

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

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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

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.

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: