

*Reaching "Above and Beyond"*

Serving the students of Conshohocken, Plymouth and Whitemarsh

Dear Parents/Guardians,

Welcome to the Colonial School District!

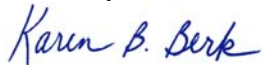
In order to expedite the registration process, please complete this registration packet and obtain the documents the Colonial School District requires to complete the registration. These documents are listed on page 1 of the packet.

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 reach "Above and Beyond" 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 and Social Security Number
- **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 4<sup>th</sup> 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
- **SOCIAL SECURITY CARD OF CHILD** - Copy to be made

**REGISTRATION IS CONSIDERED INCOMPLETE, AND THE CHILD WILL NOT BE CONSIDERED REGISTERED, IF ANY OF THE ABOVE ARE MISSING. IT WILL BE THE PARENT'S RESPONSIBILITY TO FOLLOW UP AND BRING THE NECESSARY MISSING ITEMS TO SCHOOL BEFORE SEPTEMBER.**

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.

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**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. Incurring such a liability translates to an approximate cost to the perpetrator of \$10,000.00 or a pro-rated amount.

-----  
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

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**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.





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**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:**

Gifted Support

Autistic Support

Learning Support

Emotional Support

Multi-handicapped Support

Life Skills Support

Hearing Impaired Support

Physically Handicapped Support

Visually Impaired Support

Vo-Tech

Does your child have a current IEP? NO  YES  \_\_\_\_\_

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: \_\_\_\_\_

**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				
<b>STATUS (check one)</b>	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

# Attention Parents/Guardians

## **DON'T WAIT -----VACCINATE NOW**

Children IN ALL GRADES in 2009/2010 need the following:



- 4 doses of tetanus\*  
(1 dose on or after the 4<sup>th</sup> birthday)
- 4 doses of diphtheria\*  
(1 dose on or after the 4<sup>th</sup> 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 (phased in by 2010/2011)

\*Usually given as DTP or DTaP or DT or Td

\*\*Usually given as MMR

Children ENTERING 7<sup>th</sup> grade in 2009/2010 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 health care provider or 1-877 PA HEALTH for more information

DEPARTMENT OF  
**HEALTH**

*Edward G. Rendell, Governor*

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**Colonial School District  
New Admissions  
Health Problems and Permissions**

Date: \_\_\_\_\_

I. SCHOOL \_\_\_\_\_ GRADE ENTERING \_\_\_\_\_  
STUDENT NAME \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ COUNTY OF BIRTH: \_\_\_\_\_  
\_\_\_\_\_ TELEPHONE: \_\_\_\_\_

II. My child has the following health problems: examples, bee sting allergy, severe asthma, diabetes, seizures, loss of hearing, loss of vision, etc.

The following emergency treatment is required:

\_\_\_\_\_

Prescription medication must be provided by parent/guardian.

III. All new entrants who are considered in the high-risk category 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 and initial.

( ) Private Physical \_\_\_\_\_ ( ) School Physical \_\_\_\_\_

( ) Private Dental \_\_\_\_\_ ( ) School Dental \_\_\_\_\_

\*If you have chosen to have the examinations done privately, they should be completed by October 15<sup>th</sup>.

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

\_\_\_\_\_  
Date

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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.**

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**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

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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:**

**Please return copy to the Pupil Services Department in the District Office**

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**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.

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  
Cumulative Folder

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**Home Language Survey**

**The Pennsylvania Department of Education requires identification 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)** \_\_\_\_\_

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**COLONIAL SCHOOL DISTRICT  
EMERGENCY PROCEDURES AND SCHOOL INFORMATION**

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*? YES 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: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_