

Student Enrollment Form

Penn Manor School District

PO Box 1001 • Millersville PA 17551

717.872.9500 • www.pennmanor.net

Student Name				Gender	Date
Last	First	Middle	Suffix	M/F	
Age	Date of Birth	Phone Number	Municipality	Ethnicity - CHECK ALL THAT APPLY	
	mm/dd/yyyy	717-123-1234	<input type="checkbox"/> Conestoga Twp <input type="checkbox"/> Manor Twp <input type="checkbox"/> Martic Twp <input type="checkbox"/> Millersville Boro <input type="checkbox"/> Pequea Twp	Hispanic 04: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Amer. Indian / Alaskan Eskimo 01 <input type="checkbox"/> Asian 09 <input type="checkbox"/> African American-Black 03 <input type="checkbox"/> Native Hawaiian / Pacific Islander 10 <input type="checkbox"/> White 05 <input type="checkbox"/> Multiracial 06	
Grade	Birth Certificate #	Home Language			
Place of Birth		Current Address			
City/State	Street Address	PO Box	City	State	Zip

Has the student previously attended Penn Manor? y/n _____ Date _____ School _____

With whom does the student live? Both Parents Father Mother Other (explain) _____

Parent & Guardian Information (Step-Parent: is defined as the non-biological person married to a biological parent.)

Father		Check if: <input type="checkbox"/> Receives mailings <input type="checkbox"/> Emergency contact		DATE OF BIRTH	
Full Name	Address	City	State	Zip	
Home Phone	Unlisted?	Work Phone	Cell Phone	Email	Occupation/Employer

Mother		Check if: <input type="checkbox"/> Receives mailings <input type="checkbox"/> Emergency contact		DATE OF BIRTH	
Full Name	Address	City	State	Zip	
Home Phone	Unlisted?	Work Phone	Cell Phone	Email	Occupation/Employer

Step-Parent/Guardian/Other		Check if: <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Receives mailings <input type="checkbox"/> Emergency contact		DATE OF BIRTH	
Full Name	Address	City	State	Zip	
Home Phone	Unlisted?	Work Phone	Cell Phone	Email	Occupation/Employer

List relationship to student: (Step-Parent: A person legally married to a parent of the child. If this does not apply relationship is "none".)

---- FOR OFFICE USE ONLY ----

Registered By:	Building: (circle one) 01 02	Entry Date:	Verified By:
Photo Copy Proof of Residency for Cum Folder	04 05 06 07 09 22 23 24 LCA Bldg. Name: _____		List Document Used for Proof of Residency ~
<input type="checkbox"/> PROOF OF RESIDENCY <input type="checkbox"/> PROOF OF BIRTH <input type="checkbox"/> IMMUNIZATION <input type="checkbox"/> ACCEPTABLE USE POLICY <input type="checkbox"/> PHOTO RELEASE FORM <input type="checkbox"/> HOME LANGUAGE SURVEY <input type="checkbox"/> IEP/ER RECEIVED <input type="checkbox"/> GRADES/TRANSCRIPTS <input type="checkbox"/> SUSP/EXPULSION FORM	<input type="checkbox"/> SCHOOL YEAR _____ <input type="checkbox"/> KINDERGARTEN AM <input type="checkbox"/> KINDERGARTEN PM <input type="checkbox"/> GRADE LEVEL _____ <input type="checkbox"/> ENTRY CODE _____ <input type="checkbox"/> HOMEROOM _____ <input type="checkbox"/> SECTION _____ <input type="checkbox"/> STUDENT ID _____	<input type="checkbox"/> REGULAR CURRICULUM <input type="checkbox"/> SPECIAL EDUCATION <input type="checkbox"/> GIFTED <input type="checkbox"/> LOCKER _____ <input type="checkbox"/> BUS _____ <input type="checkbox"/> OTHER _____ <input type="checkbox"/> PA ID# _____	<input type="checkbox"/> RESIDENT <input type="checkbox"/> FOSTER CHILD <input type="checkbox"/> AFFIDAVIT <input type="checkbox"/> TUITION <input type="checkbox"/> CAMP SNYDER <input type="checkbox"/> ARBORVALE MANOR

Other people living in the same household (Siblings, grandparents, adults etc.)

First & Last Name	Date of Birth	Relationship to Student	School	Grade

School History – Please also include any preschool experiences

Last School(s) Attended	Address	City	State	Zip	Year(s)	Last Grade
Date First Enrolled in Pennsylvania School?						

Special Needs Information

<p>Is the student currently receiving services in any of the following special programs?</p> <p><i>Check all that apply</i></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO SPECIAL EDUCATION <input type="checkbox"/> YES <input type="checkbox"/> NO ESL <input type="checkbox"/> YES <input type="checkbox"/> NO GIFTED <input type="checkbox"/> YES <input type="checkbox"/> NO 504 PROGRAM <input type="checkbox"/> YES <input type="checkbox"/> NO SPEECH/LANGUAGE <input type="checkbox"/> YES <input type="checkbox"/> NO OT/PT <input type="checkbox"/> YES <input type="checkbox"/> NO OTHER _____	<p>Was the student in the process of an evaluation for special education services prior to transferring to Penn Manor School District?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
	<p>Please list the school or organization providing special services:</p>	

Additional Emergency Contacts (List individuals who would assume temporary care of your child if the school cannot reach you.)

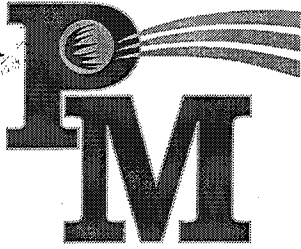
First & Last Name	Phone Number(s)	Relationship to Student	Release for Pickup? y/n

Emergency Information

Doctor		Phone	
Hospital Preference		Phone	
Dentist		Phone	
Eye Doctor		Phone	
Other		Phone	

Any changes to this information must be reported to the school office within 10 days.

Signature of Parent/Guardian		Date	
-------------------------------------	--	-------------	--



Photo/Video Release Form

Photos and videotape footage of Penn Manor School District students involved in various school-related activities are often used as part of the district's community relations program.

Photographs/videotape/schoolwork may be used in district publications, video productions, newspapers, CD-ROM, television and on the district's web page.

Please sign and return the form below granting or denying permission for photo/video reproduction by the Penn Manor School District.

If you have any questions, please contact Cindy Rhoades, Community Relations Coordinator, at 872-9500 ext. 2241.

Photo/Video Release Form

(Please complete the information below and return this form to your child's school office.)

_____ Permission is granted for photo/video reproduction of my child to be used in Penn Manor publications, in the news media or on the district website.

_____ I do not grant permission for Penn Manor School District to reproduce my child's likeness in any form.

Child's Name _____

School _____

Grade _____ Teacher _____

Parent/Guardian Signature _____

Date _____

Emergency Verification Form

Penn Manor School District

PO Box 1001 · Millersville PA 17551

717.872.9500 · www.pennmanor.net

To help maintain accurate district records and provide required data to the PA Department of Education, please verify and update the demographic information printed below. For your child's safety, please also update the emergency contacts and health information located on the back side of this form.

-- Return this completed form with any corrections and your signature by September 8th! --

Student Name (Last, First)	Grade	Gender	Birthdate	Home Phone	Student ID#	Ethnicity	
Home Address		Address Line 2		City	State	Zip	Township

Parent/Guardian information

*Note: To prevent duplicate mailings, only one Receives Mailings contact should be checked per household.

Parent/Guardian Contact 1	Address						
	Address 2						
Relation to Child		City		State		Zip	
Home Phone		Cell Phone		Living w/ Child? OK to Release to?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Email Address				Receives Mailings?*		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Work Phone		Employer					

Parent/Guardian Contact 2	Address						
	Address 2						
Relation to Child		City		State		Zip	
Home Phone		Cell Phone		Living w/ Child? OK to Release to?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Email Address				Receives Mailings?*		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Work Phone		Employer					

Parent/Guardian Contact 3	Address						
	Address 2						
Relation to Child		City		State		Zip	
Home Phone		Cell Phone		Living w/ Child? OK to Release to?		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Email Address				Receives Mailings?*		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Work Phone		Employer					

Emergency Contacts (Individuals who would assume temporary care of your child if the school cannot reach you.)

First & Last Name	Phone Number 1: Type	Phone Number 2: Type	Relationship/Comments

Information Continues on Back

Emergency Provider Information

Doctor		Phone	
Hospital Preference		Phone	
Dentist		Phone	
Eye Doctor		Phone	

Health Information

Please answer the following questions. If additional information is required, attach a separate sheet.

- Is your child allergic to any foods? No ___ Yes ___ If yes, list food and reaction that child has to that food and treatment that should be given at school:

- Is your child allergic to any medicines? No ___ Yes ___
Medicine allergenic to: _____ Reaction: _____
- Is your child allergic to bees or other flying insects? No ___ Yes ___ If yes, explain the reaction that the child had, and treatment that should be given at school:

- Does your child have any health conditions or special health needs or restrictions of activity? No ___ Yes ___
Explain: _____
- Does your child take any medications on a regular basis *besides* vitamins or fluoride? No ___ Yes ___ Please list name(s) of medications:

- If your child needs medication while in school, please consult the school nurse regarding Penn Manor's District Medication Policy.
- Has your child ever had a seizure? No ___ Yes ___ Explain:

- Does your child have asthma? No ___ Yes ___ If yes, does your child currently use an inhaler for control of asthma symptoms?

- Has your child had any serious illnesses or injuries since last year?
No ___ Yes ___ Explain _____
- Has your child received any immunizations since last school year?
No ___ Yes ___ Please list immunizations and dates: _____

It is vitally important that you contact the school nurse on a yearly basis to communicate any special medical needs that your child has. If you have answered "yes" to concerns of asthma or severe allergic reactions, please obtain medical permission for treatment forms from your school nurse.

Health Notes: If your child requires medication in school, please contact the school nurse regarding Penn Manor's *District Medication Policy*. The school nurse will share information relevant to your child's health conditions with appropriate school personnel when needed to meet your child's health and safety needs.

Signature of Parent/Guardian	Date
---------------------------------	------

Any changes to this information must be reported to the school office within 5 days.