

School: _____ / Student ID: _____ / State ID: _____

**WYOMING AREA SCHOOL DISTRICT
STUDENT REGISTRATION**

Please Print Legibly

Today's Date		Enrollment Grade		Has child ever been enrolled at Wyoming Area? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Grade(s): _____	
STUDENT INFORMATION					
Legal Name (Last)			Legal Name (First)		Name (Middle)
Address			County: Wyoming <input type="checkbox"/> Luzerne <input type="checkbox"/> Own _____ Rent _____ (since _____)		
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>			Phone (1 st contact #)		
American Indian/Alaskan Native <input type="checkbox"/>		Black/African American <input type="checkbox"/>		Hispanic <input type="checkbox"/> White <input type="checkbox"/>	
Asian <input type="checkbox"/>		Native Hawaiian/Pacific Islander <input type="checkbox"/>		Multi-Racial (not Hispanic – check the 2 races that apply) <input type="checkbox"/>	
Place of Birth			Date of Birth		
Previous Address (if less than 3 years)			State Entry Date	U.S. Entry Date	Years in U.S. School
Last School Attended (If K, list Preschool/Daycare)			Last Grade Attended		9 th Grade Entry Date 20__ - 20__ School Year
Last School Address			Last School Phone		Fax
			Last Date Attended / Withdrawal Date		
If out of State School has child ever attended a PA School? Yes No			If out of State School and ever attended Pa School, when and what grade?		
PARENT/GUARDIAN INFORMATION					
Father/Guardian			Mother/Guardian		
Military Active Duty: Y / N			Military Active Duty: Y / N		
Address same as above: Y / N			Address same as above: Y / N		
Home Phone		Cell Phone	Home Phone		Cell Phone
E- Mail Address			E- Mail Address		
Employer Name/Address			Employer Name/Address		
Work E-Mail Address			Work E-Mail Address		
Work Phone		Ext.	Work Phone		Ext.
Child Resides with: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Foster Parent <input type="checkbox"/> Guardian/Relative: Relationship: _____ (attach Residency & Dependency affidavit if required)					

Is there a court order involving custody of this child? Yes (attach copy of custody order) No
 If yes, complete the following:
 Parent/Agency of Record: _____ Address: _____
 Phone: _____

Is student in Foster Court Placement? Yes No
 If yes, complete the following:
 Person with Educational Rights: _____ Guardian Ad Litem: _____

EMERGENCY INFORMATION
 (In addition to parent/guardian)

Name	Home Phone
Address	Cell Phone
	Relationship

Name	Home Phone
Address	Cell Phone
	Relationship

List all other children living with this student at his/her address:

Full Name	Date of Birth	Grade	School

EDUCATION PLACEMENT INFORMATION

Regular Education Special Education Gifted Education

Has this student ever received any of the following services: (check all that apply)

Remedial Reading/Title I <input type="checkbox"/>	Special Education <input type="checkbox"/>
Remedial Math/Title I <input type="checkbox"/>	Gifted Education <input type="checkbox"/>
How Many Years _____	504 Plan <input type="checkbox"/>
Exit Date (if applicable) _____	How Many Years _____
ESL (English as a second Language) <input type="checkbox"/>	Exit Date (if applicable) _____
How Many Years _____	Instructional Support/Child Study <input type="checkbox"/>
Exit Date (if applicable) _____	How Many Years _____
	Exit Date (if applicable) _____

Does your child have an IEP? Yes No

**If yes please check disability below and if possible provide a copy of the student's IEP.

Autistic/Autism <input type="checkbox"/>	Specific Learning Disability <input type="checkbox"/>
Deaf-blindness <input type="checkbox"/>	Speech or Language Impairment <input type="checkbox"/>
Hearing Impairment or Deafness <input type="checkbox"/>	Traumatic Brain Injury <input type="checkbox"/>
Intellectual Disability <input type="checkbox"/>	Visual Impairment or Blindness <input type="checkbox"/>
Multiple Disabilities <input type="checkbox"/>	Other Health Impairment <input type="checkbox"/>
Orthopedic Impairment <input type="checkbox"/>	Emotional Disturbance <input type="checkbox"/>
Gifted <input type="checkbox"/>	Gifted w/Disability <input type="checkbox"/>

I affirm that all the information provided on this student enrollment and registration form is true and correct to the best of my knowledge.

Signature of parent or guardian:	Date:
Relationship to Student:	

School: _____ / Student ID: _____ / State ID: _____

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ACT 26 PARENTAL REGISTRATION STATEMENT

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 or affirmation stating whether the pupil was previously or is presently 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 the willful infliction of injury to another person or for any act of violence committed on school property."

To be completed by the Parent or Guardian:

I hereby swear or affirm that my child (was) (was not) previously suspended or expelled, or (is) (is not) presently 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. I make this statement subject to the penalties of 24 P.S. §13-1304-A(b) and 18 Pa. 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.

Please complete this section if student has been or is presently suspended or expelled from another school:
Name of school from which student was suspended or expelled:
Reason for suspension/expulsion:
Dates of suspension or expulsion:

(Please provide additional schools and dates of expulsion or suspension on a separate sheet of paper.)

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.

Signature of Parent or Guardian _____ **Date**

*****OFFICE USE ONLY*****																				
Date entered/reentered and Code	Building	Homeroom																		
Grade _____ Gr 7-12: add CFF to status tab _____ Kind: add ABG to status tab	Projected Graduation Year:																			
PA Secure ID	District Student ID																			
If Custody Order, do both parents have right to educational records and information? Yes <input type="checkbox"/> No <input type="checkbox"/>																				
Verification Checklist: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">_____ Completed Registration Packet (copy for file)</td> <td style="width: 50%;">_____ Act 26 Statement</td> </tr> <tr> <td>_____ Immunization</td> <td>_____ Home Language Survey: List Language: _____</td> </tr> <tr> <td>_____ Birth Certificate #: _____</td> <td>_____ Confidential Student Health Information</td> </tr> <tr> <td>_____ Proof of Residency: Check Document Provided:</td> <td>_____ Transportation Survey Form (send to Trans Dept.)</td> </tr> <tr> <td> ___ Deed, mortgage, lease agreement or moving permit</td> <td>_____ Signed Release of Records</td> </tr> <tr> <td> ___ Current Utility bill connected to residence</td> <td> Sent to prior district on: _____</td> </tr> <tr> <td> ___ Check stubs from wages, public assistance or social security</td> <td>_____ Computer Acceptable Use Agreement(copy to IT Dept)</td> </tr> <tr> <td> ___ Payment/liability of payment of municipal/school district taxes</td> <td>_____ Emergency Data Card</td> </tr> <tr> <td> ___ Residency & Dependency affidavit</td> <td></td> </tr> </table>			_____ Completed Registration Packet (copy for file)	_____ Act 26 Statement	_____ Immunization	_____ Home Language Survey: List Language: _____	_____ Birth Certificate #: _____	_____ Confidential Student Health Information	_____ Proof of Residency: Check Document Provided:	_____ Transportation Survey Form (send to Trans Dept.)	___ Deed, mortgage, lease agreement or moving permit	_____ Signed Release of Records	___ Current Utility bill connected to residence	Sent to prior district on: _____	___ Check stubs from wages, public assistance or social security	_____ Computer Acceptable Use Agreement(copy to IT Dept)	___ Payment/liability of payment of municipal/school district taxes	_____ Emergency Data Card	___ Residency & Dependency affidavit	
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___ Residency & Dependency affidavit																				
Staff Signature of Completion: _____																				

School: _____ / Student ID: _____ / State ID: _____

WYOMING AREA SD HOME LANGUAGE SURVEY

The Office of Civil Rights (OCR) and the Civil Rights Law of 1964, Title VI requires that school districts/charter schools/ 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: _____ Grade: _____

Place of Birth: Country: _____ State: _____ City: _____

Race:

- American Indian/Alaskan Native
- Black/African American
- Hispanic
- White
- Multi-Racial (not Hispanic)
- Asian
- Native Hawaiian/Pacific Islander

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. 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: _____ Date: _____

*The school district/charter school 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 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 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 in the future.

School: _____ / Student ID: _____ / State ID: _____

**WYOMING AREA SCHOOL DISTRICT
CONFIDENTIAL STUDENT HEALTH INFORMATION (to be filed in health record only)**

Please Print Legibly

Legal Name	DOB	Enrollment Grade	Today's Date
Address	Phone		
Father's Name	Mothers Name		
Last School Attended: Address/State:		Last Date Attended / Withdrawal Date: Phone:	
Has your child had any of the following?			
Allergies? _____ Food _____ Insects _____ Seasonal _____ Other _____			
Symptoms/signs _____ Medication _____			
Asthma? _____ Is it Exercise induced? _____ Does your child need an Inhaler? _____			
Epilepsy/seizures? _____ Date of last seizure _____ Medication _____			
Chicken Pox Disease? _____ Date? _____ Vaccine? _____			
Tuberculosis – self? _____ Tuberculosis – family? _____			
Does your child have any medical, physical, or handicapping conditions, limitations or restrictions? Yes _____ No _____			
Does your child have any psychological conditions/emotional concerns? Yes _____ No _____			
Has your child had any serious accidents or surgeries? Yes _____ No _____			
Does your child have any recurring illnesses? Yes _____ No _____			
Is your child under medical treatment now? Yes _____ No _____			
If so, Treating physician: _____			
If you answered Yes to any of the questions above, please describe:			
Does your child take medication? _____ If so, list name of medication(s) and condition(s) it is for:			
Are there any other special conditions, considerations, problems you would like the nursing staff to be aware of:			
In case of accident or serious illness, the hospital or attending physician is authorized to act in behalf so that treatment can be administered to my child.			
Signature of parent or guardian: _____ Date: _____			
I affirm that all the information provided on this student health form is true and correct to the best of my knowledge.			
Signature of parent or guardian: _____ Date: _____			