

SCHOOL DISTRICT OF BOROUGH OF MORRISVILLE
Morrisville Pennsylvania

KINDERGARTEN INFORMATION SHEET

Dear Parents:

The Kindergarten program will provide your child with many opportunities to develop his social and academic skills.

To assist us in developing a Kindergarten program which helps meet your child's needs, we are asking for your help. Please take a few minutes to complete the following information. Thank you.

NAME _____ BIRTHDATE _____ AGE _____

ADDRESS _____ TELEPHONE _____

1. What name do you want your child to be called? _____
2. Does your child prefer using his/her right hand? _____ left hand? _____
3. Does your child tire easily? _____ nap? _____
4. What time does your child usually go to bed? _____ arise? _____
5. Does your child dress himself/herself? _____
6. Has your child had frequent play experience with other children? _____
Same age _____ age? _____ younger? _____ older? _____
7. What activities does your family enjoy doing together? _____
8. What are your child's interests? Drawing, building, stories, music, etc. _____
9. How would you describe your child's usual temperament at home? happy _____ defiant _____
confident _____ quiet _____ active _____ nervous _____ attentive _____ other _____
10. What can you tell us about your child's home, parents, brothers, sisters and other relatives that seem relevant? _____
11. How does your child feel about coming to school? _____
12. Is there any other information that would help us better understand your child? _____

13. Can your child print his/her name? _____
14. Does your child enjoy looking at books? _____
15. Can your child read on his/her own? _____

Date _____ Signature _____

PLEASE PRINT

School District of Borough of Morrisville
STUDENT REGISTRATION FORM

Student Name Last Name First Middle Date:

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)

Phone Number

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

GRADE

GENDER

- FEMALE
MALE

RACE

- BLACK
WHITE
HISPANIC
AMERICAN INDIAN/NATIVE AMERICAN
ASIAN
OTHER:

Current Address: Street Apt # Town State Zip Code

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

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PLEASE PRINT

School District of Borough of Morrisville
STUDENT REGISTRATION FORM

Student Name _____

FULL NAMES AND ADDRESSES OF NATURAL PARENTS/GUARDIAN

Father: _____ Email: _____ [] Check if deceased

LAST FIRST

Phone(s): _____

CELL HOME WORK

Address: _____

STREET ADDRESS TOWN STATE ZIP

Mother: _____ Email: _____ [] Check if deceased

LAST FIRST

Phone(s): _____

CELL HOME WORK

Address: _____

STREET ADDRESS TOWN STATE ZIP

Guardian: _____ Email: _____

LAST FIRST

Phone(s): _____

CELL HOME WORK

Address: _____

STREET ADDRESS TOWN STATE ZIP

OTHER CHILDREN LIVING IN THE HOUSEHOLD

Table with 7 columns: Last Name, First, Middle, Date of Birth, Grade, Relationship to Student, School Attending. Contains 4 empty rows for data entry.

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

School District of Borough of Morrisville
STUDENT REGISTRATION FORM
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’s?
 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’s?
 Yes No
- 4. If there is no Court Order, do you, in fact, have primary physical custody of the child’s?
 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

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)



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
215-736-5281

Morrisville Intermediate School
550 West Palmer Street
Morrisville, PA 19067
215-736-5937
215-736-5168

Morrisville Middle/Senior High School
550 West Palmer Street
Morrisville, PA 19067
215-736-5266/Guidance main number
215-736-3958/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: _____

Address: _____ Grade: _____

School: _____

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

If yes, complete the following:

Table with 3 columns: Name of School, State, Dates Attended. Includes three rows for data entry.

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).

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

Table with 3 columns and 8 rows listing medical conditions such as Allergies, ADD/ADHD, Arthritis, Asthma, Bee sting allergy, Bleeding disorders, Cerebral palsy, Cystic fibrosis, Diabetes, Ear infections, Eye glasses, Hearing Loss, Heart conditions, Sickle cell disease, Seizure disorder, Speech impediment, Spina bifida, and 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 15th

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.

Acceptable Use of Technology

SB Policy 815: Acceptable Use of Electronic Resources ([HERE](#))

_____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.

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.

_____By ACCEPTING and submitting to this permission, you are agreeing to allow your student to appear in videos and photos.

_____By NOT accepting and submitting, you do not want your child videotaped and/or photographed.

Student Handbook

Grandview Elementary/Morrisville Intermediate School Student Handbook ([HERE](#))

Morrisville Middle/Senior High School Student Handbook ([HERE](#))

_____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

Information Presented By Parent/Guardian/Agency Name Re 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

- 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, ECYEH Intake (If Applicable), 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: