lower
	UPPER																	Upper
	LOWER																	Lower

Is The Child Under Treatment Yes No

Treatment Completed Yes No

Date of Dental Examination

Signature of Dental Examiner

Print Name of Dental Examiner

Address