

PLEASE PRINT

School District of Borough of Morrisville  
STUDENT REGISTRATION FORM

Date: \_\_\_\_\_ Student Name \_\_\_\_\_  
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

Current Address: \_\_\_\_\_  
Street Apt #  
\_\_\_\_\_ Town State Zip Code

Name of who is registering? \_\_\_\_\_ Phone Number \_\_\_\_\_  
Name

Gender: ☐ Male ☐ Female ☐ Other \_\_\_\_\_

Relationship to Student ☐ PARENT ☐ MOTHER ONLY ☐ FATHER ONLY ☐ GUARDIAN ☐ FOSTER ☐ AGENCY ☐ OTHER: \_\_\_\_\_

Is the student Hispanic or Latino? ☐ Yes ☐ No

What is the student's race? ☐ Multi-Racial ☐ American Indian or Alaska Native ☐ Asian  
☐ Black or African American ☐ Native Hawaiian or Pacific Islander ☐ White

WAS STUDENT PREVIOUSLY ENROLLED IN MORRISVILLE SCHOOL DISTRICT? ☐ Yes ☐ No

If yes, when, \_\_\_\_\_

Previous District Name: \_\_\_\_\_ Previous School Name: \_\_\_\_\_

School Address: \_\_\_\_\_  
City/State/Zip Code

School Contact: \_\_\_\_\_ School Phone: \_\_\_\_\_

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: \_\_\_\_\_ Email: \_\_\_\_\_ ☐ Check if deceased  
LAST FIRSTPhone(s): \_\_\_\_\_  
CELL HOME WORKAddress: \_\_\_\_\_  
STREET ADDRESS TOWN STATE ZIPMother: \_\_\_\_\_ Email: \_\_\_\_\_ ☐ Check if deceased  
LAST FIRSTPhone(s): \_\_\_\_\_  
CELL HOME WORKAddress: \_\_\_\_\_  
STREET ADDRESS TOWN STATE ZIPGuardian: \_\_\_\_\_ Email: \_\_\_\_\_  
LAST FIRSTPhone(s): \_\_\_\_\_  
CELL HOME WORKAddress: \_\_\_\_\_  
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

School District of Borough of Morrisville  
**INFORMATION ON CUSTODY OF STUDENT**

**Check One:**

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

|  |
|--|
| <b>Please attach a copy of the Court Order</b> |
|--|

3. Does the Court Order address the issue of primary physical custody of the child?  
☐ Yes      ☐ No
4. If there is no Court Order, do you, in fact, have primary physical custody of the child?  
☐ Yes      ☐ No

If yes, describe the custody arrangement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If no, describe the shared custody arrangement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

## AUTHORIZATION TO REQUEST/RELEASE CONFIDENTIAL INFORMATION

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

**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

**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: 215-302-2049

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



School District  
of  
Borough of Morrisville

District Office  
550 West Palmer Street  
Morrisville, PA 19067-2195  
Phone (215) 736-2681

**SCHOOL RECORD RELEASE FORM**

I hereby give my permission to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Complete name and address of previous school)

To release the academic, medical, and psychoeducational records of:

\_\_\_\_\_ (Student Name)

Grandview Elementary  
80 Grandview Avenue  
Morrisville, PA 19067  
215-736-5280  
215-302-2049/Fax

Morrisville Intermediate School  
550 West Palmer Street  
Morrisville, PA 19067  
215-736-5270  
215-302-2049/Fax

Morrisville Middle/Senior High School  
550 West Palmer Street  
Morrisville, PA 19067  
215-736-5266/Guidance main number  
215-302-2049 /Guidance Fax number

Signed: \_\_\_\_\_ (Parent/Guardian)

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

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: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

1. What is 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.

School District of Borough of Morrisville

MEDICAL HISTORY

Student Name: \_\_\_\_\_  
Last First Middle

Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_ Phone: \_\_\_\_\_

Immunization Record Provided: Yes \_\_\_\_\_ No \_\_\_\_\_

Place a check mark if your child has any CURRENT medical conditions \*explain below

|                          |                                   |                          |                             |                          |                                 |
|--------------------------|-----------------------------------|--------------------------|-----------------------------|--------------------------|---------------------------------|
| <input type="checkbox"/> | Allergies *explain below          | <input type="checkbox"/> | Cerebral palsy              | <input type="checkbox"/> | Heart conditions *explain below |
| <input type="checkbox"/> | ADD/ADHD                          | <input type="checkbox"/> | Cystic fibrosis             | <input type="checkbox"/> | Sickle cell disease             |
| <input type="checkbox"/> | Arthritis                         | <input type="checkbox"/> | Diabetes *explain below     | <input type="checkbox"/> | Seizure disorder *explain below |
| <input type="checkbox"/> | Asthma                            | <input type="checkbox"/> | Ear infections - chronic    | <input type="checkbox"/> | Speech impediment               |
| <input type="checkbox"/> | Bee sting allergy *explain below  | <input type="checkbox"/> | Eye glasses or contacts     | <input type="checkbox"/> | Spina bifida                    |
| <input type="checkbox"/> | Bleeding disorders *explain below | <input type="checkbox"/> | Hearing Loss *explain below | <input type="checkbox"/> | Tourette's syndrome             |

\* Explain marked items above \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Past medical or surgical history: \_\_\_\_\_  
\_\_\_\_\_

Is your child taking any medication? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Will they require medication in school? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain \_\_\_\_\_  
\_\_\_\_\_

(See district medication policy in all student handbooks)

Can they participate in a full physical education program? Yes \_\_\_\_\_ No \_\_\_\_\_ (If **NO** a physician note must be provided with diagnosis and accommodations needed)

Please check your choice of private or school Doctor or Dentist

|                        |                      |                      |
|------------------------|----------------------|----------------------|
| (Grades K or 1, 6, 11) | Family Doctor _____  | School Doctor _____  |
| (Grades K or 1, 3, 7)  | Family Dentist _____ | School Dentist _____ |

Students requesting use of private doctor or dentist must provide the school with the reports prior to October 15<sup>th</sup>

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_



School District of Borough of Morrisville  
**PARENTAL PERMISSION FORM**

Please find below information related to all required Permission forms in order to protect your rights and the rights of your child. All School District of Borough of Morrisville students must submit a completed permission form at the beginning of each school year.

**UPDATED: Media Consent (Video/Photo)**

In an attempt to showcase and celebrate the achievements of our students, the School District of Borough of Morrisville may take pictures or videos of child(ren) as they participate in various activities. At times, these photos/videos may be shared with district administration, TV, Newspaper, Educational sources, and/or district web and social media sites.

*If you do not consent, please contact (via email) your school administrator.*

*Grades k-5 - Miss Cappuccino - [jcappuccino@mv.org](mailto:jcappuccino@mv.org)*

*Grades 6-12 - Mr. Oberdick - [boberdick@mv.org](mailto:boberdick@mv.org)*

**Acceptable Use of Technology**

SB Policy 815: Acceptable Use of Electronic Resources [www.mv.org/domain/117](http://www.mv.org/domain/117)

\_\_\_\_\_ By ACCEPTING and submitting to this policy, you agree to abide by the terms in the above SB Policy 815.

\_\_\_\_\_ By NOT accepting and submitting to this policy, you are disallowing your student to use District Technology.

**Student Handbook**

Grandview Elementary/Morrisville Intermediate School Student Handbook [www.mv.org/page/125](http://www.mv.org/page/125)

Morrisville Middle/Senior High School Student Handbook [www.mv.org/page/158](http://www.mv.org/page/158)

\_\_\_\_\_ I have read and reviewed, with my child, their building's (Elementary, Intermediate, Middle/Senior High School) Student Handbook.

\_\_\_\_\_  
Student (Print)

\_\_\_\_\_  
Parent/Guardian (Print)

\_\_\_\_\_  
Student (Signature)

\_\_\_\_\_  
Parent/Guardian (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## REGISTRATION VERIFICATION

### OFFICE USE ONLY

2/28/2022

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, PASSPORT**

### TYPE OF RESIDENCY

☐ Own                      ☐ Rent                      ☐ Multiple Occupancy                      ☐ Affidavit

### PROOF OF RESIDENCY (4 Required)

☐ Lease/Deed (start date \_\_\_\_\_ end date \_\_\_\_\_)      ☐ Multiple Occupancy Affidavit

☐ Utility Bill      ☐ Mortgage      ☐ Tax Bill      ☐ Credit Card Payment

☐ Car Registration    ☐ Occupancy Certificate    ☐ Other, specify \_\_\_\_\_

### PARENT/GUARDIAN/AGENCY IDENTIFICATION

☐ License      ☐ Picture ID      ☐ Other form of ID, specify:

## CUSTODY

|                              |                             |  |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Foster Placement Letter                        |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Verification of Custody                        |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Lease, Statement Verifying Student's Residence |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> 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     
 ☐ ECYEH Intake (If Applicable)  
☐ Free & Reduced Lunch Application     
 ☐ Other

**OTHER RELEVANT FACTORS/COMMENTS:**

☐ All Requirements for Registration Satisfied

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**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:

|   |   |
|---|---|
| <input type="checkbox"/> Alternative School _____ | <input type="checkbox"/> Charter School _____ |
| <input type="checkbox"/> Foster Student           | <input type="checkbox"/> Support Team         |
| <input type="checkbox"/> Tuition Student          | <input type="checkbox"/>                      |

Data Processing: \_\_\_\_\_ Date: \_\_\_\_\_