New Student Registration Appointment Materials

Page 1: Checklist
Page 2: Registration Form and Home Language Survey
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2017-2018 First Grade eligibility - a child must be six years of age on or before August 31, 2017 or successfully completed a certified, licensed Kindergarten program.

Use this checklist to prepare the required documents necessary for registration.

☐ **Proof of Child's Age**
Birth Certificate, Baptismal Certificate, or Valid Passport

☐ **Immunization Records**

☐ **Proof of Residency**
Property Deed or Current Rental Lease and

☐ **Proof of Residency - Supporting Documents (choose 2 from the following list)**
- ☐ *Current Utility Bill*
- ☐ *Current Credit Card Bill*
- ☐ *Current Bank Statement*
- ☐ *Current Mortgage Statement*
- ☐ *Current Vehicle Registration*
- ☐ *Welfare Card*
- ☐ *Property Tax Bill*

☐ **Central Bucks Registration Form and Home Language Survey**

☐ **Central Bucks Health History Form**

☐ **Parent/Guardian Picture Identification**

☐ **If applicable, bring your child's previous school information: name, address, and phone number of school.**

Central Bucks School District

Registration Application

Official Use

School Year_____

School_____

Date_____

Signature_____

Student Name_____ _____ _____
(Last) (First) (Middle)

Address _____ **Grade** _____ **Date of Birth**_____

_____ **Gender** ☐ **Male** ☐ **Female**

Student Resides with: ☐ **Both Parents (same address)** ☐ **Mother** ☐ **Father** ☐ **Stepparent** ☐ **Guardian/Other***

Residency: ☐ **Resident** ☐ **Foster (1305)** ☐ **Shelter (1306)** ☐ **Guardianship*** **(1302)**

☐ **Own** ☐ **Rent** ☐ **Reside with District Resident**

If both parents reside separately please provide a copy of court order/custody agreement.

Parent/Guardian Name:_____ **Parent/Guardian Name:**_____
(Circle) ***(Circle)***

Address_____**Address**_____

_____ _____

Phone:_____ **Phone:**_____
(Home) **(Home)**
_____ _____
(Cell) **(Cell)**
_____ _____
(Work) **(Work)**

Email:_____ **Email:**_____

* ***If person registering student is other than the biological parents additional documentation is required.***

Guardian Relationship to Student: ☐ **Foster Placement** **Agency Name:**_____

☐ **Stepparent** ☐ **Grandparent** ☐ **Relative** ☐ **Family Friend**

☐ **Court Order Placement** **Date**_____ ☐ **1302** **Date**_____

Please list two <u>local</u> emergency contacts in the event parent/guardian(s) cannot be reached:

1. _____ **Phone (1)**_____ **(2)**_____

2._____ **Phone (1)**_____ **(2)**_____

Central Bucks School District
Student Survey

Student Name_____ **Nickname**_____
Previous schools attended:

School Name	Address	Grades
_____	_____	_____
_____	_____	_____
_____	_____	_____

Birth City_____ **Birth State**_____ **Birth Country**_____

1st PA school enrollment date_____ **1st US School enrollment date**_____

Date entered US_____ **Special Education plans:** 504 ☐ Yes ☐ No IEP ☐ Yes ☐ NO
Federal Ethnicity ☐ Hispanic ☐ Not Hispanic
Federal Race (Check One or More): ☐ White ☐ Black/African American ☐ Asian
☐Native Hawaiian/Pacific Islander ☐ American Indian or Alaska Native

Home Language Survey:

What was the student's first language?_____

Does the student speak a language other than English? _____

What language is spoken in your home?_____

Has the student been enrolled in an ESL/ELL program in the US? ☐ Yes **Dates**_____ ☐ NO

Siblings/Others living in Household:

Names	Relationship to student	DOB	CB Student
_____	_____	_____	☐
_____	_____	_____	☐
_____	_____	_____	☐

If parents are divorced or separated are you providing the school district with a custody order? _____

By signing below I am allowing Central Bucks School District to register my child as a student. I also certify the information provided on this application is true and accurate and providing false or incomplete information/required registration documentation may delay enrollment.

X_____ **Date**_____
Parent/Guardian Signature

Central Bucks School District
School Health Services Health History
(to be completed upon enrollment)
A copy of the student's current immunizations is required to register.
To Parents or Guardian: The following information is requested for our records.

Grade Entering _____ Date _____

Previous school attended _____ State _____

Address _____ City _____

Student's Name _____Home Phone _____
Last First Middle

Birthdate _____ Male_____ Female_____ Parent's Work Phone _____
Month/Day/Year

Mailing Address:_____
Street City/Town Zip

Father _____Mother _____
Last First Last First

Guardian_____ Relationship _____
Last First

Student's Physician _____ Date of last exam _____ Health Insurance_____

Student's Dentist _____Date of last exam _____ Dental Insurance_____

Are Community Services needed? Free Dental and Health Care?_____ Yes _____No
Free/Reduced Lunch Program? _____ Yes _____No

A. Disease History/ Illnesses
Check any of the following and put a date next to all that apply.

Chicken Pox _____ Lyme Disease _____ Kidney Disease_____Bleeding Disorder_____
Pneumonia _____Heart Disease _____ Gastrointestinal_____Seizure Disorder_____
Diabetes_____ ADD ADHD _____ Headaches_____Skin Disorder _____
Please describe:

B. Health History Please check yes or no.

1. Does your child have frequent ear infections or trouble hearing? No Yes
2. Does your child have any trouble with eyes or vision ? No Yes
3. Has your child ever had a serious illness? No Yes
4. Has your child ever had any surgery? No Yes

Please describe if the answer was "yes" to any of the above questions

C. Allergy History

1. Does your child have any environmental allergies? No Yes
   Explain
2. Has your child ever had an allergic reaction to **any** medications? No Yes
   Please describe what happened.
3. Has your child had an allergic reaction to any foods? No Yes

Please describe what happened.

4. Has your child ever had an adverse reaction to an insect sting? No Yes
Please describe what happened.

5. Does your child have asthma ? No Yes

A. What type of asthma (allergic, exercise induced, etc.)?

B. Your child's best Peak Flow reading

C. Please list any medication(s) your child takes for asthma and the frequency it is taken.

D. **Medication History**

Does your child take medication on a daily basis? No Yes

Please list any medications taken and describe what the medication is for.

Has your child ever had a serious illness ? No Yes
What and when ?

E. Social History

Have there been any changes in your family during the past year, such as:

1. Separation, divorce, or remarriage? No Yes
2. Death or serious illness? No Yes
3. Any other situation which may affect your son/daughter? No Yes

If yes, please explain

F: Miscellaneous

Please list any condition your child may have which might limit his/her activities in school. Please include any other comments you think might be helpful.

Thank you for completing this form