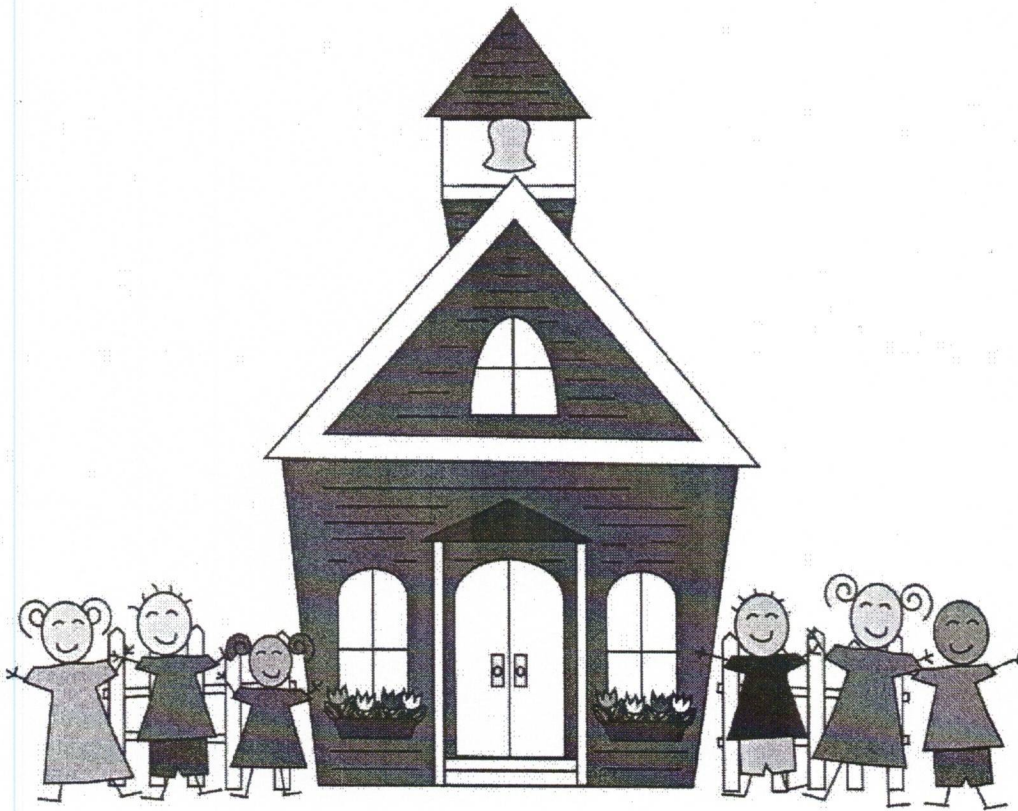


Portage Elementary School Registration



Please bring the following items:

- Child's Birth Certificate
- Immunization Records
- Driver's License and Proof of Address (utility bill)
- Custody Papers (if applicable)

Portage Area School District Registration Form



Student Information:

Student's Legal Last Name _____ First Name _____ Middle Name _____
Home Address _____ City _____ State _____ Zip Code _____
Date of Birth _____ Birthplace City & State _____ Birth Country _____
Date First Entered Country or State _____ Female Male Entering Grade _____

Parent/ Guardian Information:

Marital Status: Married Separated Divorced Widowed Never Married
Name _____ Relationship _____
Address (If different than student address) _____ City _____ State _____ Zip Code _____
Home Phone _____ Cell Phone _____
Place of Employment _____ Work Phone _____
Email _____ Should this person receive school mailings? Yes No

Name _____ Relationship _____
Address (If different than student address) _____ City _____ State _____ Zip Code _____
Home Phone _____ Cell Phone _____
Place of Employment _____ Work Phone _____
Email _____ Should this person receive school mailings? Yes No

Emergency Contacts:

	First Name	Last Name	Relationship	Phone Number
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

Transportation - Daycare/ Caregiver Information:

** If your child is to be picked up or dropped off at an address other than your home address, please complete the following information.

Daycare/ Caregiver Name _____
Address _____
Phone Number(s) _____

Please indicate which of these applies to the alternate address:

Pick Up Only Drop Off Only Pick Up **and** Drop Off

Office use only:
Enrollment Date _____ School ID # _____ School: HS ES

Family Information:

List siblings/ Other household members under the age of 19 living at home

Name		Date of Birth	Grade
	___ Female ___ Male		
	___ Female ___ Male		
	___ Female ___ Male		
	___ Female ___ Male		
	___ Female ___ Male		

Educational History:

Did this student attend a pre-kindergarten program (Pre-School, Head-Start, Etc.)? Yes No

Please provide the name of the pre-kindergarten program: _____

Has this student ever attended this district? Yes No If yes, for what grade(s)? _____

Has this student ever attended school in the Commonwealth of PA? Yes No

Name of School District Attended _____ Dates _____
Name of School _____ City _____ State _____

Name of School District Attended _____ Dates _____
Name of School _____ City _____ State _____

Special Education/ Gifted Education Services:

Did your child receive special education/ gifted education or other specialized services? Yes No

IEP - Learning Support GIEP - Gifted Services IEP - Speech IEP - Emotional Support 504 Other _____

Other Services: ESL - If yes, how many years? _____ Occupational Therapy Physical Therapy

Instructional Support (IST) Remedial Reading Remedial Math Speech Services

Race: White Black Hispanic Asian American Indian/ Alaskan Native

Native Hawaiian or Pacific Islander Multi-Racial - Please list races: _____

Ethnicity: Hispanic or Latino NOT Hispanic/ Latino

Foreign Exchange Student: Yes No **Student Status:** Minor Emancipated Minor Adult

Homeless: Yes No

If Yes, what type of setting is the student living in now?

Emergency Shelter Sharing house with someone else due to loss of housing, economic hardship, etc.

Motel, Hotel, Campsite, or Car Other place not designed for or ordinarily used as a regular sleeping accommodation

Address where student is living if homeless: _____

Who does the student live with if homeless: _____

Parental Registration Statement :

Pennsylvania School Code 13-1304-A states in part "Prior admission to any school entity, the parent, guardian or other person having control or in charge of a student shall upon registration, provide a sworn statement or affirmation stating whether the pupil was previously or is presently 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 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 or _____ is _____ is not presently 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 24P.S. 13-1304-A(b) and 18 Pa. 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.

_____ Signature of Parent or Guardian _____ Date

- ** Any willful statement made above shall be a misdemeanor of the third degree.
- ** This form shall be maintained as part of the student's disciplinary record. 24 P.S. 13-1317-2

If this student has been or is presently suspended or expelled from another school, please complete:

Name of school from which the student was suspended or expelled: _____

Dates of suspension or expulsion: _____

Reason for suspension or expulsion (optional) _____

Please provide additional school and dates of expulsion or suspension. _____

Required Documentation – Please provide the following.

- Child's Birth Certificate
- Immunization Records
- Driver's License and Proof of Address (Utility bill)
- Custody Papers (if applicable)





HOME LANGUAGE SURVEY

ALL newly registering students regardless of race, nationality, or language origin MUST complete this form. Federal law requires that all Local Education Agencies (LEAs) utilize a non-biased procedure for identifying which students are potential English Learners (ELs) in order to provide appropriate language instruction educational programs and services. Given this responsibility, LEAs have the right to ask for the information contained on this and other forms associated with the identification process.

Student Information (Parents/Guardians should complete this section):

Child's first name: _____

Child's family name: _____

Child's Date of Birth: _____

(Month/Day/Year)

Questions for Parents or Guardians

1. Is a language other than English spoken in the child's home? _____ No _____ Yes (language) _____
2. Does your child communicate in a language other than English? _____ No _____ Yes (language) _____
3. What is the language that your child first learned to speak? _____

Parent/Guardian Signature: _____ Date: _____

Interpreter Provider _____ No _____ Yes

Portage Elementary School

84 Mountain Avenue * Portage, PA 15946 * (814)736-9636 * E.O.E. * Fax: (814)736-4165

INFORMATION ABOUT THE SCHOOL HEALTH ACT and CONSENT

The School Health Act of the State of Pennsylvania requires that:

- Each student on School entry, sixth, and eleventh grades have a Physical examination.
- Each student on School entry, third, and seventh grades has a Dental examination.
- Each student on School entry, first, second, third, seventh and eleventh grades have a Hearing test.
- Each student Kindergarten through twelfth grade has a Vision test annually.
- Each student Kindergarten through twelfth grade is Weighed and Measured annually.
- Each student is screened for Scoliosis in the sixth and seventh grades.

Parent(s)/Guardians are asked to complete the consent form below and the yellow Emergency cards annually thereafter to determine their choice in school screenings and /or exams versus their private choice. Please indicate your choice below. Our school physician is Dr. Mark Ratchford, and the school dentist, Dr. Donald Nagy. Please sign the consent form below and note on the reverse of this paper any special conditions you may want to call to the attention to the physician or dentist.

IF YOU ELECT TO HAVE YOUR CHILD EXAMINED BY YOUR FAMILY PHYSICIAN OR DENTIST, FORMS ARE AVAILABLE FOR THESE EXAMS. Those completed private forms should be signed by your physician and/or dentist and returned to the School Nurse office within the current school year, as the mandated examinations would apply. Those not completed, unfortunately will be turned over to the Children and Youth Agency for compliance and review at the completion of every school year.

Consent:

I permit my child to have the following examinations completed at school:

DENTIST

___ YES

___ NO

PHYSICIAN

___ YES

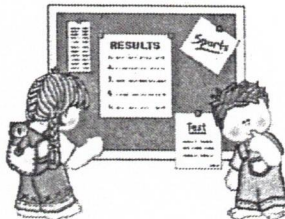
___ NO

STUDENT'S NAME: _____ GRADE: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____ SCHOOL YEAR: _____

Please direct any questions or concerns to Mrs. Laura Glass the school nurse. She can be reached at 814-736-9636, EMS ext. 1270.



Student Health Inventory

Current Medications (Prescription and Nonprescription) _____

Are there any health-related accommodations needed to be made by staff to assist your child's learning and safety?

Health Condition	No	Yes	Explanation if "Yes"
ADD/ADHD			
Allergies - Medication			
Allergies - Food			
Allergies - Bee Stings			
Allergies - Other			
Asthma			
Blood Disorder			
Bone/Muscle Problems			
Bowel/ Digestive Problems			
Cancer			
Concussion			
Congenital Abnormality/ Birth Defect			
Diabetes			
Eye or Vision Problems			
Hearing Loss			
Heart condition			
Kidney/Bladder Problem			
Migraine Headaches			
Mental Health/ Emotional/ Behavioral Issues			
Seizure Disorder			
Skin Problems/ Eczema			
Surgical History			

Are there any other health issues/ problems not mentioned that we should know about? _____

Portage Area School District

Because we care . . .

In accordance with the Pennsylvania Code Chapter 27, communicable and non-communicable diseases, your child should not come to school with the following symptoms:

-
- **Appearance/ Behavior** – unusually tired, pale, lack of appetite, difficult to wake, confused or irritable. This is sufficient reason to exclude a child from school.
 - **Eyes** – thick mucus or pus draining from the eye or pink eye (conjunctivitis)
 - **Fever** – temperature of 100 degrees or higher
 - **Greenish nose discharge and/ or chronic cough** – should be seen by a health care provider. These conditions may be contagious and require treatment.
 - **Sore throat** – especially with fever or swollen glands in the neck
 - **Diarrhea** – 3 or more watery stools in a 24 hour period especially if the child acts or looks ill
 - **Vomiting** – vomiting 2 or more times within the past 24 hours
 - **Rash** – body rash, especially with fever or itching. Diaper rashes, heat rashes and allergic reactions are not contagious.
 - **Ear infections without fever** – do not need to be excluded, but the child needs to get medical treatment and follow-up. Untreated ear infections can cause permanent hearing loss.
 - **Lice or Scabies** – children may not return to school until they have been treated and are free of lice and nits (eggs). Children with scabies can be admitted after first treatment.
 - **Mouth sores** – associated with the inability to control saliva

* If your child shows any of the above symptoms at school, it will be necessary for you to pick him/her up from school.

* Bringing a child to school with any of the above symptoms puts other children and staff at the risk of getting sick.

* If all parents keep their sick children at home, we will have stronger, healthier, and happier children.

* While we regret any inconvenience this may cause, in the long run this means fewer lost work days and less illness for parents too.

Thank You from the Portage Area School District Health Staff



84 Mountain Avenue
Portage, PA. 15946
Phone: (814) 736-9636, ext .1270
Fax: (814) 736-8979

WELCOME PARENTS/GUARDIANS!

SCHOOL PHYSICIAN and DENTISTS'

The school doctor is Dr. Mark Ratchford, and the school dentist is Dr. Oravec. Physicals are done upon school entry, 6th and 11th grade. Dentals are done upon school entry (KINDERGARTEN), 3rd and 7th grade. If you choose to have the examinations done privately, they must be completed before the 1st school day in May of the appropriate school year. Usually— most parents have them done in the summer before the start of the first day of school. This prevents problems in follow-up later.

MEDICATIONS

ANY, medications, such as Prescriptions or over the counter medications, including cough drops, Tylenol, Motrin, Advil, Tums, etc. must follow the school medication policy. ALL prescription medications must be accompanied by physicians' statement and parental consent signature. Over the counter products must be supplied to the school unopened and written parent consent must be provided. NO MEDICATIONS WILL BE ACCEPTED IN BAGGIES OR THE LIKE. A copy of the medication policy has been provided to you. PLEASE TAKE A MOMENT AND REVIEW the Medication Policy. Should you have concerns or questions about the policy please call or contact me anytime.

ILLNESS/EMERGENCY NOTIFICATION

A yellow emergency card will be sent home at the start of the year, so have at least one alternate number if you cannot be reached, parents are always reached first and then the alternate if unable to contact at home or at work. Update changes to my office as they occur, please!