



IN ADDITION TO THE COMPLETED REGISTRATION FORMS, THE FOLLOWING DOCUMENTS ARE REQUIRED FOR REGISTRATION:

- 1. PROOF OF CHILD'S AGE (acceptable documentation includes):**
 - a. Original or copy of Birth Certificate
 - b. Original or copy of Baptismal Certificate (showing date of birth)
 - c. Valid Passport

- 2. IMMUNIZATIONS REQUIRED BY LAW (acceptable documentation includes):**
 - a. The child's original immunization record
 - b. Immunization record from former school district or medical office

- 3. PARENT'S PHOTO IDENTIFICATION (acceptable documentation includes):**
 - a. Valid Driver's License
 - b. Penn-DOT Identification Card
 - c. Valid Passport
 - d. Permanent Resident Card (Green Card)

- 4. PROOF OF RESIDENCY – TWO REQUIRED (acceptable documentation includes):**
 - a. A dated deed, lease, sales agreement, mortgage information
 - b. Recent utility bill, credit card bill, property tax bill
 - c. Recently dated vehicle registration or vehicle insurance card
 - d. If residing with a district property owner/resident, the district property owner/resident must be present, prove their residency as stated above and sign a notarized 'Multiple Occupancy Form'. **BOTH PARTIES MUST HAVE A VALID DRIVER'S LICENSE OR STATE ISSUED PHOTO ID TO FILL OUT A MULTIPLE OCCUPANCY FORM TO BE NOTARIZED IN OUR OFFICE. MULTIPLE OCCUPANCY FORM CANNOT BE COMPLETED IF EITHER PARTY HAS AN EXPIRED ID.**

- 5. PARENT REGISTRATION STATEMENT** (included in packet)

- 6. HOME LANGUAGE SURVEY** (included in packet)

Other documents that will be helpful for the success of your child: Report cards/transcripts, all special education documents (IEP, ER, RR, NOREP), attendance records and any other records relevant to your child's education.

CONTACT 874-6150 WITH QUESTIONS

Registration Form -- Student Census / Enrollment Information

School: _____ Student ID#: _____

Grade: _____ Homeroom: _____

SPECIAL EDUCATION SERVICES INFORMATION

Is your child receiving special education services? Yes No If yes - specify _____

Does your child have an IEP? Yes No Does your child have a 504 Plan? Yes No

STUDENT CENSUS / ENROLLMENT INFORMATION

PLEASE PRINT

Student's Full Legal Name: _____
Last First Middle

Home Phone: _____

Gender: M F

Birth date: _____
Month Day Year

State / Country of Birth: _____ Date Entered U.S.: _____

Resident Address: _____

Apt/Bldg: _____ City: _____ State: _____ Zip: _____

Shelter Motel/Hotel Relative/Friends Living in Vehicle

Birth Verification: Birth Certificate Other Please specify: _____

ETHNICITY (RACE) *Must choose one*

- American Indian or Alaskan Native *A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.*
- Asian or Pacific Islander *A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian sub-continent, or Pacific Islands. This includes people from China, Japan, Korea, the Philippine Islands, Samoa, India, Vietnam, Guam, Cambodia, Malaysia, Thailand*
- Black (not of Hispanic origin) *A person having origins in any of the black racial groups of Africa (except those of Hispanic origin) Mogadisho, Ethiopian, Sudan*
- Hispanic *A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.*
- White (not of Hispanic origin) *A person having origins in any of the original peoples of Europe, North Africa or the Ukraine, Arabic, Iraqi, Bosnia, Lebanese, Russia (except those of Hispanic origin).*

In addition to the box you checked above, if you are multi-racial, please check all that apply

American Indian Asian Black Hispanic White

If Pacific Islander, please check this box

PREVIOUS SCHOOL INFORMATION

Has the student ever attended another Erie School District School? Yes No

School: _____ Grade: _____ Year: _____

Last School Attended Outside the Erie School District

School: _____ Grade: _____ School Year: _____ City: _____ State: _____

List the **first time** the student was enrolled

in any school in the US (including preschool and kindergarten)

Month Year Grade (Preschool - 12)

List the **most recent** time the student was enrolled

in any school in the US (NOT including preschool and kindergarten)

Month Year Grade (1 - 12)

List the most recent time the student was enrolled

in a **Pa. public school** (NOT including preschool and kindergarten)

Month Year Grade (1 - 12)

Is your child presently involved in the Juvenile Justice system? Yes No

Parent/Guardian Signature: _____ Date: _____

Registration Form -- Student Census Information

School: _____

Student Name: _____

PARENT/GUARDIAN HOUSEHOLD INFORMATION FOR ADULTS LIVING WITH THE STUDENT

STUDENT LIVES WITH: *Please check one box*

- Parents (both, same household) Parents (both, separate household)
 Father Only Mother Only Grandparent(s) Guardian
 Mother/Stepfather Father/Stepmother Relatives Foster Group home
 Other _____

If FOSTER, please indicate the district where the child's legal guardian resides: _____

Are there any custody orders regarding this child Yes No If yes, a copy must be provided

Parent/Guardian Name: _____ Relationship to Student: _____ Legal Guardian
 Yes No

Work Telephone: _____ Cell Telephone: _____

Name: _____ Relationship to Student: _____ Legal Guardian
 Yes No

Work Telephone: _____ Cell Telephone: _____

LIST NAMES OF OTHER CHILDREN LIVING IN THIS HOUSEHOLD

Last	Name	First	Date of Birth	Last	Name	First	Date of Birth

HOUSEHOLD INFORMATION FOR ADULTS NOT LIVING WITH THE STUDENT

Name: _____ Relationship to Student: _____ Legal Guardian
 Yes No

Resident Address _____

Household Telephone: _____ Work Telephone: _____ Cell Telephone: _____

Name: _____ Relationship to Student: _____ Legal Guardian
 Yes No

Work Telephone: _____ Cell Telephone: _____

The School District of the City of Erie, Pennsylvania
Registration Form -- Student Family Data

School: _____

Student Name: _____

Email Address: _____

ADDITIONAL EMERGENCY CONTACT INFORMATION

Emergency Contact # 1

Legal Guardian

Name: _____ Relationship to Student: _____ Yes No

Resident Address: _____

Household Telephone: _____ Work Telephone: _____ Cell Telephone: _____

Additional Information: _____

Emergency Contact # 2

Legal Guardian

Name: _____ Relationship to Student: _____ Yes No

Resident Address: _____

Household Telephone: _____ Work Telephone: _____ Cell Telephone: _____

Additional Information: _____

Registration Form -- Student Health Information

School: _____ Teacher/Homeroom _____
Room # _____
Student Name: _____ Student ID#: _____

MEDICAL ALERTS (ASTHMA, ALLERGIES, PHYSICAL LIMITATIONS, MEDICATIONS, MEDICAL CONDITIONS, ETC.).

Medical Alert 1: _____

Medical Alert 2: _____

MEDICATION INFORMATION

Is your child taking any medication regularly? Yes No

If yes, please list the medication(s): _____

Is your child allergic to any medication(s)? Yes No

If yes, please list the medication(s): _____

Indicate allergic reaction: _____

Student Medication Request Release Agreements are available at the school office. This form must be completed for any medication a student will need to take during school hours.

IMMUNIZATION INFORMATION

In order for your child to attend school, immunization documentation needs to be on file at the school by the first day of attendance. If immunization documentation is NOT complete, the student MUST see the school nurse or designee before enrollment can be completed.

INSURANCE

Does your child have health coverage? Yes No

Private Access Gateway Med Plus Ion

If no, healthcare may be available through CARING PROGRAM.

Call toll-free 1-800-986-5437 or 1-800-543-7105

PHYSICAL EXAM

In accordance with PA School Code, a physical examination must be completed on entry into school, and in grades 6 and 11. I wish this examination to be done by the School Physician at no cost to me. Yes No

DOCTOR / PRIMARY CARE PROVIDER

Name: _____

Telephone: _____ Extension: _____

Hospital: _____

In an emergency situation, to which hospital do you want your child sent? Indicate on the line above.

If a parent or legal guardian cannot be notified and immediate medical care is indicated, the school will call 911. However, the Erie School District will in no case accept financial responsibility for care.

Parent/Guardian Signature: _____ Date: _____

This form will be given to the Nurse after registration

Registration Form -- Student Health Information

Teacher/Homeroom _____

School: _____

Room # _____

Student Name: _____

Student ID#: _____

Health Concerns *Parents/Guardians are responsible for providing full details on any medical conditions to the school nurse*

Does your child have a health problem?

Check and explain where appropriate	Medication(s)	Medication Given At Home		Medication Given At School	
		YES	NO	YES	NO
<input type="checkbox"/> Allergies					
<input type="checkbox"/> Asthma					
<input type="checkbox"/> Attention Deficit Disorder					
<input type="checkbox"/> Bowel/Bladder					
<input type="checkbox"/> Diabetes					
<input type="checkbox"/> Emotional/Behavioral					
<input type="checkbox"/> Fractures					
<input type="checkbox"/> Head Injury					
<input type="checkbox"/> Hearing					
<input type="checkbox"/> Headaches					
<input type="checkbox"/> Heart					
<input type="checkbox"/> Hyperactivity					
<input type="checkbox"/> Seizures or Fainting					
<input type="checkbox"/> Skin Conditions					
<input type="checkbox"/> Speech					
<input type="checkbox"/> Surgeries / Hospitalizations					
<input type="checkbox"/> Tuberculosis					
<input type="checkbox"/> Varicella (Chickenpox)					
<input type="checkbox"/> Vision					
<input type="checkbox"/> Other					

Student has **NO** health concerns

Please check all that apply

Glasses Contacts Hearing Aids

Prosthesis or Physical Aids (please list) _____

Other _____

Information obtained on the Health History is solely used by the school nurse to ensure that sound decisions are made to meet the health needs of your student. Health information will only be shared with school staff on a "need to know basis" and parents/guardians will be included in this process. Health information will not be shared with any other outside health providers without the expressed written permission of the parent/guardian. If you have any questions or concerns please contact your student's school nurse.

Parent/Guardian Signature: _____ Date: _____

This form will be given to the Nurse after registration

ERIE'S PUBLIC SCHOOLS HOME LANGUAGE SURVEY*

The Office of Civil Rights (OCR) requires that school districts/charters/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 and the method for identification.

School District: _____ **Date:** _____

School: _____

Student Name: _____ **Grade:** _____

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

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

If yes, specify the language(s): _____

3. What language(s) is 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.

ERIE'S PUBLIC SCHOOLS
Parental Registration Statement
Safe Schools Act

Student Name _____

Date of Birth _____ Grade _____

Parent/Guardian Name _____

Address _____ Phone _____

Section 13-1304-A of the Pennsylvania Public School Code requires that when a parent, guardian or other person having control or charge of a student enrolls his/her child in school, s/he must provide a sworn statement stating whether the student was previously or is presently suspended or expelled from any public or private school of this Commonwealth or any other state for an action or offense involving a weapon, alcohol or drugs, or the willful infliction of injury to another person or for any act of violence committed on school property. *This sworn statement must be completed in order for the child to be enrolled in school.*

As required by Section 13 1304-A of the School Code, please complete the following:

1. I hereby swear or affirm that my child

____ Was ____ Was not

Previously suspended or expelled from any public or private school of this Commonwealth or any other state for an act or offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property.

2. I hereby swear or affirm that my child

____ 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 was previously or is presently suspended or expelled from another school, please complete:

Name of school from which the student was suspended or expelled _____

Dates of suspension or expulsion _____

Reason for suspension/expulsion (optional) _____

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

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, as required by Pennsylvania law.

**ERIE CITY SCHOOL DISTRICT
EDUCATION RECORDS DISCLOSURE CONSENT
WHEN STUDENT IS ENROLLING OR TRANSFERRING INTO THE DISTRICT**

I, _____ (*name of parent/guardian*), am the parent or legal guardian of _____ (*name of student*) (hereinafter "Student"). I have enrolled Student in the Erie City School District. Student previously attended _____ (*name of school*) in _____ (*name of previous school district*).

In accordance with the requirements of the Family Educational Rights and Privacy Act ("FERPA"), 20 U.S.C § 1232g, and the laws of the Commonwealth of Pennsylvania regarding student education records, I hereby give my consent to the _____ (*student's previous district*) to disclose Student's educational records as described below:

- Specify the education records which may be disclosed: The Student's education records as defined in 34 C.F.R. § 99.3 (e.g., those records that are directly related to the Student and are maintained by the previous school district), which include, but are not limited to, Student's special education records, health records, academic records, attendance records, behavior records, and any other record directly related to the student.
- State the purpose of the disclosure: Student has enrolled in the Erie City School District. In order to ensure the proper and appropriate education of this student, the Erie City School District needs to review and maintain this student's education records from his/her previous school district.
- Identify the party or class of parties to whom the disclosure may be made: The disclosure may only be made to officials of the Erie City School District. Once in possession of the Erie City School District, only those District officials who have a legitimate educational interest in reviewing those records shall review them. The Erie City School District shall comply with the requirement of FERPA in its maintenance of Student's educational records.

Signed: _____ Date: _____
Parent of student/Eligible Student*

*Eligible student means a student who has reached 18 years of age or is attending an institution of postsecondary education. When a student becomes an eligible student, the rights accorded to, and consent required of, parents transfer from the parents to the student.