

FOR OFFICE USE ONLY

Frazier School District NEW STUDENT CHECK-OFF LIST Elementary

STUDENT NAME: _____

1. _____ Birth Certificate
2. _____ Immunization Records
3. _____ Student Registration Form
4. _____ Sworn Admission Statement
5. _____ Proof of Residency (2 forms)
6. _____ Record Release Form
7. _____ Faxed/Emailed for Records (Date: _____)
8. _____ Home Language Survey
9. _____ IEP (Individualized Education Program) Does your child have one? NO _____
YES _____ Notified Special Education Director Date: _____
10. _____ Census Form
11. _____ Permanent Record Card
12. _____ Posted to Skyward
13. _____ Photo / Digital Media Release Form
14. _____ Health Information Form
15. _____ Permission to Screen
16. _____ Custody Papers (if applicable) _____ YES _____ NO
17. _____ Per Diem Letter (Foster Child Only) _____ YES _____ NO
18. _____ Emergency Form
19. _____ Bus Assignment
20. _____ Lunch Application Information Initial _____

Frazier School District

142 Constitution Street

Perryopolis, PA 15473

FAX (724) 736-0688

REGISTRATION FORM**2024-2025**

Registration Date _____ Grade _____ Homeroom _____

Last Name _____ First Name _____

Full Middle Name _____ Generation _____

Nickname _____ Primary Phone # _____

Place of Birth _____ Date of Birth _____
(City) (State) Female _____ Male _____Race/Ethnicity: _____ Hispanic _____ White, not of Hispanic origin _____ Asian
_____ Black, not of Hispanic origin _____ American IndianPreferred Language: _____ Does the student have? I.E.P 504 Plan GiftedIs there a Custody Agreement in place? YES NO If yes, please send us a copy.

Student Address: P.O. Box _____ House # _____ Street _____

City _____ Zip Code _____

Mother's Full Name _____ Email Address: _____

Mother's Address _____

Mother's Phone #: Home _____ Cell _____ Work _____

Father's Full Name _____ Email Address: _____

Father's Address _____

Father's Phone #: Home _____ Cell _____ Work _____

Guardian's Full Name _____ Email Address: _____

Guardian's Address _____

Guardian's Phone #: Home _____ Cell _____ Work _____

Is the Student's Parent/Guardian an active duty member of the Military? _____ YES _____ NO

School Previously Attended _____

Address _____

First Day of Class at FRAZIER (Date) _____

*Parent / Guardian (**SIGNATURE REQUIRED**)*Admission Clerk (**SIGNATURE REQUIRED**)

Student ID# _____

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2024-2025

REGISTRATION FORM – EMERGENCY INFORMATION (List someone other than the Parents/Guardians)

Student Last Name _____ Student First Name _____

EMERGENCY CONTACT:

Name _____ Relationship: _____

Phone #: Home _____ Cell _____ Work _____

This person is allowed to pick up my child. YES NO

EMERGENCY CONTACT:

Name _____ Relationship: _____

Phone #: Home _____ Cell _____ Work _____

This person is allowed to pick up my child. YES NO

EMERGENCY CONTACT:

Name _____ Relationship: _____

Phone #: Home _____ Cell _____ Work _____

This person is allowed to pick up my child. YES NO

PROVIDER INFORMATION:

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Hospital: _____ Phone: _____

Insurance: _____

*Parent / Guardian (SIGNATURE REQUIRED)

Frazier School District

142 Constitution Street

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FAX (724) 736-0688

AMANDA R. LAW
PRINCIPAL - Pre-K through 5th grade
724-736-9507 Ext. 102

ADMISSIONS SWORN STATEMENT

I, _____, parent/guardian of _____
(Parent/Guardian Name) (Student's Name)
who is seeking admission to the **Frazier Elementary School**, affirm that he/she **has not been suspended or expelled from any public or private school of the Commonwealth of Pennsylvania** 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. Furthermore, I affirm that **no allegations, charges or actions** concerning the above stated offenses are pending from any school.

I understand that a copy of _____'s disciplinary record will be
(Student's Name)
transmitted to the Frazier School District and that it will be inspected only by the student, school officials, state and local law enforcement officials or me, as parent/guardian to verify my statements.

I understand that any willful false statement made regarding the student's disciplinary record shall be a misdemeanor of the third degree.

(Date)

(Signature of Parent/Guardian)

_____ previously enrolled as a student at:
(Student's Name)

Name of District/Private School

Grade

Building

Frazier School District

142 Constitution Street, Perryopolis, PA 15473

FAX (724) 736-0688

AMANDA R. LAW
PRINCIPAL – Pre-K through 5th Grade
724-736-9507 ext. 102

Previously Attended Institution

Address

City

State

Zip

AUTHORIZATION TO RELEASE CONFIDENTIAL RECORDS/INFORMATION

STUDENT NAME _____

CURRENT GRADE _____

Please forward all health records, transcripts, evaluations, psychological reports, IEP's, due process', discipline reports (including Act 26 actions), and any forms of documentation relative to custodial rights to:

**FRAZIER SCHOOL DISTRICT
REGISTRATION DEPARTMENT
142 CONSTITUTION STREET
PERRYOPOLIS, PA 15473-1390**

Frazier School District utilizes IEP Writer; please transfer all Special Education, Gifted and 504 Plans.

If you have any questions, please contact the Registration Office at 724-736-9507, ext. 115.

Thank you for your prompt consideration of this request.

I hereby authorize the above-named institution to release all requested information to the Frazier School District.

DATE _____

SIGNATURE _____

(Parent / Guardian)

Frazier School District

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Perryopolis, PA 15473

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HOME LANGUAGE SURVEY

The Civil Rights Act of 1964, Title VI – Language Minority Compliance Procedures, requires that school districts/charter schools identify limited English proficient (LEP) students. The Pennsylvania Department of Education has selected the Home Language Survey as the method for the identification.

INSTRUCTIONS: At registration, please ask all parents or guardians the following questions about the language use of the child. Print responses. If one of the answers is a language other than English or the country of origin is other than the United States, contact the person in the district responsible for language proficiency assessment/instructional placement or Intermediate Unit I. Otherwise, the student is considered English language proficient and no further action is needed. A copy of this survey shall be placed in the student's permanent folder.

School _____ Date _____

Student's Name _____ Grade _____

Date of Birth _____ Age _____ Phone Number _____

Country of Origin _____

Other Countries of Residence _____

1. What was the student's first language?

_____ Dialect _____

2. Does the student speak a language other than English? (Do not include languages learned in school)

_____ Dialect _____

3. What language(s) is/are spoken most often in your home?

_____ Dialect _____

Name of Person completing this form (if other than parent/guardian) _____

Parent/Guardian signature _____

*The school district/charter school 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 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 may conduct screenings or ask for related information about students who are already enrolled in the district as well as from students who enroll in the school district/charter school in the future.

Frazier School District
CENSUS FORM
2024/ 2025

Last Name _____ Other Last Name _____
 P.O. Box _____ House # _____ Street _____ Zip _____ Number in Dwelling _____
 Describe location of residence _____ Municipality _____ Twp _____ Boro _____

BE SURE TO LIST ALL PERSONS LIVING IN THE HOUSEHOLD - SUPPLY ALL INFORMATION COMPLETELY AND ACCURATELY

Husband: If deceased, check _____		Wife: If deceased, check _____		Other Adults: 18 or Older	
Name	Age	Name	Age	Name	Age
_____	_____	_____	_____	_____	_____
Date of Birth _____	_____	Date of Birth _____	_____	Date of Birth _____	_____
Employed _____ Unemployed _____	_____	Employed _____ Unemployed _____	_____	Employed _____ Unemployed _____	_____
Occupation _____	_____	Occupation _____	_____	Occupation _____	_____
Employer _____	_____	Employer _____	_____	Employer _____	_____
Employer's Address _____	_____	Employer's Address _____	_____	Employer's Address _____	_____

LIST BELOW ALL CHILDREN UNDER 18 (FROM OLDEST TO YOUNGEST)

Name	Sex	Age	Birthdate	At Home	In School	Grade	Handicapped	Employed

Person Providing Information _____ Date _____

Frazier School District

142 Constitution Street

Perryopolis, PA 15473

Telephone: 724-736-9507

FAX (724) 736-0688

Photo / Digital Media Release Form 2024-2025

Throughout the school year, we like to use the students' photographs to highlight their accomplishments. Several places we may use the students' photos are:

- In the hallways
- In slide show presentations
- In our yearbook or local newspaper articles about our school
- On the Web Page (students will not be identified by name)
- In movies created in the classroom (including student teaching videos)
- Social Media (students will not be identified by name)

To give or not give your consent, please complete this form. **This will remain in effect throughout your child's schooling. If you wish to make any changes to this form in the future, you must submit a hand written note to the building principal.**

Thank you for your prompt attention.

Photo / Digital Media Release Form

Student's Name: _____

_____ YES, I give my permission for my child's photo to be used for school purposes.

_____ NO, I would prefer my child's photo not be used.

Parent Signature: _____

Parent Name (Please print): _____

Date: _____

Frazier School District

OFFICE OF THE SCHOOL NURSE

142 Constitution Street
PHONE: (724) 736-9507

Perryopolis, PA 15473-1390
FAX: (724) 736-0688

HEALTH INFORMATION FORM

2024-2025

Dear Parent/Guardian:

Please take a few moments to complete the following student health information so that we may update your child's health record. Please be sure to include ALL information you would like us to be aware of, even if you have provided this information in the past.

Student's Name _____ Grade _____

Birth Date _____

Medical Condition/Diagnosis: _____

Allergies: _____

Medications (Please indicate whether taken/available at home or in school):

Procedures (Please indicate whether performed at home or in school):

History of Illness/Accident/Surgery: _____

Immunizations during the Past Year (month/day/year):

Diphtheria & Tetanus: _____ Polio: _____

Measles, Mumps, Rubella: _____ Hepatitis B: _____

Varicella: _____ Other: _____

Parent/Guardian Signature: _____ Date: _____

I request the above health information be shared with teachers/staff members in contact with my child throughout the school day. I understand that the confidentiality of the information will be maintained by those who receive it. I will notify Frazier School District immediately if my child's health status changes, or there is a cancellation of a procedure or medication.

Parent/Guardian Signature: _____ Date: _____

Frazier School District

OFFICE OF THE SCHOOL NURSE

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PERMISSION TO SCREEN 2024-2025

Student Name _____ Grade _____

Date of Birth _____

School health services are designed to help students maintain optimum health and promote academic success. The following screening examinations are conducted each year in accordance with the Pennsylvania School Health Act. These grades were selected because they represent critical periods of growth and development in a child's life.

_____ **Growth Measurement** – height, weight and body mass index measurements are checked once a year in grades K – 12.

_____ **Vision Screening**–near and far visual acuity is checked once a year in grades K – 12. This identifies most children needing a complete eye examination.

_____ **Hearing Screening** – hearing is checked once a year for each student in grades K, 1, 2, 3, 7 and 11.

_____ **Physical Exam** – medical screening is performed by the school physician/nurse practitioner for students in grades K, 6 and 11. This is a basic screening ONLY-there is no diagnosis or treatment.

*May choose to have completed by private physician at your own expense

_____ **Scoliosis Screening** – included in the grade 6 medical screening to detect deviations from the normal curvature of the spine through observation.

_____ **Dental Exam** – dental health screening is performed by the school dentist for students in grades K, 3 and 7. This is a basic screening ONLY-there is no diagnosis or treatment.

*May choose to have completed by private dentist at your own expense

Please give your permission for these state-mandated screenings by signing your **initials on the line** next to the individual screening descriptions and then signing and dating the bottom of this form.

This form will be placed in your child's school health record and remain in effect while in attendance here at the Frazier School District unless otherwise directed by you, the parent/guardian, in writing.

Thank you for your interest in helping to maintain the health and well being of our children.

Parent Signature

Date

Frazier School District

142 Constitution Street

Perryopolis, PA 15473

Telephone: 724-736-9507
FAX (724) 736-0688

PARENT NOTIFICATION

2024-2025

By law, if parents are legally separated or divorced, each parent has equal rights to the access of the child/children or the child's/children's school records **UNLESS** a parent provides the Frazier School District a with a court order that indicates which parent has access to the child/children or the child's/children's school records. The school **MUST HAVE A COPY OF THE COURT ORDER** on file, otherwise, either parent may check the child/children out of the school with proper identification or be given access to the child's/children's school records.

If such an order exists regarding your child/children, please provide a copy of the order to the school so that it may be placed in their file.

***If we already have an order on file, please notify us of any recent changes and forward us a copy of the most recent order. ***

Thank you for your cooperation.

Student's Name: _____

Please indicate if you currently have a court order for your child/children. _____ YES _____ NO

Parent Signature

Frazier School District

**Transportation
Bus Assignment Form***

SCHOOL YEAR: 2024 -2025

DATE: _____

BUS # _____

_____ **ADD STUDENT** _____ **DELETE STUDENT**

BUS STOP: _____

STUDENT'S NAME: _____

**STREET
ADDRESS:** _____

**MAILING
ADDRESS:** _____

GRADE: _____ **SCHOOL:** _____

RUN: _____ **SECONDARY** _____ **ELEMENTARY**

STARTING DATE: _____

*** Please forward a copy of this form to the Transportation Coordinator and the Bus Driver**

FREE / REDUCED LUNCH APPLICATIONS
DO NOT APPLY UNTIL AUGUST 1, 2024

Lunch Applications for the **2024-2025** school year are now available. **We strongly recommend that if you have Internet access to apply online at www.schoolcafe.com.** The application will be processed faster.

Attached are frequently asked questions about Free and Reduced price meals.

If you need help completing the application online, please give us a call at 724-736-9507 ext. 115 or you may request an appointment for us to complete the application together; you will need to bring the following information with you:

1. If you receive food stamps or cash assistance, please bring your county record number. It will begin with the county code of 26 followed by your 7 digit record number.
2. If you have income, please bring your current pay stubs from your employer or a letter proving that you receive unemployment benefits, retirement benefits, child support or any other type of income that you may have.

If you **DO NOT** have Internet access and will need a paper application, please give us a call at 724-736-9507 ext. 115.

PLEASE REMEMBER: If you received free/reduced meals during the previous school year, you **MUST RE-APPLY within the first 30 days** of school.



STUDENT RESIDENCY QUESTIONNAIRE



Dear Parent or Guardian,

Your responses to these questions will help staff determine what residency documents are necessary for enrollment of your child(ren.) Thank you for your cooperation.

1. Student name: _____ Birth Date: _____
Person completing form: _____ Relationship to child: _____

2. In what type of setting is the student living now?

Check one box below:

SECTION A	SECTION B
<input type="checkbox"/> In an emergency or transitional shelter <input type="checkbox"/> Sharing the housing of other persons due to loss of housing, economic hardship, or similar reason <input type="checkbox"/> In a motel, hotel, campsites, or cars due to a lack of alternative adequate accommodations <input type="checkbox"/> In a car, park, public spaces, abandoned building, substandard housing, bus or train stations, or similar settings <input type="checkbox"/> Other places not designed for, or ordinarily used as, a regular sleeping accommodations for human beings <p>CONTINUE to Question 3  if you checked any box in SECTION A</p>	<input type="checkbox"/> None of the choices in Section A apply.  <p>If you checked this section, CONTINUE to Questions 5.</p>

3. Contact number for person completing the form: _____

Address where student is now living: _____

4. The student lives with:

Check all that apply

- Parent(s) or legal guardian
- Relative, friend(s), or other adult(s)
- Alone
- Other: _____

5. School student attended last : _____

Address of school: _____

Telephone number of school: _____

6. Does the student have an IEP, GIEP, or a Chapter 15/504 Service Agreement?

NO

YES

Signature of Parent/Legal Guardian: _____

Date: _____