

Enrollment Form



**Athens Area School District
Child Accounting Office
100 Canal St
Athens, PA 18810
570-888-7766 ext. 4104 Fax 570-882-6250**

Student Number _____

Enrollment Date _____ **Entry Date** _____

Student Name _____ Grade _____ Age _____

Address _____ Birth date _____ Sex _____

Home Phone _____

Directions to home _____

E-mail address _____ Cell Phone(s) _____

Last School Attended, Town and State: _____

Last Grade Attended _____ Last Date Enrolled _____

Has student repeated any grade(s)? _____ If yes, which one(s) ? _____

Has student ever attended school in the Athens Area School District? _____ Which school? _____

SPECIAL PROGRAMS (Please circle those that apply)

- | | | |
|---------------------------|---------------------|----------------------------|
| Chorus | Enrichment/Gifted | Speech & Language Support |
| Band or Orchestra | Title I Reading | Vision Support |
| Instrument you play _____ | Learning Support | Hearing Support |
| Vocational-Technical | Emotional Support | Occupational Therapy |
| Alternative Education | Life Skills Support | Physical Therapy |
| Other _____ | | Multi-Disabilities Support |

Please indicate your school activity interests.....athletics, clubs, etc. _____

Student Resides with (circle appropriate answer):

- | | | |
|--------------------------|----------------------------------|----------------------------------|
| Both Parents Guardian | Mother only Mother/Stepfather | Father Only Father/Stepmother |
|--------------------------|----------------------------------|----------------------------------|

If Guardian, please explain relationship: _____

FATHER'S NAME _____ Work Phone _____

Employed by _____ Position _____

MOTHER'S NAME _____ Work Phone _____

Employed by _____ Position _____

GUARDIAN NAME _____ Work Phone _____

Employed by _____ Position _____

Second Parent Is there a second parent that should receive notices, grades, etc. from the school: ____ Yes ____ No

Second Parent Name and Mailing Address: _____

List brothers and sisters, oldest first:

| <u>NAME</u> | <u>AGE</u> | <u>LIVING AT HOME?</u> | <u>SCHOOL HE/SHE ATTENDS</u> |
|-------------|------------|------------------------|------------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Record Request Form



Athens Area School District
Child Accounting Office
100 Canal St
Athens, PA 18810
Phone 570-888-7766 ext. 4104 Fax 570-882-6250
Email: lharkness@athensasd.org
Lynda Harkness, Registrar

Record Request

Student Name _____ Grade _____

Date of Birth _____ Date of Enrolling _____

Name of Last School Attended /School District _____

School Address _____

Phone Number and/or Fax Number _____

The above student has enrolled in the Athens Area School District. Please forward all school records pertaining to this student.

Records to include, but not limited to:

- Health and immunization records
- Transcript of Grades,
- Withdrawal Grades
- Previous Report Cards
- Standardized Test Results
- Attendance and Guidance
- A certified copy of the student's Disciplinary Record
- **Special Education Records, including:**
Initial Evaluation Report, Most recent Reevaluation Report, Current IEP, Notice of Recommended Educational Placement/Related Services, any additional documents relevant to providing the student with appropriate educational services and support.

We agree to the release of any and all records to the Athens Area School District.

Signature or Parent/Guardian Date

Signature of Student (if 18 years old or older) Date



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Pennsylvania Act 26

Please read the following sections carefully. Any willful false statements concerning this registration shall be a misdemeanor of the third degree.

Complete only the section that applies.

Section I (If this statement is not true, go on to Section II)

In accordance with Pennsylvania ACT 26, I hereby swear and affirm that my son/daughter _____ **has not been** 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 willful infliction of injury to another person; or for any act of violence committed on school property. If this statement is willfully false, it shall be considered a misdemeanor of the third degree.

Parent/Guardian Signature

Date

OR

Section II

In accordance with Pennsylvania ACT 26, I hereby swear and affirm that my son/daughter _____ **has been** suspended or expelled from a public or private school of this Commonwealth or another state for an act or offense involving weapons, alcohol, or drugs; or for willful infliction of injury to another person; or for an act of violence committed on school property.

Parent/Guardian Signature

Date

ATHENS AREA SCHOOL DISTRICT

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.

Student's Name: _____ Date: _____

Date of Birth: _____ Age: _____ 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. Date first enrolled into a United States school: _____

5. Has the student ever received English Language Services in the United States school system?
 Yes No

If Yes, what month and year were they tested and where? _____

6. Please list below any School District your child has attending in the United States.

| Name of School | State | Dates Attended |
|----------------|-------|----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

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.

**Child Accounting Office
100 Canal St
Athens, PA 18810**

Physical Exams

The state of Pennsylvania requires that students in **grades K, 6, and 11** have physical examinations. We encourage you to have this examination done by your own physician. However, if this is not possible, the school district will arrange to have these examinations performed by a school-designated physician. You may want to be present during the examination at school.

A school physical will include the following:

Visual exam of eardrum, nose and throat; listening to heart and lungs; palpation of abdomen; checking musculoskeletal system for abnormalities. A visual exam of external genitals of girls in kindergarten only will be done. This is not done for 6th and 11th grade girls. Boys in K, 6th and 11th grades are checked for inguinal hernias and descent of the testicles. Parents will be informed of any abnormalities.

Students must come prepared with shorts and T-shirts to wear during the examination.

If this form is not signed, we will expect you to have the examination done by your child's physician. Please obtain a Private Physician's Report Form for your physician to complete.

Dental Exams

Dental exams are required in **grades 1, 3 and 7**. This is a cursory exam. No actual dental work will be done. If your child needs dental work, you will receive notification. You will be notified in advance so that you can have the exam done by your own dentist if you prefer.

Permission for Examinations

Student's Name _____ Grade _____

_____ I give permission for my child to receive free mandated physical examinations and/or dental examinations at school.

_____ I prefer to use my own doctor and will be responsible for obtaining physical and dental exams for my child and will provide the school nurse with appropriate documentation.

Signature of Parent/Guardian

Date

Health History

Grade K-12

Athens Area School District
100 Canal St
Athens, PA 18810



Student Name _____ Grade _____ Age _____

Address _____ Birth date _____ Sex _____

Home Phone _____

Email Address _____ Cell Phone(s) _____

School/State Last Attended _____

Have you attended Athens School District in the past or another school in Pennsylvania previously? If so, when and where? _____

Father's Name _____ Mother's Name _____

Number of brothers: _____ Number of Sisters: _____ This child is number _____ in the family.

1. Was your child born on time? _____ Birth Weight _____
Any problems during delivery? _____
How long did the child remain in the hospital after birth? _____

2. What age did your child walk alone: _____ Talk (2 words together) _____
Is your child toilet trained? _____ Do they have a bedwetting problem? _____
If so, explain: _____

3. With whom does the child live? _____

4. When was the child's last examination? _____
Physician/Clinic: _____
Illness/Injury: _____

5. Does your child have any of the following health problems?
Asthma _____ Diabetes _____ Seizures/Convulsions _____
Allergies _____ Hearing _____ Serious Injury _____
Anemia _____ Heart _____ Emotional Problems _____
Other: _____ Explain: _____

6. Has your child had Chicken Pox? _____ If so, when? _____

7. Does your child take long-term medication? _____
Name of Medications: _____

8. Has your child been seen by a dentist? _____ Dentist's name _____

9. Has your child been hospitalized for any reason? _____

10. Does any close relative in your family have a history of any of the following (check and indicate relationship to this child.)
Diabetes _____ Cancer _____
Anemia _____ Epilepsy _____
Asthma _____ High Blood Pressure _____
Birth Defect _____ Developmental Delays _____
Heart Disease _____ Chronic Infection _____
Other _____

11. Is there anything more about this child's health or home situation that you think is important for us to know?

Parent Signature _____

Date _____



TRANSPORTATION
STUDENT INFORMATION

_____ Parent
_____ Contractor
_____ Building

SCHOOL: _____ GRADE: _____

START DATE: _____

STUDENT NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

BIRTH DATE: _____ GENDER: _____

DETAILED DIRECTIONS TO ADDRESS: _____

OTHER STUDENTS PICKED UP AT SAME LOCATION?

Pennsylvania Information Management System

Athens Area School District

Student Name: _____ **Grade:** _____

Where has student attended school in the past? Please list below.

| Name of School/District | Town | State | Grade Level(s) attended |
|-------------------------|------|-------|-------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Children's Ethnic and Racial identities (optional)

Complete both boxes.

| | |
|---|--|
| <p>Choose <u>one</u> ethnicity:</p> <p><input type="checkbox"/> Hispanic/Latino</p> <p><input type="checkbox"/> Not Hispanic/Latino</p> | <p>Choose <u>one or more</u> (regardless of ethnicity):</p> <p><input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander</p> <p><input type="checkbox"/> Black or African American</p> |
|---|--|

ATHENS AREA SCHOOL DISTRICT EMERGENCY CARD

GRADE _____ HOMEROOM # _____ TEACHER _____

STUDENT: _____ MALE FEMALE BIRTHDATE ____/____/____
 LAST FIRST

ADDRESS _____ HOME PHONE NUMBER: _____
 _____ STUDENT CELL NUMBER: _____

STUDENT RESIDES WITH _____

| | |
|--|--|
| Father/Guardian Name _____ Employer _____ Home Phone _____ Cell Phone _____ Work Phone _____ E-Mail _____ | Mother/Guardian Name _____ Employer _____ Home Phone _____ Cell Phone _____ Work Phone _____ E-Mail _____ |
|--|--|

AFTER SCHOOL CARE: _____ PHONE: _____

DAYS OF THE WEEK: _____

Bus student: Yes ___ No ___ Driver _____ Bus # _____

Dual Parent Information IF DUPLICATE MAILING IS REQUESTED



| |
|--------------------------------|
| NAME _____ |
| ADDRESS _____ |
| PHONE _____ RELATIONSHIP _____ |



EMERGENCY CONTACTS – In case of illness or injury at school, the school authorities can contact & release the student to the following individuals:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

| Brother/Sister | Date of Birth | School Attending | Pre School/Age |
|----------------|---------------|------------------|----------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| |
|--|
| <p>Please have a plan in place for early school closings Make sure your child knows what to do if school is dismissed early.</p> |
|--|

ATHENS AREA SCHOOL DISTRICT

Office of the Superintendent

100 Canal Street

Athens, PA 18810

PHONE: (570) 888-7766 ext. 4104

FAX: (570) 882-6250

Mr. Craig Stage

Superintendent

**CONSENT TO RELEASE
IMMUNIZATION RECORDS**

I give my permission for _____
(Name of physician's office or health clinic)

to release my child's immunization record to the Athens Area School District.

Child's Name

(Date of Birth)

Phone Number for Physician's Office/Clinic

Parent's Signature

Date

**MIGRANT EDUCATION PROGRAM
FAMILY SURVEY**
(Only need to complete if you are a migrant worker)

| | |
|---|--------|
| Date: | |
| Name of Student: | Grade: |
| Name of Student: | Grade: |
| Name of Student: | Grade: |
| Name of Student: | Grade: |
| Name of Student: | Grade: |
| <p>Your children may qualify for an educational program that includes free year round educational support and books from the Reading is Fundamental (RIF) program. Someone will be contacting you to determine if your child(ren) qualifies for the program. All responses are confidential and will be used for educational purposes only.</p> | |

| | |
|---|---|
| <p>Have you and/or your children moved from one school district to another within the last 3 years?</p> <p><input type="checkbox"/> No (stop here)</p> <p><input type="checkbox"/> Yes</p> <p>If Yes:</p> <p>What types of work have you done or looked for in the last 3 years? (Check all that apply)</p> | |
| | Dairy, horse, hog, veal or poultry farm |
| | Food processing plant (beef, pork, poultry, milk) |
| | Forestry: Timber cutting, thinning, transporting |
| | Fruit tree trimming |
| | Milk truck driver |
| | Fruit or vegetable farm |
| | Christmas tree farm or nursery |
| | Mushroom plant |
| Please specify your current work: | |

| | |
|---|--|
| <p>Central Susquehanna Intermediate Unit Northeast Migrant Education Program PO Box 213, Lewisburg, PA 17837 Call 570-523-1155, ext 2331 for Migrant Education Information</p> | |
| OFFICIAL USE – FAMILY CONTACT LOG | |
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