



METHACTON SCHOOL DISTRICT STUDENT REGISTRATION DATA FORM



FOR OFFICE USE ONLY

Student #: _____ Entry Code: _____ Registration Date: _____

Effective Enrollment Date: _____ Birth Certificate # _____ Visa # _____

Proof of Residence: Current Residential Lease Agreement/Sales Agreement Current Electric Bill

Multiple Occupancy: Yes No (If yes, attach multiple occupancy form)

Custody papers on file? Yes No

Foster Child (1302) Yes No (If yes, attach 1302 – Affidavit)

Foster Child (1305) Yes No (If yes, attach 1305 – Affidavit)

Institutionalized Child (1306) Yes No (If yes, complete PDE-4605 and submit to child accounting)

Building:

Arrowhead Elementary Eagleville Elementary Woodland Elementary Worcester Elementary

Skyview Upper Elementary Arcola Intermediate Methacton High School

IEP: Yes No

GIEP: Yes No

Early Intervention: Yes No

ESL Assessment Needed: Yes No

Revised 10-17

PLEASE PRINT CLEARLY

STUDENT DATA

Grade K 1 2 3 4 5 6 7 8 9 10 11 12

1) **Student Name** (proper name as listed on birth certificate or legal document)

_____ First Name _____ Middle Name _____ Last Name _____ Suffix _____
 2) **Nickname** _____ 3) **Township** Lower Providence Worcester

4) _____
 (Physical Address of Residence) (City) (State) (Zip Code)

5) _____
 (Mailing Address of Residence-if different from above) (City) (State) (Zip Code)

6) **The Residence is:** _____ Single Family Home _____ Hotel/Motel _____ Multi-Family Home
 _____ Apartment _____ Campground/Campsite _____ Vehicle

7) **Home Telephone number** _____ 8) **Gender** Male Female

9) **Date of Birth** _____
 _____ Month _____ Day _____ Year

10) **Birth Country** _____ 11) **Birth City** _____ 12) **Birth State** _____

13) **Date of entry into United States:** _____ (if born outside of the United States)

14) **Part A:** What is the student's **ethnicity** (choose only one)

- Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)
- Not Hispanic/Latino

The above part of the question is about ethnicity, not race. No matter what you selected above, **please continue to answer the following** by marking one or more boxes to indicate what you consider your student's race to be.

Part B: What is the student's **race** (choose one or more)

- American Indian/Alaska Native (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.)

STUDENT DATA CONTINUED

- Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, e.g. Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- Black/African American (A person having origins in any of the Black racial groups of Africa.)
- Native Hawaiian/Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

15) Has student ever attended school in this district? Yes / Location: _____ No

16) Did student ever attend school **outside** of the United States? Yes No If yes, what year did student first attend a school in the United States? _____

PARENT/GUARDIAN DATA

17) Student Living With: Both Parents Mother Father Stepmother Stepfather
 Foster parents Other (please indicate relationship to student: _____)

18) Student's Legal Guardian: Both Parents Mother Father Stepmother Stepfather
 Foster parents Other (please indicate relationship to student: _____)

19) Is Parent/Guardian active duty in the United States Military? Yes No

First Adult Resident with whom student resides

20) Name _____ Mr./Mrs./Ms./Dr.
(Last) (First) (Middle) (circle one)

21) Relationship to Child _____ 21) Birthdate ____/____/____

22) Primary Phone Numbers: Home ____ - ____ - ____ Cell ____ - ____ - ____ Work ____ - ____ - ____ Ext ____

23) E-Mail Address _____

Second Adult Resident with whom student resides

24) Name _____ Mr./Mrs./Ms./Dr.
(Last) (First) (Middle) (circle one)

25) Relationship to Child _____ 26) Birthdate ____/____/____

27) Other Phone Numbers: Home ____ - ____ - ____ Cell ____ - ____ - ____ Work ____ - ____ - ____ Ext ____

28) E-Mail Address _____

Parent/Guardian Information #1 (with whom the student does NOT reside OR resides with part time)

29) Name _____ Mr./Mrs./Ms./Dr.
(Last) (First) (Middle) (circle one)

30) Is this parent to receive notices? Yes No 31) Relationship to Child _____

32) _____
(Mailing Address of Residence) (City) (State) (Zip Code)

33) Primary Phone Numbers: Home ____ - ____ - ____ Cell ____ - ____ - ____ Work ____ - ____ - ____ Ext ____

34) E-Mail Address _____

Parent/Guardian Information #2 (with whom the student does NOT reside OR resides with part time)

35) Name _____ Mr./Mrs./Ms./Dr.
(Last) (First) (Middle) (circle one)

36) Is this parent to receive notices? Yes No 37) Relationship to Child _____

38) _____
(Mailing Address of Residence) (City) (State) (Zip Code)

39) Primary Phone Numbers: Home _____ - _____ - _____ Cell _____ - _____ - _____ Work _____ - _____ - _____ Ext _____

40) E-Mail Address _____

Sibling/Additional Information

41) Other children living at this address: (if more than four (4) use separate sheet)

- 1.) Full Name _____ Birthdate ____/____/____ Grade _____ School _____
- 2.) Full Name _____ Birthdate ____/____/____ Grade _____ School _____
- 3.) Full Name _____ Birthdate ____/____/____ Grade _____ School _____
- 4.) Full Name _____ Birthdate ____/____/____ Grade _____ School _____

SPECIAL SERVICES

42) Please check which special education services, if any, your child participated in at their former school

- No special services
- Gifted Support
- Emotional Support
- Autistic Support
- Speech & Language Support
- Adaptive Physical Education
- Multiple Disabilities Support
- Learning Support
- Occupational Therapy
- Hearing Impaired
- Life Skills Support
- Physical Therapy
- Visually Impaired

If applicable, please list medical assistance number: _____

43) Please check which other support services, if any, your child participated in at their former school

- No support services
- Title 1/Remedial Reading
- English as Second Language
- Remedial Math
- Counseling & Guidance
- Instructional Support Team
- Other please list: _____

HOME LANGUAGE SURVEY

44) What is/are the language(s) most frequently spoken at home? _____

45) Is your child's first-learned or home language any other than English? Yes No

If you responded "yes" to question number 45, please answer the following questions:

46) What is your child's country of origin? _____

47) Which language did your child learn when he/she first began to talk? _____

48) What language does your child most frequently speak at home? _____

49) What language do you most frequently speak to your child?

Father/Guardian: _____ Mother/Guardian: _____

50) Please describe the language understood by your child (check only one):

- Understands only the home language and no English
- Understands mostly the home language and some English
- Understands the home language and English equally
- Understands mostly English and some of the home language
- Understands only English

PARENTAL REGISTRATION STATEMENT

Pennsylvania School Code Section 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 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 for the willful infliction of injury to another person or for any act of violence committed on school property." Please complete the following:

51) I hereby swear or affirm that my child was was not previously 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 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. Section 13-1304-A (b) and 18 Pa.C.S. A Section 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. 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.

If your child was previously suspended or expelled from any public or private school, please explain:

SCHOOL PUBLICITY/USE OF STUDENT WORK

Methacton School District employs several communication strategies in its efforts to keep stakeholders informed of District events and student achievements. Sample methods include website postings, newsletters, press releases, brochures, and television news coverage. Many of the approaches are targeted at not only parents of students but also to residents of Lower Providence and Worcester Townships and surrounding communities. Occasionally, the District uses photographs or video footage of students taking part in school events as a means of improving the effectiveness of its communication initiatives. Whenever possible, the District identifies students who are visible in published photographs or films by name. Parents/guardians do have the right to prohibit the District from photographing or filming their child for use in school publicity releases. The district has developed a "Do Not Photograph" list to help ensure that it complies with parent/guardian wishes. Students on the "Do Not Photograph" list may still be photographed or filmed by classroom teachers for classroom bulletin boards, presentations, etc. The "Do Not Photograph" list only precludes the District from using pictures or video footage of listed students as part of a school publicity release. Parents/guardians must notify classroom teachers directly to prohibit them from photographing or filming their child for use in classroom displays. If your child is placed on the "Do Not Photograph" list, they will remain on the list until a parent or guardian notifies the district in writing that they want their son or daughter removed from the "Do Not Photograph" list. To have your child placed on the "Do Not Photograph" list, check the box below.

The District also occasionally uses student work including but not limited to artwork, essays, or science projects, as a means of improving the effectiveness of its communication initiatives. Whenever possible, the District identifies the student whose work it is by name. Parents/guardians do have the right to prohibit the District from using their child's work for use in school publicity releases as a means of protecting their child's privacy and the property rights of their child's work. The District has developed a *Do Not Use Student Work* list to help ensure that it complies with parent/guardian wishes. Students on the *Do Not Use Student Work* list may still have their work used by classroom teachers for internal classroom bulletin boards, presentations, etc. The *Do Not Use Student Work* list only precludes the District from using student work as part of external school publicity. Parents/guardians must notify classroom teachers directly to prohibit them from using their child's work in classroom displays. If your child is placed on the *Do Not Use Student Work* list, they will remain on the list until a parent or guardian notifies the district in writing that they want their child removed from the *Do Not Use Student Work* list. To have your child placed on the "Do Not Use Student Work" list, check the box below.

- 52) Place my child on the "Do Not Photograph" list
- 53) Place my child on the "Do Not Use Student Work" list

RESIDENCY AFFIDAVIT, 24 P.S. § 13-1302

I/We attest that all information provided here is correct and current. I/We understand that if residency should change, for any reason, it is the responsibility of the resident to notify the School District. I/We further understand and attest that, should I/We fail to notify the School District immediately of any change in residency, the School District may expel the child, and I/We may be liable to the School District for the cost of tuition for the period of time that the child was ineligible but attended a school operated by the School District. Any false statements can and will be punishable by law.

I further understand and attest that I am aware of the legal consequences of providing false information in this sworn statement, specifically that:

A PERSON WHO KNOWINGLY PROVIDES FALSE INFORMATION IN THE SWORN STATEMENT FOR THE PURPOSES OF ENROLLING A CHILD IN A SCHOOL DISTRICT FOR WHICH THE CHILD IS NOT ELIGIBLE COMMITS A SUMMARY OFFENSE AND SHALL, UPON CONVICTION FOR SUCH VIOLATION, BE SENTENCED TO PAY A FINE OF NO MORE THAN THREE HUNDRED DOLLARS (\$300) FOR THE BENEFIT OF THE SCHOOL DISTRICT IN WHICH THE PERSON RESIDES, OR TO PERFORM UP TO TWO HUNDRED AND FORTY (240) HOURS OF COMMUNITY SERVICE, OR BOTH. IN ADDITION, THE PERSON SHALL PAY ALL COURT COSTS AND SHALL BE LIABLE TO THE SCHOOL DISTRICT FOR AN AMOUNT EQUAL TO THE COST OF TUITION CALCULATED IN ACCORDANCE WITH SECTION 2561, 24 P.S. § 25-2561, DURING THE PERIOD OF ENROLLMENT.

CERTIFICATION OF ACCURACY

Through my signature, I/We acknowledge that all the information provided in this registration form is accurate and factual. I/We grant the Methacton School District permission to investigate the information that I/We have presented on this for confirmation of its factual accuracy.

54) Name of Parent or Guardian _____

55) Signature of Parent or Guardian _____

56) Date _____

This form shall be maintained as part of your child's permanent student record. Notify your child's building secretary immediately if any of the information changes.