

Promoting a Culture of Collaboration, Innovation and Inspiration

Dear Parents/Guardians,

Welcome to the Colonial School District!

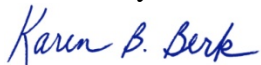
In order to expedite the registration process, please complete this registration packet and obtain the documents the Colonial School District requires to complete the registration. These documents are listed on page 1 of the packet.

After completing the paperwork, please call Carole Berneski, Central Registrar, at 610-834-1671 ext. 2150 to make an appointment to finalize the registration. Your appointment for registration will take approximately 20 minutes per child if all the forms are completed and all documents are supplied.

Parents/guardians who indicate multiple occupancy or guardianship circumstances will be required to meet with the school district residency investigator in addition to the appointment with Mrs. Berneski. If you need assistance with registration or have questions please call Carole Berneski at the above number

Thank you for your cooperation in this matter. Working together we will provide and promote a culture of collaboration, innovation and inspiration for all students in the Colonial School District.

Sincerely,



Karen Berk
Director of Pupil Services

REQUIREMENTS NECESSARY FOR REGISTRATION

- **PARENT IDENTIFICATION**
 - Copy of vehicle Operator's License or Picture ID.
- **PROOF OF BIRTH OF CHILD.**
 - Must be 5 years of age on or before September 15 of the current year.
 - Copy of Birth Certificate or
 - Copy of three independent documents with proof of child's birth date.
 - Passport
 - Baptismal Certificate
 - Immunization Card
 - Report Card
- **PROOF OF RESIDENCY**
 - Copy of Lease or Deed
 - Paid Real Estate Tax Bill or Settlement Papers
 - Statement from Landlord which includes Landlord's name and telephone number, to be confirmed with Landlord.
 - Multiple Occupancy or Guardianship Papers (with Copy of Lease or Deed of residence and recent IRS Tax Return attached) to be completed and notarized.
- **HEALTH IMMUNIZATION RECORD**
 - Copy of Immunization Card
 - 4 Doses of Diphtheria Vaccine (1 Dose after 4th birthday)
 - 4 Doses of Tetanus (1 Dose after 4th birthday)
 - 3 Doses of Polio Vaccine
 - 1 Dose of Rubella Vaccine after 12 Months of Age
 - 2 Doses of Measles Vaccine after 12 Months of Age - Second dose preferably given as MMR
 - 1 Dose of Mumps Vaccine after 12 Months of Age
 - 3 Doses of Hepatitis B
 - Varicella (Chickenpox) – Proof of immunity either by vaccine, history of disease or lab test

REGISTRATION IS CONSIDERED INCOMPLETE, AND THE CHILD WILL NOT BE CONSIDERED REGISTERED, IF ANY OF THE INFORMATION ABOVE IS MISSING.

PARENT'S SIGNATURE IS REQUIRED ON PAGE TWO OF THE REGISTRATION FORM.

BIRTH CERTIFICATE OR BAPTISMAL CERTIFICATE IS NECESSARY EVEN IF PARENT HAS A TRANSFER CARD.

RESIDENCY VERIFICATION/TUITION PAYMENT RESPONSIBILITY

The Colonial School District is proud to offer a high quality public education to our residents. The district also has a very active residency verification program to protect our community resources. This program can include, but is not limited to, complete documentation verification, independent investigation by law enforcement officials, and surveillance.

It is the intent of the Colonial School District to prosecute, to the fullest extent of the law, any individual furnishing false information in the accompanying registration forms for the purpose of enrolling non-resident students.

If the student registered is found to be a non-resident, the individual registering said student will be financially responsible for all tuition costs. Depending on the educational program of the student the tuition liability ranges from \$10,000.00 to \$21,000 annually. Parent or guardians will be responsible for this payment.

I certify that I have read and understand the above notice. Additionally, I agree to pay the school district its full tuition cost if the student being enrolled is found to be a non-resident.

I understand the district may contact any or all of the following agencies for student's attendance/residency within the Colonial School District.

- *Social Security Administration
- *Internal Revenue Service
- *Public Welfare Department
- *Montgomery County Housing Authority
- *Montgomery County Children and Youth
- *Zoning Offices of Conshohocken, Plymouth and Whitemarsh Townships

Signature

Date

PARENTAL REGISTRATION STATEMENT

Student Name _____

Date of Birth _____ Grade _____

Parent or Guardian Name _____

Address _____

Telephone Number _____

Pennsylvania School Code §13-304-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 act of offense involving weapons, alcohol or drugs, or for the willful infliction of injury of another person or for any act of violence committed on school property.”

Please complete the following:

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.

If this student has been or is presently suspended or expelled from another school, please complete:

Name, address and telephone number of the school from which the student was suspended or expelled:

Dates of suspension or expulsion:

(Please provide additional schools and dates of expulsion or suspension on back of this sheet.)

Reason for suspension/expulsion (optional)

(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.

PRE-REGISTRATION QUESTIONNAIRE

Please circle "YES" or "NO" for the following questions:

1. Are you the natural parent of the student you are registering? YES NO
2. Is your child in Special Education? YES NO
3. Is your child in the Mentally Gifted Program and have an IEP for Mentally Gifted? YES NO
4. Is the child you are registering a citizen of the United States? YES NO
5. Are you separated, divorced or a single parent? YES NO
6. Has a court-approved custody agreement been filed? YES NO
7. What is the first language the child learned to speak? _____
8. What language does the child speak most often? _____
9. What language is most often spoken at home? _____

Please CHECK (✓) one of the following statements below:

- _____ I own a home in Colonial School District.
- _____ I will own the home I am moving into in Colonial School District.
- _____ I am currently renting a home in Colonial School District.
- _____ I will be renting the home I am moving into in Colonial School District.
- _____ I currently live with another family in Colonial School District.
Family Name: _____
(if checked we must have notarized statement.)
- _____ I will be moving in with another family in Colonial School District.
Family Name: _____

Child's Name

Parent/Guardian Name

Date

Registrar's Name

School

Promoting a Culture of Collaboration, Innovation and Inspiration

PREVIOUS SCHOOL INFORMATION:

School Name: _____

Address: _____

Street

City

State

Zip

Telephone: _____

Grade at previous school: _____

Has child ever attended Colonial School District before?

YES NO YEAR? _____

PREVIOUS PLACEMENT:

- | | |
|--|---|
| <input type="checkbox"/> Gifted Support | <input type="checkbox"/> Autistic Support |
| <input type="checkbox"/> Learning Support | <input type="checkbox"/> Emotional Support |
| <input type="checkbox"/> Multi-handicapped Support | <input type="checkbox"/> Life Skills Support |
| <input type="checkbox"/> Hearing Impaired Support | <input type="checkbox"/> Physically Handicapped Support |
| <input type="checkbox"/> Visually Impaired Support | <input type="checkbox"/> Vo-Tech |

Does your child have a current IEP? NO YES _____

Does your child have transportation **contraindications** or **limitations**? NO YES

IF YES, PLEASE ELABORATE: _____

Foster child placing agency (if any): _____
Name of Agency

Please list any **pre-school services** your child has received: _____

Do you have health care insurance? YES NO

If yes, with whom? _____
Name of Insurance Policy Number ID Number

Are you a Medical Assistance recipient? YES NO If yes, _____

Name of HMO: _____ ID Number: _____

Serving the students of Conshohocken, Plymouth and Whitemarsh

230 Flourtown Road, Plymouth Meeting, PA 19462 – Phone (610) 834-1670 – Fax (610) 834-7535 – www.colonialsd.org

PARENT INFORMATION

STUDENT NAME:

Please Print	Father	Guardian/Step/Foster Father	Mother/First Name Maiden Name	Guardian/Step/Foster Mother
Full Name				
Address				
Employer				
Bus. Phone				
Occupation				
Education				
Birthdate				
STATUS (check one)	Married <input type="checkbox"/> Widower <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Deceased <input type="checkbox"/>	Married <input type="checkbox"/> Widower <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Deceased <input type="checkbox"/>	Married <input type="checkbox"/> Widower <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Deceased <input type="checkbox"/>	Married <input type="checkbox"/> Widower <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Deceased <input type="checkbox"/>

List all persons, OTHER THAN ABOVE, living in the home.

Last Name	First	M/F	Relationship To Child	Birthdate	School	Grade

Promoting a Culture of Collaboration, Innovation and Inspiration

Health Information

Date: _____

I. SCHOOL _____ GRADE ENTERING _____

STUDENT NAME _____ BIRTHDATE: _____

ADDRESS: _____ COUNTY OF BIRTH: _____

_____ TELEPHONE: _____

II. My child has the following health problems:

- | | | |
|---|--|---|
| <input type="checkbox"/> Adaptive Devices | <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Hearing Impairment |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Medication Daily at School |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Developmental Delay | <input type="checkbox"/> Physical Limitations |
| <input type="checkbox"/> Asthma Inhaler/Medicine | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Spina Bifida |
| <input type="checkbox"/> Bee Allergy | <input type="checkbox"/> Epilepsy/Seizures | <input type="checkbox"/> Tourette's Syndrome |
| <input type="checkbox"/> Bleeding Disorder | <input type="checkbox"/> Epi-Pen/Benadryl | <input type="checkbox"/> Vision Impairment |
| <input type="checkbox"/> Cancer | | <input type="checkbox"/> Wears Glasses/Contact Lenses |
| <input type="checkbox"/> Food Allergy (Specify) _____ | | |

Explain any items checked about and list any other medical concerns of which the school nurse should be aware:

III. All new entrants who are considered in the high-risk category (foreign-born persons from countries with high TB prevalence, i.e. Africa, Central America, Eastern Europe, Korea, South American, Western Pacific) or have been exposed to tuberculosis are required by the state of Pennsylvania to have a tuberculin test.

IV. Your child's health records will be requested from his/her previous school. In the event that the records are unavailable or incomplete, the physical and dental examinations must be repeated. Please indicate your choice below by initialing. **Private exams should be sent to school by October 15.**

_____ Private Physical _____ School Physical _____ Private Dental _____ School Dental

Parent Signature _____

Date _____

(Staff internal tracking) Staff check and initial all documentation received at registration and student registration status:

_____ Private Physical Exam _____ Date _____ Private Dental Exam _____ Date

_____ Immunization Record Received _____ Parent Informed PPD Required for Enrollment

Serving the students of Conshohocken, Plymouth and Whitemarsh

Student Name: _____

Date of Birth: _____

I, _____, hereby authorize _____ School
(Name of Student/Parent/Guardian)

To obtain from/release to and communicate with:

_____ Family Doctor _____

_____ Montgomery County Health Department

_____ Visiting Nurses' Association

_____ Other _____

Regarding immunization records for the purpose of complying with the Pennsylvania State Mandated Health Program. This consent will begin the date of this authorization and will expire within one year of "Date of Authorization", unless revoked by me in the interim. I, the undersigned, hereby acknowledge that I have read this authorization prior to its execution and fully understand the nature of this release. All information released will be handled confidentially in compliance with the Federal Privacy Act (PL92-282) and the Pennsylvania Mental Health Procedures Act.

Signature of Parent/Guardian

Signature of Colonial Staff Member

Signature of Student

_____ Copy given to _____

_____ Date of Authorization

THIS INFORMATION IS FROM RECORDS WHOSE CONFIDENTIALITY IS PROTECTED BY FEDERAL LAW. FEDERAL REGULATIONS PROHIBIT MAKING ANY FURTHER DISCLOSURE OF THIS INFORMATION WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS OR AS OTHERWISE PERMITTED BY SUCH REGULATIONS (42 CFR PART). A GENERAL AUTHORIZATION FOR THE RELEASE OF MEDICAL OR OTHER INFORMATION IS NOT SUFFICIENT.

REQUEST FOR HEALTH AND SCHOOL RECORDS

Name:

Last

First

Middle

I hereby certify that the above named pupil is entering the Colonial School District on

PLEASE FORWARD:

- Academic Records (Progress Reports)
- Achievement Tests Results
- Health & Dental Records
- Personal Health History
- Psychological Evaluation & Test Results
- I.E.P.
- Attendance Records
- Discipline Records

I hereby authorize the following school to release the above records to the Colonial School District.

SCHOOL NAME: _____

ADDRESS: _____

TELEPHONE: _____

Date

Signature of Parent/Guardian

STUDENT NAME: _____

GRADE: _____

PARENT SURVEY OF PUBLIC AWARENESS AND CHILD IDENTIFICATION SYSTEM

Please complete this brief survey

1. Have you been utilizing special services offered by the Colonial School District, Montgomery County Intermediate Unit or any other provider?

a. Yes

b. No

If YES, please explain then complete the questions below.

2. Did you become aware of special services through:

Newspaper

Parent Workshop

Television

Intermediate Unit

Student Handbook

Friend/Neighbor

Calendar

Instructional Support

Preschool Program

Physician

3. Did you encounter any problems in obtaining the special services?

a. Yes

b. No

If YES, please explain:

PARENTAL CUSTODY AND ACCESS TO SCHOOL INFORMATION

Recent court decisions and legal opinions have made it clear that school officials must remain neutral toward 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 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 a legal basis for working with one parent at the exclusion of another.

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 or withdrawing the child from the Colonial School District and enrolling them in another district.

Officials of the Colonial 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 concerns or need assistance, you are urged to contact the appropriate principal or school counselor.

Please sign below to indicate that you have read this statement and understand its content. Thank you.

_____ N/A - (Parents/Guardians are residing together) or (Only one surviving parent/Guardian)

_____ Parents/Guardians are NOT residing together – Child Custody Agreement attached.

_____ Parents/Guardians are NOT residing together and choose not to provide a copy of the Child Custody Agreement.

_____ Parents/Guardians are NOT residing together and the below parent/guardian swears, or affirms, that there is NO Child Custody Agreement in affect.

Signature of Parent

Date

cc: Parent
Principal
Counselor

Home Language Survey

The Pennsylvania Department of Education requires identification for each child's home language.

Parent/Guardian: Please answer the following questions and return the form to you child's teacher. Each child must have a Home Language Survey as part of their permanent record.

Student _____
Last Name First Name Middle Initial

Date of Birth _____ Age ____ Last grade completed ____
Month Day Year Or current grade _____

Parent/Guardian Name(s) _____
Last Name First Name(s)

Home Phone Number _____ Country of child's birth _____

Years child has been in USA? ____ Do you have child's prior school records? ____

Please provide the following information about the language(s) spoken by your child and others living in your home.

1. List all languages spoken in your home? _____

1a. Which of the listed languages is spoken most often in the home? _____

2. What was your child's first spoken language? _____

3. Does your child speak English? Yes ____ No ____

3a. If no, what language(s) does your child speak? _____

4. Does the student frequently speak a language other than English with friends?

Yes _____ No _____

5. Do you speak English? Yes ____ No ____

5a. If no, what language(s) do you speak? _____

Parent/Guardian Signature _____ Date _____

Relationship of signer _____

Official Use Only

Child Referred for Local Screening Yes ____ No ____

IF YES: Person contacted for screening _____

Copy of HLS sent on (date) _____

HLS sent by (person's name) _____

Promoting a Culture of Collaboration, Innovation and Inspiration

Student's Name: _____ Date of Birth: _____

Street Address: _____ Home Phone: _____

City/State/Zip: _____

Mother's Name: _____ E-Mail Address: _____

Work Phone: _____ Cell Phone: _____ Evening Phone: _____

Father's Name: _____ E-Mail Address: _____

Work Phone: _____ Cell Phone: _____ Evening Phone: _____

Student lives with (please check) _____ Both Parents _____ Mother _____ Father _____ Guardian

_____ Foster Parents

_____ Custody Agreement _____ Other Information (please specify) _____

Does your child have transportation *contraindications* or *limitations*? Y NO

If yes, please elaborate: _____

In accordance with the Colonial School District's Safe School Plan, if a parent cannot be reached, I give my permission for my child to be picked up from school in the event of illness, emergency or early school closing (e.g. inclement weather) by the following locally available relatives or neighbors:

Name: _____ Relationship: _____

Day Phone: _____ Cell Phone: _____ Evening Phone: _____

Name: _____ Relationship: _____

Day Phone: _____ Cell Phone: _____ Evening Phone: _____

Name: _____ Relationship: _____

Day Phone: _____ Cell Phone: _____ Evening Phone: _____

Serving the students of Conshohocken, Plymouth and Whitemarsh

230 Flourtown Road, Plymouth Meeting, PA 19462 – Phone (610) 834-1670 – Fax (610) 834-7535 – www.colonialsd.org