

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 _____

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 _____

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

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

Please attach a copy of the Court Order
--

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

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: 215-302-2049

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: _____

Student Name _____

Date of Birth _____ Grade _____

Parent/Guardian Name _____

Address

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.

Student Name: _____
Last First Middle

Immunization Record Provided: Yes _____ No _____

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

Will they require medication in school? Yes ____ No ____

If yes, explain _____

4/2025

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

Grades 6-12 - Mr. Oberdick - boberdick@mv.org

Acceptable Use of Technology

SB Policy 815: Acceptable Use of Electronic Resources 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

Morrisville Middle/Senior High School Student Handbook 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

<input type="checkbox"/> Parent/Guardian Registration Statement	<input type="checkbox"/> Medical History (attached immunization)	<input type="checkbox"/> Home Language Survey
<input type="checkbox"/> Authorization to Request/ Release Information	<input type="checkbox"/> Media Release/Computer Contract	<input type="checkbox"/> ECYEH Intake (If Applicable)
<input type="checkbox"/> Free & Reduced Lunch Application	<input type="checkbox"/> 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: _____