

PLEASE PRINT

School District of Borough of Morrisville
STUDENT REGISTRATION FORM

Student Name _____ **Date:** _____
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

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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School District of Borough of Morrisville
STUDENT REGISTRATION FORM

PLEASE PRINT

Student Name _____

FULL NAMES AND ADDRESSES OF NATURAL PARENTS/GUARDIAN

Father: _____ *Check if deceased*

LAST FIRST

Phone(s): _____

CELL HOME WORK

Address: _____

STREET ADDRESS TOWN STATE ZIP

Mother: _____ *Check if deceased*

LAST FIRST

Phone(s): _____

CELL HOME WORK

Address: _____

STREET ADDRESS TOWN STATE ZIP

Guardian: _____

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

PLEASE PRINT

REGISTRATION VERIFICATION
OFFICE USE ONLY

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

TYPE OF RESIDENCY

- Own Rent Multiple Occupancy Affidavit

PROOF OF RESIDENCY (4 Required)

- Lease/Deed (start date _____ end date _____) Credit Card Payment
- Utility Bill Mortgage Tax Bill Multiple Occupancy Affidavit
- 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
- 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: _____

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

PLEASE PRINT

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
215-428-5281

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
215-428-1496/Guidance Fax number

Signed: _____ (Parent/Guardian)

Date: _____

PLEASE PRINT

**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.**

PLEASE PRINT

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? 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.

PLEASE PRINT

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

| | | |
|-----------------------------------|-----------------------------|---------------------------------|
| Allergies *explain below | Cerebral palsy | Heart conditions *explain below |
| ADD/ADHD | Cystic fibrosis | Sickle cell disease |
| Arthritis | Diabetes *explain below | Seizure disorder *explain below |
| 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 |

* 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: _____

PLEASE PRINT

**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