ENROLLMENT REQUIREMENTS

In accordance with the Department of Education, for a student to be enrolled in the United School District, we require the following documentation:

- Proof of child’s date of birth (state birth certificate, baptismal certificate or a notarized statement from the parents).

- Record of immunizations.

- Proof of residency within the district (electric bill, telephone bill, etc.).

- A copy of the IEP and Evaluation Report (if applicable).
United Elementary School

Enrollment Information

Student’s Name ____________________________ (Last) (First) (Middle)

Male / Female (Please Circle) Present Grade: _______ PA Secure ID# _______ (For Office Use Only)

Mailing Address: ____________________________________________________________

911 Address (if different): __________________________________________________

Home Phone: __________ Mom’s Cell No.: __________ Dad’s Cell No.: __________

Birthdate: __________ Place of Birth: __________________________

Month/Day/Year City State County

Father’s Name: ____________________________ Work No. __________

Last First Middle Initial

Mother’s Name: ____________________________ Work No. __________

Last First Maiden Name

Child Lives With: Mother/Father ______ Mother ______ Father ______ Mother/Stepfather ______

Father/Stepmother ______ Foster Parents _____ Other (Relationship) __________

Custody Papers: Yes / No (If yes, please provide us with a copy of the court decree.)

Ethnicity: (Choose One) ______ Hispanic/Latino ______ Not Hispanic/Latino

Race: (Choose One or More, Regardless of Ethnicity) ______ White ______ American Indian/Alaskan Native ______ Asian

________ Black or African American ______ Native Hawaiian/Other Pacific Islander

Siblings & Ages: ______________________________________________________________

Last School Attended: _______________________________________________________

Name

Address Phone

Please check programs which apply to your child:

Title I Reading ______ Learning Support ______ Speech/Language Support ______ Gifted Program ______

Has student ever been retained? Yes ______ No ______ If yes, what grade? __________________________

Signature of Parent/Guardian __________________________________________________________________

Today’s Date __________________________________________________________________________

FOR OFFICE USE ONLY:

Grade / Homeroom: __________ Locker: __________ Bus: __________ Bus Stop: __________________

Custody Papers on File: Yes / No

Immunizations ______ State Birth Certificate ______ Proof of Residency ______ Homeless ______ IEP ______
United School District Student Health History  entering grade______

DOB verification checked by school personnel ____________________________________________

(Signature)

Student Name: ________________________________________________________________

(Last) (First) (Middle)

Date of Birth __________________ Place of Birth ____________________________ Sex _____

Address: ___________________________________________________________________

Phone Number: __________________ Previous School _____________________________

Mother's Information

Mother's Name ___________________________ Maiden Name _________________________

Birthplace _____________________________ Occupation _____________________________

Employer ______________________________ Work Phone Number ___________________

Father's Information

Father's Name ______________________________

Birthplace _____________________________ Occupation _____________________________

Employer ______________________________ Work Phone Number ___________________

Name of person who student lives with, if not residing with both parents:

Name __________________________ Relationship ________________________________

Sibling Information

Name: ___________________________ Date of Birth: ___________________ Grade: ________ Lives with student: ______

1. ____________________________________________________________

2. ____________________________________________________________

3. ____________________________________________________________

4. ____________________________________________________________

5. ____________________________________________________________

*Please Complete Reverse Side*
Student Medical Information

Medical History (Check if yes and write date)

_____ Abnormal birth condition  _____ Chicken Pox  _____ Measles

_____ Mumps  _____ Diabetes  _____ Speech Problem

_____ Rheumatic Fever  _____ Heart Condition  _____ Kidney Disease

_____ Seizures  _____ Mononucleosis  _____ Pneumonia

_____ Vision Problem  _____ Hearing Problem

_____ Other (specify): ________________________________

Please specify any of the following conditions your child may have:

Physical Restrictions: ______________________________________

Allergies: ________________________________________________

History of severe allergic reaction: ____________________________

Emotional Problem: ________________________________________

Medications: ______________________________________________

Does your child wear? (please circle) glasses, hearing aid, arm or leg brace, orthopedic shoes, dentures, braces or prosthesis

Please list any other medical information that the School Nurse should be aware of:

__________________________________________________________________________________

Immunizations (either complete or attach copy of immunization record)

Diptheria & Tetanus:  1. ______  2. ______  3. ______  4. ______  5. ______

Polio:  1. ______  2. ______  3. ______  4. ______

Hepatitis B:  1. ______  2. ______  3. ______

MMR:  1. ______  2. ______

Varicella:  1. ______

HIB:  1. ______  2. ______  3. ______  4. ______

A copy of your child's immunization record is required

Parent/Guardian Signature: X ____________________________ Date: _____________________
Parental Registration Statement

Student Name

Date of Birth                     Grade

Parent/Guardian Name

Address

Telephone Number

Pennsylvania School Code Section 13-1304-A states in part "Prior to admission to any school entity, the parent, guardian or other person having control or charge of student shall, upon registration, provide a sworn statement or affirmation stating whether the pupil was previously 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 or injury to 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 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. Section 13-1304-A(b) and 18 Pa. C.S.A. Section 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.

______________________________  ________________________
Signature of Parent/Guardian     Date

*Name of the school from which student was suspended or expelled; reason for suspension/expulsion; and dates of suspension or expulsion to be attached to this signed statement.

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.
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 of identification.

**School District:** United School District  
**School:** United Elementary  
**Date:** ____________________

**Student’s 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 language learned in school.)

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:

<table>
<thead>
<tr>
<th>Name of School</th>
<th>State</th>
<th>Dates Attended</th>
</tr>
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<tbody>
<tr>
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<td></td>
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</tr>
</tbody>
</table>

**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.
United School District

Certificate of Residency

Note: This form must be completed for each child entering school

__________________________
Student's Name

__________________________
Student's Phone Number

__________________________
Student's Residence Address

_____ Please check here if this is a New Address

"Student’s Residence" is defined as that place where the student customarily engages in housekeeping functions such as eating, sleeping, dressing and the like.

This information shall constitute a confidential record of the United School District for its use and that of other government authorities. No information contained on this form will be released to any private party without the consent of the person signing this form or pursuant to a requirement of law.

This form must be completed at the time of enrollment into the United School District. This form must be completed yearly and filed with the Building Principal not later than the tenth day after the beginning of the year as part of the Emergency Card Procedure.

CERTIFICATION

I hereby certify; subject to the penalties provided in Section 4904 of the Pennsylvania Crimes Code, which makes it a criminal offense to provide false information for government authorities; that the students residence information is true, correct and accurate, and that I will notify the School Principal of United School District, in writing, should there be any changes in this information during the school year.

__________________________
Date

__________________________
Signature of Parent or Legal Guardian

__________________________
Parent or Legal Guardian's Residence Address

If signed by any person other than the student’s parent, please provide an explanation on reverse side.

When it is determined that a student is not eligible for attendance under the residency requirements, the district can charge the parent and/or resident the prevailing tuition from the date of non-residency.
I hereby grant permission for any or all school records of ____________________________
(Student)
in ________ Grade to be released to:

United Elementary School
Attn: Jean Dumm
10780 Rt. 56 Hwy. E
Armagh, PA 15920

with the understanding that such records may not be made available to any person or agency
other than the one specifically named herein.

__________________________  __________________________
(Date)  (Signature of Parent or Guardian)

PLEASE INCLUDE HEALTH, DENTAL, IMMUNIZATION, DISCIPLINE AND
ACADEMIC RECORDS. IF STUDENT WAS IN A SPECIAL PROGRAM, PLEASE
INCLUDE THE ER, IEP, NOREP, PERMISSION TO EVALUATE AND INVITATION
TO CURRENT IEP.