



UNITED SCHOOL DISTRICT

United Elementary School

10780 Rte 56 Hwy East

Armagh, PA 15920

814-446-5615

Fax: 814-446-4210

Website: <http://www.unitedsd.net>

Dr. Barbara Parkins
Superintendent
bparkins@unitedsd.net

Patricia Berezansky
Director of Education
pberezansky@unitedsd.net

Lewis Kindja
Elementary Principal
lkindja@unitedsd.net

The United Community: Working Together for a Strong Future

ENROLLMENT REQUIREMENTS

In accordance with the Department of Education, for a student to be enrolled in the United School District, we require the following documentation:

- Proof of child's date of birth (state birth certificate, baptismal certificate or a notarized statement from the parents).
- Record of immunizations.
- Proof of residency within the district (electric bill, telephone bill, etc.).
- A copy of the IEP and Evaluation Report (if applicable).

United Elementary School

Enrollment Information

Student's Name _____
(Last) (First) (Middle)

Male / Female _____ Present Grade: _____ PA Secure ID# _____
(Please Circle) (For Office Use Only)

Mailing Address: _____

911 Address (if different): _____

Home Phone: _____ Mom's Cell No.: _____ Dad's Cell No.: _____

Birthdate: _____ Place of Birth: _____
Month/Day/Year City State County

Father's Name: _____ Work No. _____
Last First Middle Initial

Mother's Name: _____ Work No. _____
Last First Maiden Name

Child Lives With: Mother/Father _____ Mother _____ Father _____ Mother/Stepfather _____
Father/Stepmother _____ Foster Parents _____ Other (Relationship) _____

Custody Papers: Yes / No (If yes, please provide us with a copy of the court decree.)

Ethnicity: (Choose One) _____ Hispanic/Latino _____ Not Hispanic/Latino

Race: (Choose One or More, _____ White _____ American Indian/Alaskan Native _____ Asian
Regardless of Ethnicity) _____ Black or African American _____ Native Hawaiian/Other Pacific Islander

Siblings & Ages: _____

Last School Attended: _____
Name

Address _____ Phone _____

Please check programs which apply to your child:

Title I Reading _____ Learning Support _____ Speech/Language Support _____ Gifted Program _____

Has student ever been retained? Yes _____ No _____ If yes, what grade? _____

Signature of Parent/Guardian _____ Today's Date _____

FOR OFFICE USE ONLY:

Grade / Homeroom: _____ Locker: _____ Bus: _____ Bus Stop: _____

Custody Papers on File: Yes / No

Immunizations _____ State Birth Certificate _____ Proof of Residency _____ Homeless _____ IEP _____

United School District Student Health History entering grade _____

DOB verification checked by school personnel _____
(Signature)

Student Name: _____
(Last) (First) (Middle)

Date of Birth _____ Place of Birth _____ Sex _____

Address: _____

Phone Number: _____ Previous School _____

Mother's Information

Mother's Name _____ Maiden Name _____

Birthplace _____ Occupation _____

Employer _____ Work Phone Number _____

Father's Information

Father's Name _____

Birthplace _____ Occupation _____

Employer _____ Work Phone Number _____

Name of person who student lives with, if not residing with both parents:

Name _____ Relationship _____

Sibling Information

Name: Date of Birth: Grade: Lives with student:

1. _____

2. _____

3. _____

4. _____

5. _____

Please Complete Reverse Side

Student Medical Information

Medical History (Check if yes and write date)

- | | | |
|------------------------------|---------------------|--------------------|
| ___ Abnormal birth condition | ___ Chicken Pox | ___ Measles |
| ___ Mumps | ___ Diabetes | ___ Speech Problem |
| ___ Rheumatic Fever | ___ Heart Condition | ___ Kidney Disease |
| ___ Seizures | ___ Mononucleosis | ___ Pneumonia |
| ___ Vision Problem | ___ Hearing Problem | |

___ Other (specify): _____

Please specify any of the following conditions your child may have:

Physical Restrictions: _____

Allergies: _____

History of severe allergic reaction: _____

Emotional Problem: _____

Medications: _____

Does your child wear? (please circle) glasses, hearing aid, arm or leg brace, orthopedic shoes, dentures, braces or prosthesis

Please list any other medical information that the School Nurse should be aware of:

Immunizations (either complete or attach copy of immunization record)

Diphtheria & Tetanus: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

Polio: 1. _____ 2. _____ 3. _____ 4. _____

Hepatitis B: 1. _____ 2. _____ 3. _____

MMR: 1. _____ 2. _____

Varicella: 1. _____

HIB: 1. _____ 2. _____ 3. _____ 4. _____

A copy of your child's immunization record is required

Parent/Guardian Signature: X _____ Date: _____



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Parental Registration Statement

Student Name _____

Date of Birth _____ Grade _____

Parent/Guardian Name _____

Address _____

Telephone Number _____

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 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 of offense involving weapons, alcohol or drugs, or for the willful infliction or 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 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.

Signature of Parent/Guardian

Date

*Name of the school from which student was suspended or expelled; reason for suspension/expulsion; and dates of suspension or expulsion to be attached to this signed statement.

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.

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 of identification.

School District: United School District
School: United Elementary

Date: _____

Student's Name _____

Grade: _____

1. What is/was the student's first language? _____
2. Does the student speak a language(s) other than English? Yes No
(Do not include language learned in school.)
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.

United School District

Certificate of Residency

Note: This form must be completed for each child entering school

Student's Name

() _____
Student's Phone Number

Student's Residence Address

___ Please check here if this is a New Address

"Student's Residence" is defined as that place where the student customarily engages in housekeeping functions such as eating, sleeping, dressing and the like.

This information shall constitute a confidential record of the United School District for its use and that of other government authorities. No information contained on this form will be released to any private party without the consent of the person signing this form or pursuant to a requirement of law.

This form must be completed at the time of enrollment into the United School District. This form must be completed yearly and filed with the Building Principal not later than the tenth day after the beginning of the year as part of the Emergency Card Procedure.

CERTIFICATION

I hereby certify; subject to the penalties provided in Section 4904 of the Pennsylvania Crimes Code, which makes it a criminal offense to provide false information for government authorities; that the students residence information is true, correct and accurate, and that I will notify the School Principal of United School District, in writing, should there be any changes in this information during the school year.

Date

Signature of Parent or Legal Guardian

Parent or Legal Guardian's Residence Address

If signed by any person other than the student's parent, please provide an explanation on reverse side.

When it is determined that a student is not eligible for attendance under the residency requirements, the district can charge the parent and/or resident the prevailing tuition from the date of non-residency.



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I hereby grant permission for any or all school records of _____
(Student)

in _____ Grade to be released to:

United Elementary School

Attn: Jean Dumm

10780 Rt. 56 Hwy. E

Armagh, PA 15920

with the understanding that such records may not be made available to any person or agency
other than the one specifically named herein.

(Date)

(Signature of Parent or Guardian)

**PLEASE INCLUDE HEALTH, DENTAL, IMMUNIZATION, DISCIPLINE AND
ACADEMIC RECORDS. IF STUDENT WAS IN A SPECIAL PROGRAM, PLEASE
INCLUDE THE ER, IEP, NOREP, PERMISSION TO EVALUATE AND INVITATION
TO CURRENT IEP.**