

**PENN HILLS SCHOOL DISTRICT**  
**STUDENT REGISTRATION**

Student # \_\_\_\_\_ Building: \_\_\_\_\_ Date: \_\_\_\_\_

STUDENT'S FULL LEGAL NAME (as it appears on the birth certificate).

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_  
 (Assumed last name, if any): \_\_\_\_\_ Social Security #: \_\_\_\_\_

Sex: Male  Female  Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
(Month-Day-Year) (City & State)

Race:  American Indian/Alaskan Native  Asian  Black or African American  
 Hispanic  Pacific Islander  White

Has your child ever received Early Intervention, Special Education or Gifted Services? Yes  No   
 \*If yes, is your child still in the program? Please identify the service being received. Yes  No  \_\_\_\_\_  
(Service Received)

**Current Home Address**

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Do you own your home? Yes  No  or Do you rent? Yes  No   
 If you rent, please provide the name of your landlord: \_\_\_\_\_

Previous Home Address (within last 2 years)

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Parent Information**

Father/Stepfather Name: \_\_\_\_\_ Employer: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_  
 Mother/Stepmother Name: \_\_\_\_\_ Employer: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

**Siblings in the Household**

Name	Date of Birth	Grade	Sex	
1.			Male <input type="checkbox"/>	Female <input type="checkbox"/>
2.			Male <input type="checkbox"/>	Female <input type="checkbox"/>
3.			Male <input type="checkbox"/>	Female <input type="checkbox"/>
4.			Male <input type="checkbox"/>	Female <input type="checkbox"/>

**Foster Child**

Is STUDENT a Foster Child: Yes  No  If yes, please provide the foster agency placement letter.

**Guardianship**

IS STUDENT under your Guardianship? Yes  No  If yes, please provide appropriate legal documents.

**\*\*\*\*\*KINDERGARTEN REGISTRATION\*\*\*\*\***

Name of Pre-School Attended: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 School Phone: \_\_\_\_\_

The Penn Hills School District does not discriminate on the basis of age, race, color, national or ethnic origin, sex, or handicap in employment practices or in administration of any of its educational programs and activities in accordance with applicable federal statues or regulations. Mr. Thomas Tano has been identified as the Title VI/Title IX/Section 504/AMD Coordinator, Penn Hills School District, 260 Aster Street, Pittsburgh, PA 15235, 412-793-7000.

# PRESCHOOL INFORMATION SURVEY

Child's Name: \_\_\_\_\_

Does your child have preschool or daycare experience?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

Period of time your child attended preschool or daycare:

\_\_\_\_\_ 6 months    \_\_\_\_\_ 1 year    \_\_\_\_\_ 2 years    \_\_\_\_\_ 3 years    \_\_\_\_\_ other

Preschool or daycare your child attended: \_\_\_\_\_  
address: \_\_\_\_\_  
\_\_\_\_\_

I hereby give permission for the Penn Hills School district to contact the preschool or agency designated above to request the following school-related information:

- \_\_\_\_\_ School records including grades, progress reports, grade level completed, attendance record, etc.
- \_\_\_\_\_ Achievement tests results
- \_\_\_\_\_ Special education records including speech & language, hearing, vision, etc.
- \_\_\_\_\_ Immunization and other health records
- \_\_\_\_\_ Other \_\_\_\_\_

These reports are to be used only for professional purposes and are to be kept strictly confidential in accordance with the Penn Hills School District's Student Record Procedures.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail records to:            Penn Hills School District  
                                 Pupil Services Department  
                                 260 Aster Street  
                                 Pittsburgh, PA 15235

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*PENN HILLS SCHOOL DISTRICT*  
*SPECIAL EDUCATION OFFICES*  
*260 Aster Street*  
*Pittsburgh, Pennsylvania 15235*

*412-793-7000 - telephone*

*Director of Special Education*  
*Darren Kennedy*

*412-793-0568 - fax*  
*www.phsd.k12.pa.us*

*Angela Lickenfelt*  
*Lindsay Prodocimo*  
*School Psychologists*

*Special Education Coordinator*  
*Sara Hoffman*

Student's Name: \_\_\_\_\_

Parent/Guardian Completing: \_\_\_\_\_

Has your child **ever** received the following:

- Early Intervention
- Special Education
- Gifted Support
- 504 Plan Accommodations

Does your child **currently** have any of the following in place?

- Individualized Education Program (IEP)

If yes, disability: \_\_\_\_\_

- Gifted Individualized Education Program (GIEP)

- 504 Plan

If yes, medical condition: \_\_\_\_\_

***Release for Student Use in Media***

Photos, interviews, and videotaping of students take place throughout the school year for use on the District website, internal and external television productions, District publications/productions, press releases to the media, etc. We also encourage the media to visit our schools and publicize our students' accomplishments.

If you do not give permission to have your child involved in these publicity efforts or do not want him/her to be photographed, you **MUST** notify the District in writing regarding any limitations or restrictions. Please sign below **ONLY** if you **DECLINE** to give permission. You do not need to return the form if you give approval.

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I do NOT give permission for my child to be photographed , videotaped, or otherwise used in internal or external media efforts.

Student Name (Print): \_\_\_\_\_

Grade: \_\_\_\_\_

Parent/Guardian Name (Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please note: Student directory information (i.e., name, address, phone number, recognitions, achievements, etc.) can be released without written consent. If you do not want any information on your child released or transferred to another educational institution, please notify your student's building principal in writing.

# Penn Hills School District

## HOME LANGUAGE SURVEY

The Office of Civil Rights (OCR) requires that all Local Education Agencies (LEA's) 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 initial step in the identification process.

School District: Penn Hills School District Date: \_\_\_\_\_

School: \_\_\_\_\_

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 languages learned in school).

If yes, specify the language(s): \_\_\_\_\_

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: \_\_\_\_\_

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The local education agency (LEA) has the responsibility under the federal law to serve students who are limited English proficient and need English instructional services. Given this responsibility, the LEA 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 LEA 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 LEA in the future.

# PENN HILLS SCHOOL DISTRICT

## *Health History and Certificate of Immunization*

Student # \_\_\_\_\_

Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Birth Date \_\_\_\_\_

Home Address \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Father \_\_\_\_\_ Mother \_\_\_\_\_

Stepfather \_\_\_\_\_ Stepmother \_\_\_\_\_

Person with whom pupil lives, if other than parents, give relationship: \_\_\_\_\_

Give significant details of child's medical history. Include serious illnesses, childhood diseases, operations, serious accidents, and handicapping conditions. \_\_\_\_\_

Explain any treatment or medication your child is receiving for allergies, diabetes, epilepsy, etc. \_\_\_\_\_

Does your child have a physical or emotional problem? \_\_\_\_\_ If yes, please explain treatment and by whom. \_\_\_\_\_

Any defect in speech, hearing or vision? Please describe and explain treatment: \_\_\_\_\_

*Pennsylvania State law requires every child attending school, regardless of age, has the basic immunizations. You must show proof of immunizations from doctor or baby book. All dates need to be verified by your physician. For required immunizations, please see reverse side.*

*Immunizations will be reviewed by the nurse in your child's attending building. If the nurse finds discrepancies, she will call you.*

If there is a medical reason why your child should not be fully immunized, please present a certificate from your physician stating the reason. If you object to immunizations for religious reasons, the state requires that you inform the school in writing.

Signed \_\_\_\_\_ Home Phone \_\_\_\_\_

(Parent or Guardian)

# Attention Parents/Guardians

**DON'T WAIT. VACCINATE.**

**FOR ATTENDANCE IN ALL GRADES children need the following:**



- **4 doses of tetanus\***  
(1 dose on or after the 4<sup>th</sup> birthday)
- **4 doses of diphtheria\***  
(1 dose on or after the 4<sup>th</sup> birthday)
- **3 doses of polio**
- **2 doses of measles\*\***
- **2 doses of mumps\*\***
- **1 dose of rubella (German measles)\*\***
- **3 doses of hepatitis B**
- **2 doses of varicella (chickenpox) vaccine or history of disease**

\*Usually given as DTP or DTaP or DT or Td

\*\*Usually given as MMR

**Children ATTENDING 7<sup>th</sup> grade need the following:**

- 1 dose of tetanus, diphtheria, acellular pertussis (Tdap) if 5 years has elapsed since last tetanus immunization.
- 1 dose of meningococcal conjugate vaccine (MCV).

These requirements allow for the following exemptions:

Medical reason  
Religious belief  
Philosophical/strong moral or ethical conviction

If your child is exempt from immunizations, it may be recommended that he/she be excluded from school.

Pennsylvania's school immunization requirements can be found in 28 Pa.CODE CH.23 (School Immunization).  
**Contact your healthcare provider or call 877 PA HEALTH for more information.**

# SKYWARD FAMILY ACCESS

Please fill in the appropriate information below for each parent and/or guardian who would like to have a username and password assigned to them so they can view their student's information, grades and progress in Family/Student Access. Parent and/or guardians of the same student(s) can share the same login and password if desired.

Student Name \_\_\_\_\_ School \_\_\_\_\_

Parent Name \_\_\_\_\_ Phone # \_\_\_\_\_

Email \_\_\_\_\_

Parent Name \_\_\_\_\_ Phone # \_\_\_\_\_

Email \_\_\_\_\_

**Your user name and password will be emailed to you.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE RETURN TO: Student's Homeroom Teacher  
or**

**Penn Hills School District, Technology Department  
260 Aster Street, Pittsburgh, PA 15235**

**412-793-7000, ext. 1450  
skyhelp@phsd.k12.pa.us**



## **NOTICE OF PENALTY FOR PROVIDING FALSE INFORMATION**

A person who knowingly provides false information in this sworn statement for the purpose of enrolling a child in a school district which the child is not eligible commits a summary offense and shall, upon conviction for such violation be sentenced to pay a fine up to \$300.00, or up to 240 hours of community service, or both. In addition, the person shall pay all court cost and shall be liable to the school district for an amount equal to the cost of tuition calculated in accordance with Section 2561 of the Public School Code during the period of enrollment.

Pennsylvania Public School Code can be viewed at [www.pa.code.com](http://www.pa.code.com)