Kindergarten Registration
2020-2021 Academic Year

Appointment times available on:
Tuesday, March 24, Wednesday,
March 25, & Thursday, March 26, 2020

Please call 717-225-4731 ext. 3043 starting January 6th to schedule an
appointment for enrollment

In order to simplify the enrollment process, the following items are required at the time of your
registration appointment:

❖ Your child’s original birth certificate.
   The birth certificate number will be recorded on your child’s school record.
   - Your child must be five years of age prior to September 1, 2020.

❖ Your child’s immunization record.
   This will show up-to-date immunizations, which are required by the Commonwealth of
   Pennsylvania Department of Health to enter kindergarten. A record of these immunizations must
   be kept on file in the school district, so please come prepared with this information. Your child
   will not be admitted to school unless a current immunization record is on file with the school
   nurse. If you have your child’s completed 5 yr. physical, please bring it along at this time. If not,
   please return the physical form to your child’s school when it is completed.

❖ Proof of Residency
   (Examples: driver’s license; vehicle registration; lease agreement w/landlord signature; Closing
   Disclosure; paycheck stub, with name and address of employee and employer or utility bill)

❖ Any child custody documentation, if applicable.

❖ Parent completing the paperwork should be the parent attending the appointment with
   appropriate proof of residency.
   
   Additionally, children should NOT attend this appointment.

Spring Grove Area School District

Educational Service Center
100 East College Avenue
Spring Grove, PA 17362

717.225.4731 ext. 3043
Appointments will be scheduled starting January 6, 2020
Spring Grove Area School District  
Spring Grove, PA 17362  

Parent Checklist/Packet Contents

All forms must be completed by the parent/guardian attending the registration appointment.

The following will explain the contents of this packet:

☐ ATT-1 Registration Form – This form is required.

☐ Student Registration – This form is required.
  
  • Please remember your child’s original birth certificate.
  • Please remember custody documentation, if applicable.

☐ School Vaccination Requirements – This flyer lists required immunizations to enter Pennsylvania schools.

☐ Private or School Physical Examination of School Age Student (4 pages) – This form is required. Page 1 must be completed by parent/guardian. The remaining pages must be completed by your child’s physician.
  
  • Please remember your child’s immunization record.

☐ Parental/Residency Statements (A or B) – Complete the form (A or B) that best describes your residency status.
  
  • Complete form A if you are a resident (renter or homeowner) of the Spring Grove Area School District. You will have to provide one of the following for proof of residency (at that address) at the time of registration appointment:
    > Driver’s license
    > Vehicle registration
    > Lease agreement w/landlord signature
    > Closing Disclosure
    > Paycheck stub, with name and address of employee and employer
    > Utility bill

  • Complete form B if you are not the primary resident, but are residing with a resident of the Spring Grove Area School District. NOTE: The primary resident does not have to attend the registration appointment; however they will have to sign the Parental/Residency Statement B and you will have to provide one of the following to show proof of residency for the primary resident, at the time of registration appointment:
    > Driver’s license
    > Vehicle registration
    > Lease agreement w/landlord signature
    > Closing Disclosure
    > Paycheck stub, with name and address of employee and employer
    > Utility bill

☐ Student Emergency Information – This form is required.

☐ Student Registration Home Language Survey – This form is required.

☐ English as a Second Language Information Form – Complete this form only if any language other than English is listed on the Student Registration Home Language Survey.

☐ Pennsylvania Migrant Education Program School Referral Form – Complete this form if you moved within the past 3 years.
ATT-1 Registration Form

Student Name __________________________ Gender: Male Female

Student ID# ___________________________ Grade ______ Date of Birth _____________ Birth City/State _____________

Entered Pennsylvania __________________ Entered United States ____________ 9th Grade Entry _____________

Ethnicity/Race:
Circle all that apply
1 – American Indian/Alaska Native 5 – White/Caucasian
3 – Black/African American 9 – Asian
4 – Hispanic/Latino 10 – Native Hawaiian/Other Pacific Islander

Resides with: Father Mother Stepfather Stepmother Guardian Other Adults __________
Circle all that apply.

Adult Resident #1 __________________________ Relationship to student __________
Home # __________________________ Cell __________ Work __________ Email __________

Adult Resident #2 __________________________ Relationship to student __________
Home # __________________________ Cell __________ Work __________ Email __________

Address __________________________ Street City State Zip Code Township __________

2nd Parent NOT residing with child: Father Mother Stepfather Stepmother Guardian Other Adults __________
Circle all that apply.

Adult Resident #1 __________________________ Relationship to student __________
Home # __________________________ Cell __________ Work __________ Email __________

Adult Resident #2 __________________________ Relationship to student __________
Home # __________________________ Cell __________ Work __________ Email __________

Address __________________________ Street City State Zip Code Township __________

List all school age children living with student and the school or program they currently attend (ie. SG School, St. Rose, Cyber):

________________________________________
________________________________________
________________________________________

Parent/Guardian Signature __________________________ Date __________

Office Use Only

Register Date ___________ Effective Date ___________ Building # ___________ PA Secure ID ___________

Insert Code Entry ______ Re-Entry __________ Transfer ________ Withdrawal __________ Address Chg _______

Building/Program Assigned ____________________________ (List school, district, LIU, YT, etc.)

Administrator’s Signature __________________________ Form completed by ___________

Cc: Student Folder Attendance Child Acct. Dept. Transportation Dept. Food Services Pupil Services
Student Registration

This Registration Form is to be completed for the current school year by the parent/guardian of the new/transferring student. This information is intended to facilitate initial instructional placement prior to the receipt of official school records.

Student Name ___________________________________________ Grade ________ Date of Birth ____________

(Office Use) Starting Date _____________________________

Former Address ____________________________________________________________________________________

Last School/School District Resided in __________________________________________________________________

Previous School City/State __________________________________________________________________________

PARENT MUST COMPLETE THE FOLLOWING:

1. Is the student in compliance with Pennsylvania immunization requirements? _______ Yes _______ No
   Out of state students must submit immunization records prior to enrollment.

2. Does the student have any special health considerations? _______ Yes _______ No
   Please note allergies/health considerations __________________________________________________________

3. Has the student been previously enrolled in the Spring Grove Area School District? _______ Yes _______ No
   If YES, please list grades attended _________________________________________________________________

4. Is the student receiving special education services? _______ Yes _______ No
   If YES, please indicate the exceptionality and sign the SE-602 form, which is the release of information statement.
   ____ Learning Support  ____ Visually Impaired Support  ____ Emotional Support  ____ Hearing Impaired Support
   ____ Speech / Language Support

5. Does your child receive: _______ Special Reading  ____ ESL  ____ Occupational Therapy
   ____ Gifted/Talented Support  ____ 504 Plan  ____ Physical Therapy

6. Is the student receiving free/reduced lunches? _______ Yes _______ No

7. Has the student been expelled from public school for violation of Act 26 (possession of weapons)? _______ Yes _______ No

8. Does the student live with his/her natural parent(s)? _______ Yes _______ No
   If NO, with whom does the student reside (i.e., relationship to student)?
   (NOTE: If the student resides with a guardian, a notarized 1302 statement may be a requirement prior to enrollment.)

9. Did your child attend pre-school? (for kindergarten registrants only) _______ Yes _______ No

10. What grade did the student last attend? (N/A for kindergarten registrants) ______________

11. Either parent in the ACTIVE Military? _______ Yes _______ No

I verify that I am a resident of Spring Grove Area School District and have legal custody or guardianship of the student listed above.

________________________________________________________________________  ______________________________________________________________________
(Parent/Guardian Signature)  (Date)
FOR ATTENDANCE IN ALL GRADES CHILDREN NEED THE FOLLOWING:

- 4 doses of tetanus, diphtheria, and acellular pertussis* (1 dose on or after the 4th birthday)
- 4 doses of polio (4th dose on or after 4th birthday and at least 6 months after previous dose given)**
- 2 doses of measles, mumps, rubella***
- 3 doses of hepatitis B
- 2 doses of varicella (chickenpox) or evidence of immunity

*Usually given as DTP or DTap or if medically advisable, DT or Td
**A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose
***Usually given as MMR

ON THE FIRST DAY OF SCHOOL, unless the child has a medical or religious/philosophical exemption, a child must have had at least one dose of the above vaccinations or risk exclusion.

- If a child does not have all the doses listed above, needs additional doses, and the next dose is medically appropriate, the child must receive that dose within the first five days of school or risk exclusion. If the next dose is not the final dose of the series, the child must also provide a medical plan (red and white card) within the first five days of school for obtaining the required immunizations or risk exclusion.
- If a child does not have all the doses listed above, needs additional doses, and the next dose is not medically appropriate, the child must provide a medical plan (red and white card) within the first five days of school for obtaining the required immunizations or risk exclusion.
- The medical plan must be followed or risk exclusion.

FOR ATTENDANCE IN 7TH GRADE:

- 1 dose of tetanus, diphtheria, acellular pertussis (Tdap) on the first day of 7th grade.
- 1 dose of meningococcal conjugate vaccine (MCV) on the first day of 7th grade.

ON THE FIRST DAY OF 7TH GRADE, unless the child has a medical or religious/philosophical exemption, a child must have had the above vaccines or risk exclusion.

FOR ATTENDANCE IN 12TH GRADE:

- 1 dose of MCV on the first day of 12th grade. If one dose was given at 16 years of age or older, that shall count as the twelfth grade dose.

ON THE FIRST DAY OF 12TH GRADE, unless the child has a medical or religious/philosophical exemption, a child must have had the above vaccines or risk exclusion.

The vaccines required for entrance, 7th grade and 12th grade continue to be required in each succeeding school year.

These requirements allow for the following exemptions: medical reason, religious belief, or philosophical/strong moral or ethical conviction. Even if your child is exempt from immunizations, he or she may be excluded from school during an outbreak of vaccine preventable disease.

Pennsylvania's school immunization requirements can be found in 28 Pa.COE CH.23 (School Immunization). Contact your healthcare provider or call 1-877-PA-HEALTH for more information.
### Student Information

- **Student's name:** [Enter name]
- **Date of birth:** [Enter date]
- **Age at time of exam:** [Enter age]
- **Today's date:** [Enter date]
- **Gender:**
  - [ ] Male
  - [ ] Female

### Medicines and Allergies

Please list all prescription and over-the-counter medicines and supplements (herbal/nutritional) the student is currently taking:

[Enter list]

Does the student have any allergies?

- [ ] No
- [ ] Yes (If yes, list specific allergy and reaction.)

- [ ] Medicines
- [ ] Pollens
- [ ] Food
- [ ] Stinging Insects

### General Health

**Has the student...**

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Any ongoing medical conditions? (If so, please identify:)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Asthma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Anemia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Diabetes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Infection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Ever stayed more than one night in the hospital?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Ever had surgery?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Ever had a seizure?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Had a history of being born without or is missing a kidney, an eye, a testicle (males), spleen, or any other organ?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Ever become ill while exercising in the heat?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Had frequent muscle cramps when exercising?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Head/Neck/Spine

**Has the student...**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Had headaches with exercise?</td>
<td></td>
</tr>
<tr>
<td>9. Ever had a head injury or concussion?</td>
<td></td>
</tr>
<tr>
<td>10. Ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?</td>
<td></td>
</tr>
<tr>
<td>11. Ever had numbness, tingling, or weakness in his/her arms or legs after being hit or falling?</td>
<td></td>
</tr>
<tr>
<td>12. Ever been unable to move arms or legs after being hit or falling?</td>
<td></td>
</tr>
<tr>
<td>13. Noticed or been told he/she has a curved spine or scoliosis?</td>
<td></td>
</tr>
<tr>
<td>14. Had any problem with his/her eyes (vision) or had a history of an eye injury?</td>
<td></td>
</tr>
<tr>
<td>15. Been prescribed glasses or contact lenses?</td>
<td></td>
</tr>
</tbody>
</table>

### Heart/Lungs

**Has the student...**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>16. Ever used an inhaler or taken asthma medicine?</td>
<td></td>
</tr>
<tr>
<td>17. Ever had the doctor say he/she has a heart problem? If so, check all that apply:</td>
<td></td>
</tr>
<tr>
<td>□ Heart murmur or heart infection</td>
<td></td>
</tr>
<tr>
<td>□ High blood pressure</td>
<td></td>
</tr>
<tr>
<td>□ Kawasaki disease</td>
<td></td>
</tr>
<tr>
<td>□ High cholesterol</td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
</tr>
<tr>
<td>18. Been told by the doctor to have a heart test? (For example, ECG/EKG, echocardiogram)</td>
<td></td>
</tr>
<tr>
<td>19. Had a cough, wheeze, difficulty breathing, shortness of breath or felt lightheaded during or after exercise?</td>
<td></td>
</tr>
<tr>
<td>20. Had discomfort, pain, tightness or chest pressure during exercise?</td>
<td></td>
</tr>
<tr>
<td>21. Felt his/her heart rate or skip beats during exercise?</td>
<td></td>
</tr>
</tbody>
</table>

### Bone/Joint

**Has the student...**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>22. Had a broken or fractured bone, stress fracture, or dislocated joint?</td>
<td></td>
</tr>
<tr>
<td>23. Had an injury to a muscle, ligament, or tendon?</td>
<td></td>
</tr>
<tr>
<td>24. Had an injury that required a brace, cast, crutches, or orthotics?</td>
<td></td>
</tr>
<tr>
<td>25. Needed an x-ray, MRI, CT scan, injection, or physical therapy following an injury?</td>
<td></td>
</tr>
<tr>
<td>26. Had joints that become painful, swollen, feel warm, or look red?</td>
<td></td>
</tr>
</tbody>
</table>

### Skin

**Has the student...**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>27. Had any rashes, pressure sores, or other skin problems?</td>
<td></td>
</tr>
<tr>
<td>28. Ever had herpes or a MRSA skin infection?</td>
<td></td>
</tr>
</tbody>
</table>

### Personal Information

**Parent/Guardian/Student:**

Complete page one of this form before student's exam. Take completed form to appointment.

Signature of parent/guardian/emancipated student: [Signature]  Date: [Enter date]

Adapted in part from the Pre-participation Physical Evaluation History Form; ©2010 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine.
<table>
<thead>
<tr>
<th>Physical exam for grade:</th>
<th>CHECK ONE</th>
<th>ABNORMAL FINDINGS / RECOMMENDATIONS / REFERRALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>K/1 □ 6 □ 11 □ Other</td>
<td>NORMAL</td>
<td>DEFER</td>
</tr>
</tbody>
</table>

Height: (______) inches

Weight: (______) pounds

BMI: (______)%

BMI-for-Age Percentile: (______)%

Pulse: (______)%

Blood Pressure: (______) / (______)%

Hair/Scalp

Skin

Eyes/Vision Corrected □

Ears/Hearing

Nose and Throat

Teeth and Gingiva

Lymph Glands

Heart

Lungs

Abdomen

Genitourinary

Neuromuscular System

Extremities

Spine (Scoliosis)

Other

<table>
<thead>
<tr>
<th>TUBERCULIN TEST</th>
<th>DATE APPLIED</th>
<th>DATE READ</th>
<th>RESULT/FOLLOW-UP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

MEDICAL CONDITIONS OR CHRONIC DISEASES WHICH REQUIRE MEDICATION, RESTRICTION OF ACTIVITY, OR WHICH MAY AFFECT EDUCATION

(Additional space on page 4)

Parent/guardian present during exam: Yes □ No □

Physical exam performed at: Personal Health Care Provider's Office □ School □ Date of exam: ___________ 20____

Print name of examiner

Print examiner's office address

Signature of examiner MD □ DO □ PAC □ CRNP □
## IMMUNIZATION EXEMPTION(S):

Medical □ Date Issued:_________ Reason:_________________________________________ Date Rescinded:_________

Medical □ Date Issued:_______ Reason:_________________________________________ Date Rescinded:_________

Medical □ Date Issued:_________ Reason:_________________________________________ Date Rescinded:_________

**NOTE:** The parent/guardian must provide a written request to the school for a religious or philosophical exemption.

## VACCINE

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>DOCUMENT: (1) Type of vaccine; (2) Date (month/day/year) for each immunization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria/Tetanus/Pertussis (child)</td>
<td></td>
</tr>
<tr>
<td>Type: DTaP, DTP or DT</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Diphtheria/Tetanus/Pertussis (adolescent/adult)</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Type: Tdap or Td</td>
<td></td>
</tr>
<tr>
<td>Polio</td>
<td></td>
</tr>
<tr>
<td>Type: OPV or IPV</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Hepatitis B (HepB)</td>
<td></td>
</tr>
<tr>
<td>Measles/Mumps/Rubella (MMR)</td>
<td></td>
</tr>
<tr>
<td>Mumps disease diagnosed by physician □</td>
<td>Date:_________</td>
</tr>
<tr>
<td>Varicella: Vaccine □ Disease □</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Serology: (Identify Antigen/Date/POS or NEG) i.e. Hep B, Measles, Rubella, Varicella</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Meningococcal Conjugate Vaccine (MCV4)</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Human Papilloma Virus (HPV) Type: HPV2 or HPV4</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Influenza</td>
<td></td>
</tr>
<tr>
<td>Type: TIV (injected)</td>
<td>6 7 8 9 10</td>
</tr>
<tr>
<td>LAIV (nasal)</td>
<td>11 12 13 14 15</td>
</tr>
<tr>
<td>Haemophilus Influenza Type b (Hib)</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Pneumococcal Conjugate Vaccine (PCV) Type: 7 or 13</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Hepatitis A (HepA)</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Rotavirus</td>
<td></td>
</tr>
</tbody>
</table>

**Other Vaccines: (Type and Date)**
SPRING GROVE AREA SCHOOL DISTRICT
Spring Grove, Pennsylvania 17362

PARENTAL / RESIDENCY STATEMENT (A)

Student Name ____________________________

Date of Birth ____________________________ Grade ________

Address ________________________________

I, ______________________________________, hereby verify that I am the primary custodial parent or legally appointed guardian of ________________________, and that I reside with my child at the residence address listed above in the Spring Grove Area School District.

Under Pennsylvania Law, a child is considered to be a resident of the school district in which his/her parent or legal guardian maintains a residence. It is also required that the student dwells continuously at this residence in the Spring Grove Area School District.

I also agree to notify the Spring Grove Area School District of any information that changes, such as, but not limited to, a change in telephone number, residence address, or custodial parent change.

18 PA.C.S.A. Section 4904. Unsworn falsification to authorities

(a) In general. —A person commits a misdemeanor of the second degree if, with intent to mislead a public servant in performing his official function, he: (1) makes any written false statement which he does not believe to be true; (2) submits or invites reliance on any writing which he knows to be forged, altered or otherwise lacking in authenticity; or (3) submits or invites reliance on any sample, specimen, map, boundary mark, or other object which he knows to be false.

(b) Statements “under penalty”. —A person commits a misdemeanor of the third degree if he makes a written false statement which he does not believe to be true, on or pursuant to a form bearing notice, authorized by law, to the effect that false statements made therein are punishable.

(c) Perjury provisions applicable. —Section 4904(c) through (f) of this title (relating to perjury) applies to this section.

I further verify that I have not misled, withheld, or falsified any information and the statements herein are true and correct. I understand that false statements are made subject to the penalties of 18 PA.C.S.A, Section 4904 relating to unsworn falsification to authorities.

Parent Signature __________________________ Date __________________________

NOTE: Verification of residency should be attached to this form (driver’s license; vehicle registration; lease agreement w/landlord signature; closing disclosure; paycheck stub, with name and address of employee and employer or utility bill)
SPRING GROVE AREA SCHOOL DISTRICT
Spring Grove, Pennsylvania 17362

PARENTAL / RESIDENCY STATEMENT (B)

Student Name ____________________________

Date of Birth ____________________________ Grade _____________

Address _______________________________________________________

I, ________________________________________, hereby verify that I am the primary custodial parent or legally appointed guardian of ________________________________________, and that I reside with my child at the residence address listed above in the Spring Grove Area School District;

and

I, ________________________________________, hereby verify that I am the resident of the address listed above in the Spring Grove Area School District and that the above-named child and parent/guardian are residing with me at this time. Under Pennsylvania law, a child is considered to be a resident of the school district in which his/her parent or legal guardian maintains a residence. It is also required that the student dwell continuously at this residence in the Spring Grove Area School District;

and

I/We also agree to notify the Spring Grove Area School District of any information that changes, such as, but not limited to, a change in telephone number, residence address, or custodial parent change.

18 PA.C.S.A. Section 4904. Unsworn falsification to authorities
(d) In general. —A person commits a misdemeanor of the second degree if, with intent to mislead a public servant in performing his official function, he: (1) makes any written false statement which he does not believe to be true; (2) submits or invites reliance on any writing which he knows to be forged, altered or otherwise lacking in authenticity; or (3) submits or invites reliance on any sample, specimen, map, boundary mark, or other object which he knows to be false.
(e) Statements “under penalty”. —A person commits a misdemeanor of the third degree if he makes a written false statement which he does not believe to be true, on or pursuant to a form bearing notice, authorized by law, to the effect that false statements made therein are punishable.
(f) Perjury provisions applicable. —Section 4904(c) through (f) of this title (relating to perjury) applies to this section.

I further verify that I have not misled, withheld, or falsified any information and the statements herein are true and correct. I understand that false statements are made subject to the penalties of 18 PA.C.S.A, Section 4904 relating to unsworn falsification to authorities.

Parent Signature ____________________________ Date ____________________________

Resident Signature ____________________________ Date ____________________________

NOTE: Verification of residency should be attached to this form (driver’s license; vehicle registration; lease agreement/w/landlord signature; closing disclosure; paycheck stub, with name and address of employee and employer or utility bill)
<table>
<thead>
<tr>
<th>Student Name</th>
<th>Grade</th>
<th>Gender</th>
<th>Birthdate</th>
<th>Phone</th>
<th>Ethnicity</th>
<th>HR#</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student Home Address Line 1</th>
<th>Student Home Address Line 2</th>
<th>Student City</th>
<th>Student State</th>
<th>Student Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Does student live with an active military or deployed national guard member?</th>
<th>YES or NO</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Is there a written custody agreement in effect?</th>
<th>YES or NO</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>If yes, have you provided the most recent copy to the school?</th>
<th>YES or NO</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Contact 1</th>
<th>Relationship</th>
<th>Lives w/child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Phone</td>
<td>Email</td>
<td></td>
</tr>
<tr>
<td>Cell Phone</td>
<td>Address 1</td>
<td></td>
</tr>
<tr>
<td>Work Phone</td>
<td>Address 2</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Contact 2</th>
<th>Relationship</th>
<th>Lives w/child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Phone</td>
<td>Email</td>
<td></td>
</tr>
<tr>
<td>Cell Phone</td>
<td>Address 1</td>
<td></td>
</tr>
<tr>
<td>Work Phone</td>
<td>Address 2</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Contact 3</th>
<th>Relationship</th>
<th>Lives w/child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Phone</td>
<td>Email</td>
<td></td>
</tr>
<tr>
<td>Cell Phone</td>
<td>Address 1</td>
<td></td>
</tr>
<tr>
<td>Work Phone</td>
<td>Address 2</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contact 4</th>
<th>Relationship</th>
<th>Lives w/child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Phone</td>
<td>Email</td>
<td></td>
</tr>
<tr>
<td>Cell Phone</td>
<td>Address 1</td>
<td></td>
</tr>
<tr>
<td>Work Phone</td>
<td>Address 2</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Doctor Name</th>
<th>Doctor Phone #</th>
<th>Hospital Preference</th>
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</thead>
<tbody>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>Health Concerns (including medications taken regularly)</th>
</tr>
</thead>
<tbody>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th>Parent/Guardian Signature:</th>
<th>Date:</th>
</tr>
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<tbody>
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</table>
Student Registration
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 District: _____________________________ Date: _______________________

School: _____________________________

Student's Name: _____________________________ Grade: _______________________

1. What is/was the student's first language? _____________________________

2. Does the student speak a language(s) other than English?
   (Do not include languages learned in school.)
   Yes  No

   If yes, specify the language(s): _____________________________

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

4. Has the student attended any United States school in any 3 years during his/her lifetime?
   Yes  No

   If yes, complete the following:

   Name of School       State       Dates 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.
SPRING GROVE AREA SCHOOL DISTRICT
SPRING GROVE, PA 17362
ENGLISH AS A SECOND LANGUAGE INFORMATION FORM

Student's Name ____________________________ Grade: ______ Bldg: SH M SGI NS P SGE
Sex: F M Date of Birth __________ Place of Birth ____________________________________________
Dominant Language ____________________________________________________________
Address ___________________________________ Telephone No. __________________________
Form Completed by: ________________________ Relationship to Student __________

A. GENERAL BACKGROUND

What country is the student from? ______________________________________________________
When did the student come to the U.S? ___________ To this area? ______________

B. EDUCATIONAL BACKGROUND

<table>
<thead>
<tr>
<th>GRADE</th>
<th>YEARS</th>
<th>AGE</th>
<th>LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-K</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elementary (K-4)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Middle Level (5-8)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>High School (9-12)</td>
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</tbody>
</table>

Has the student ever repeated a grade? ________________
Does the student currently receive any special services in school? Yes  No
If yes, please identify: ______________________________________________________________

Has the student ever studied English? ______ Where? _______ How long? ______

C. BACKGROUND

This information is essential in order to provide meaningful instruction for all students. Please
complete the following questions concerning your child:

1. What language does the child speak to his/her mother most of the time_______________
   To his/her father ___________ to his/her brothers and sisters __________________
   What language does the child read? __________________________

2. What language does the child write? __________________________

PLEASE CIRCLE YES or NO:

4. YES NO  Do you have any concerns about your child's English language abilities?

5. YES NO  Do you ever have trouble understanding your child’s speech?
   Explain: ________________________________________________________________

6. YES NO  Is your child’s language development progressing as rapidly as the language
devolution of your other children?

7. YES NO  Do other people find it difficult to understand your child’s speech?

8. YES NO  Does your child have difficulty answering questions or following directions?

sr\AP200\Attachment Home Language Survey 10/2010
Pennsylvania Migrant Education Program
School Referral Form - Spring Grove Area SD

This form is to determine if your children (ages 0 to 21) can qualify for the Pennsylvania Migrant Education Program and the FREE additional educational services provided by the program. We will contact you based on your responses. ALL INFORMATION WILL BE KEPT CONFIDENTIAL.

Parent or Guardian Name ______________________________________________ Date _____________

Address ______________________________________________________________________________________

Telephone Number ______________________________________________________________________________

Names of your Children: __________________________________________________________________________

______________________________________________________________________________________________

Please answer "yes" or "no" if it applies to you.

(1) Has anyone in your household moved from another country, town or school district within the past 3 years? _____ Yes _____ No

(2) Has anyone in your household worked or looked for work at the following occupations within the last three (3) years? _____ Yes _____ No

☐ Any agricultural or farm work (such as hay, dairy, fruit or vegetable crops, poultry, fish farming, nursery/greenhouse, other)?

☐ Work related to logging, timber growing or harvesting? Work at a food processing plant, such as vegetable or poultry processing plants, packing apples, vegetables, pork or beef?

If your children qualify for the Migrant Education Program, they will be offered FREE supportive educational services that may include after school tutoring, summer school programs, pre-college activities and referrals to other agencies that help you and your children. Your children will also receive free lunch in school.

An Equal Rights And Opportunities Employer