

PLEASE PRINT

School District of Borough of Morrisville
STUDENT REGISTRATION FORM

Student Name _____ **Date:** _____
Last Name First Middle

Date of Birth _____ (00/00/0000) **Student's SS#** _____ - _____ - _____ (optional)

Country of Birth UNITED STATES _____, _____
City of Birth State

BORN IN ANOTHER COUNTRY _____
Specify Country Date entered US

Student Lives with _____
Name(s)

Relationship to Student PARENT MOTHER ONLY FATHER ONLY GUARDIAN
 FOSTER AGENCY OTHER: _____

Current Address: _____
Street Apt #
_____ Town State Zip Code

GRADE _____
GENDER
 FEMALE
 MALE
RACE
 BLACK
 WHITE
 HISPANIC
 AMERICAN INDIAN/NATIVE AMERICAN
 ASIAN
 OTHER: _____

WAS STUDENT PREVIOUSLY ENROLLED IN MORRISVILLE SCHOOL DISTRICT? Yes No
If yes, when, _____

Previous District Name: _____

Previous School Name: _____ **School Contact:** _____

School Address: _____

City/State/Zip Code: _____

School Phone: _____ **School Fax:** _____

PLEASE ANSWER

- Has your child ever been retained? Yes No If yes, when _____
- Has your child ever been tested for Special Education Services? Yes No If yes, when _____
- Has your child ever received Special Education Services? Yes No If yes, when _____
- Does your child currently have an Individualized Education Plan (IEP)? Yes No
- Has your child received Gifted Services? Yes No If yes, when _____
- Has your child ever attended English Language Learner Classes? Yes No If yes, when _____
- Does your child receive any other services? Yes No If yes, please describe _____

Continue onto Page 2

Student Name _____

FULL NAMES AND ADDRESSES OF NATURAL PARENTS/GUARDIAN

Father: _____ *Check if deceased*

LAST FIRST

Phone(s): _____

CELL HOME WORK

Address: _____

STREET ADDRESS TOWN STATE ZIP

Mother: _____ *Check if deceased*

LAST FIRST

Phone(s): _____

CELL HOME WORK

Address: _____

STREET ADDRESS TOWN STATE ZIP

Guardian: _____

LAST FIRST

Phone(s): _____

CELL HOME WORK

Address: _____

STREET ADDRESS TOWN STATE ZIP

OTHER CHILDREN LIVING IN THE HOUSEHOLD

Last Name	First	Middle	Date of Birth	Grade	Relationship to Student	School Attending

Parent/Guardian must complete these forms: (check only if completed)

- Parent/Guardian Registration Statement
- Medical History (attached immunization)
- Home Language Survey
- Authorization to Request/ Release Information
- Information on Custody of Student
- Media Release

AFFIRMATION

I _____, hereby swear or affirm and verify that the information and all statements provided in this application are true and correct.

Signature

Date

PLEASE PRINT

REGISTRATION VERIFICATION

OFFICE USE ONLY

Information Presented By _____ Re _____
Parent/Guardian/Agency Name Student Name

STUDENT (ALL Required)

- Transfer Card Transcript Report Card Immunization Social Security Card (optional)
- Proof of Age *Please Circle One:* BIRTH CERTIFICATE, BAPTISMAL CERTIFICATE, LEGAL STATEMENT, PRIOR SCHOOL DISTRICT DOCUMENTS

TYPE OF RESIDENCY

- Own Rent Multiple Occupancy Affidavit

PROOF OF RESIDENCY (4 Required)

- Lease/Deed (start date _____ end date _____) Credit Card Payment
- Utility Bill Mortgage Tax Bill Multiple Occupancy Affidavit
- Car Registration Occupancy Certificate Other, specify _____

PARENT/GUARDIAN/AGENCY IDENTIFICATION

- License Picture ID Other form of ID, specify: _____

CUSTODY

- Yes No Foster Placement Letter
- Yes No Verification of Custody
- Yes No Lease, Statement Verifying Student's Residence
- Yes No NA Court Document regarding custody issue

COMPLETED FORMS

- Parent/Guardian Registration Statement Medical History (attached immunization) Home Language Survey
- Authorization to Request/ Release Information Media Release/Computer Contract
- Free & Reduced Lunch Application Other _____

OTHER RELEVANT FACTORS/COMMENTS: _____

All Requirements for Registration Satisfied

VERIFIED AND ACCEPTED BY SIGNATURE

DATE

Student ID # _____ PA Secure ID # _____ Grade _____

Homeroom Teacher _____ Room# _____ Entry Code _____

Date started _____ General Education Special Education

Classify if applicable: Alternative School _____ Charter School _____
 Foster Student Support Team
 Tuition Student _____

Data Processing: _____ Date: _____

School District of Borough of Morrisville
PARENTAL REGISTRATION STATEMENT

Student Name _____

Date of Birth _____ Grade _____

Parent/Guardian Name _____

Address _____

Pennsylvania School Code §13-1304-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 of 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 of 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 the 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 24P.S.§13-1304-A(b) and 18Pa.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.

Date

Signature of Parent or Guardian

* Name of the school from which student was suspended or expelled; reason for suspension/expulsion; and date of suspension or expulsion (optional)

**ANY WILFUL FALSE STATEMENT MADE ABOVE SHALL BE A MISDEMEANOR OF THE THIRD DEGREE.
THIS FORM SHALL BE MAINTAINED AS PART OF THE STUDENTS DISCIPLINARY RECORD.**

School District of Borough of Morrisville

MEDIA RELEASE FORM

- **To protect your rights and the rights of your child you MUST complete this form, sign and return.**
- **The forms should be submitted to your child’s first period teacher.**

I grant permission to the Morrisville School District to use my child’s:

- | | | |
|------------------|------------------------------|-----------------------------|
| Name | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Comments | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Picture or Video | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Child’s Last Name	Child’s First Name	M
Parent/Guardian (Print)	Parent/Guardian (Signature)	Date

CFF LAPTOP CONTRACT

Our class has the honor of having received a laptop cart from the PA State Department of Education. The purpose of this program is to provide students with the opportunity to develop 21st century skills. Technology is just one piece of this program.

In order to participate in this program, students must agree to some computer use guidelines.

1. I have read and agree to the Morrisville School District’s Acceptable Use Policy.
2. I understand that I will be assigned a laptop in each DFF classroom that I attend. I will use the computer that I have been assigned.
3. I will respect the other users of that laptop.
 - a. I will only view my files that are stored on the H: drive.
 - b. I will not delete, alter, or view other student’s files.
 - c. I will not alter the desktop or any of the programs on the laptop.
4. I understand that this laptop is a tool. I will follow teacher instructions and use only those programs that have been recommended for my current assignment.
5. I also understand that if I violate the Acceptable Use Policy or any of the guidelines established, my teachers will provide me with alternative activities that do not involve computers.

I have read and agree to these guidelines

Student (Print)	Parent (Print)
Student Signature	Parent Signature

PLEASE PRINT

School District of Borough of Morrisville

Medical History

Student Name: Last First Middle

Address: Street City Zip

Birthdate: Grade: Sex: Phone:

Place a check mark in the space provided if your child has had any of the following:

Table with 4 columns and 11 rows listing medical conditions: Allergies, Asthma, Bee Sting Allergy, Chicken Pox, Diabetes, Ear Infection, Eye Glasses, German Measles, Hearing Loss, Heart Condition, Hospitalization, Measles, Meningitis, Mumps, Pneumonia, Rheumatic Fever, Scarlet Fever, Seizure Disorder, Speech Impediment, Tuberculosis, Surgery, Adenoid Removal, Appendix Removal, Hernia Repair, Tonsils Removed, Tubes in Ears, and Please list other surgeries.

* Explain:

Is your child currently taking medication? Yes No

If yes, explain: (See district medication policy in student handbook)

Is there any reason why your child can't participate in a full physical education program? Yes No

If yes, explain:

Family History:

- Checkboxes for Allergies, Heart Disease, Diabetes, Hearing Impaired, Visually Impaired, Seizure Disorder, Asthma, Cancer, Kidney Conditions, Tuberculosis.

* Explain

Please Check Your Choice of Doctor or Dentist Below to Examine Your Child:

(Grades K, 6, 11) Family Doctor School Doctor
(Grades K, 3, 7) Family Dentist School Dentist

Students not examined in school MUST provide the school with report from family doctor/dentist prior to October 1 or they will be scheduled to see the school doctor/dentist.

Immunization Record Included: Yes No

Parent Signature Date

PLEASE PRINT

School District of Borough of Morrisville

Authorization To Request/Release Confidential Information

I, _____, of _____
Parent/Guardian Address

_____, hereby authorize the School District
City State Zip

of Borough of Morrisville to release/obtain records and information regarding my child/ward:

Name of Student Date of Birth

To/from _____ **Attn:** _____
Name of school, physician, therapist, agency Person to Contact

Street City State Zip

Phone: _____ **Fax:** _____

For the purpose of _____

Specific information to be released and/or received:

Reports

- Psychological
- Psychiatric
- Medical
- Speech
- OT/PT
- Vision
- Audiology

Educational Records

- ER/RR/CER
- IEP
- Educational Assessment
- NOREP
- Other Information: _____

Phone conversations with:

- Psychiatrist
- Psychologist/Therapist
- Physician
- Other _____

Signature of Parent/Guardian Date

Send to (mail or fax): School District of Borough of Morrisville
Office of Special Education Services
550 W Palmer Street
Morrisville, PA 19067 Phone: 215-736-5926 Fax: 215-428-1490

This authorization will expire on _____ (Not to exceed one calendar year)

PLEASE PRINT

School District of Borough of Morrisville

INFORMATION ON CUSTODY OF STUDENT

Check One:

1. Are you divorced or separated from the child's(rens') other natural parent?
 Yes No
2. If so, has a Court Order been entered with regard to the custody of the child(ren)?
 Yes No

Please attach a copy of the Court Order

3. Does the Court Order address the issue of primary physical custody of the child(ren)?
 Yes No
4. If there is no Court Order, do you, infact, have primary physical custody of the child(ren)?
 Yes No

If yes, describe the custody arrangement: _____

If no, describe the shared custody arrangement: _____

Signature of Parent

Date

PLEASE PRINT

School District of Borough of Morrisville
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: School District of Borough of Morrisville

Name of Child: _____ **Date:** _____

Address: _____ **Grade:** _____

School: _____

1. What is/was the student's first language? _____
2. Does the student speak a language(s) other than English? 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.