



BENTWORTH SCHOOL DISTRICT

Administration Office

150 Bearcat Drive

Phone: 724.239.2861

Fax: 724.239.2865

REQUEST FOR RECORDS

ATTENTION: GUIDANCE DEPARTMENT

According to the Family Educational Right and Privacy Act amended June 17, 1996, it is no longer necessary to obtain written consent to release records between schools. It states that school officials, including teachers within the educational institution and officials of other school systems in which the student enrolls, may receive a student's record without a written consent for such release. Section 1305-A of Act 26 requires the release of student's discipline record to the requesting school within ten (10) school days.

To expedite enrollment, please send all school records including:

Discipline Records

Grades (in percentages)

Standardized Test Scores

Medical Update/Immunization

Record (Required)

Attendance Records

PA Secure ID Number (Required)

Special Education Documents
(IEP, ER, NOREP, and evaluations)

Transcript & Copies of Report Cards

Previous School _____

Address _____

Phone & Fax Number _____ Contact Person _____

Student's Name _____

Date Requested _____ Grade _____ Date of Birth _____

Parent Signature _____

Please send records to the following:

High School, **Maggie Motycki**, Guidance Counselor, 725-239-5911 x1276 - **Fax** 724-239-4010

Middle School, **Julie Bernini**, Guidance Counselor, 724-239-4431 x2242 - **Fax** 724-239-5889

Elementary School, **Barbara Downing**, Guidance Counselor, 724-239-3606 x 3398 - **Fax** 724-239-3205

BENTWORTH SCHOOL DISTRICT

STUDENT REGISTRATION FORM

Date:		Grade:
Child's Legal Name:		Phone:
Current Address:		
City:	State:	ZIP Code:
Birthdate:	Birthplace:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Date of Entry to the State of Pennsylvania (if not born in PA):		
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Pacific Islander Are you Hispanic? <input type="checkbox"/> Y <input type="checkbox"/> N		

PARENT INFORMATION

Father's Name:		Phone:
Father's Address (if different from child):		
City:	State:	ZIP Code:
Occupation:	Email:	
Does this address require a separate mailing? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Mother's Name (and Maiden):		
Mother's Address (if different from child):		Phone:
City:	State:	ZIP Code:
Occupation:	E-mail:	
Does this address require a separate mailing? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Number of Brothers:	Ages:
Number of Sisters:	Ages:
Bus Number:	Bus Stop:

GUARDIAN INFORMATION

If a child lives with someone other than a parent

Guardian's Name:	
Relationship:	
Foster:	Agency:

Please attach a copy of the signed order by the Judge of Orphans Court. If a student lives with someone other than natural mother or father and does not have a court appointed guardian then a 1302 affidavit must be completed.

DOCUMENTATION OF RESIDENCY

<input type="checkbox"/> Wage Statement	<input type="checkbox"/> Social Security Check	<input type="checkbox"/> Current Year Wage Tax Receipt	<input type="checkbox"/> Public Assistance	<input type="checkbox"/> Utility Bills
Other:				

SIGNATURES

Parent/Legal Guardian Signature:	Date:
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BENTWORTH SCHOOL DISTRICT
150 Bearcat Drive
Bentleyville, PA 15314

PARENT REGISTRATION STATEMENT

Student's Name _____ Grade _____

Date of Birth _____ Phone Number _____

Parent or Guardian Name _____

Address _____

Pennsylvania School Code 13-1304-A states in part "prior to any school entity, the parent , guardian or other person having control or charge of a student shall, upon registration, provide a sworn statement or affirmation stating whether the student 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 or for any act of violence committed on school property."

Please check answers:

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 24 P.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.

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

Name of the School District from which the student was suspended or expelled:

Date of suspension or expulsion

(Please provide additional schools and dates of expulsion or suspension on back of this sheet.)

Reason for suspension/expulsion
(optional) _____

Signature of
Parent or Guardian _____ Date _____

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. (24 P.S. 13-1317.2)

Bentworth School District Health Record for Registration

Student's Full Name _____ Birth Date _____ M/F _____
 (print) LAST FIRST M.I.

Last school attended: _____ School District: _____

CHILD'S MEDICAL HISTORY

Please circle yes/no and provide explanation if yes. Please include medications if they apply.

YES	NO	Allergies to food, drugs or environment:		
YES	NO	Cardiac Problems: describe	Yes/ No:	Urinary or Bowel: describe
YES	NO	Seizures: type:	Medication:	
YES	NO	Diabetes/Treatment:	(please attach written Physician School orders)	
YES	NO	Chicken Pox Disease	Date of illness:	
YES	NO	Ear Infections Frequency:	Yes / No	Tonsillitis / Tonsillectomy:
YES	NO	Asthma: Medication	Yes / No	Stomach Problems: describe
YES	NO	Vision Problems /Glasses:	Yes / No	Hearing Issues: Hearing Device

Immunizations: A copy of your child's immunization record must be attached.

Doses required by law for school students

(K-1st Grade) are Diphtheria and Tetanus (4)-the 4th being on or after the 4th birthday, Polio (4)- the 4th being on or after the 4th birthday and 6 months after the last dose given, Hepatitis B (3), Measles-Mumps-Rubella (MMR) (2) and Varicella (Vaccine (2) or Disease).

7th GRADE: 1 dose of tetanus, diphtheria, acellular pertussis (Tdap) before the first day of 7th grade; 1 dose of meningococcal conjugate vaccine (MCV) before the first day of 7th grade

12th GRADE: 1 dose of meningococcal conjugate vaccine (MCV) before the first day of 12th grade. If one dose was given at 16 years of age or older, that shall count as the 12th grade dose.

Please schedule your child for the immunizations they have not yet had and provide written verification to the nurse before the start of school.

Bentworth School District

150 Bearcat Drive

Bentleyville, PA 15314

Phone: (724)239-2861

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Household Information Form

Student's Name: _____ Grade: _____

Parent/Guardian(s) Name: Mother _____ Father _____

Do you have other children enrolled in the district who live in the same household at least 50% of the time? _____ Yes _____ No

If yes, please fill out information below:

First Name	Last Name	School (HS, MS, Elem)	Grade

Parent Notification

By law, each parent has equal rights and access to their child and their child's school records, **UNLESS** a parent provides Bentworth School District with a court order that indicates otherwise. The school **MUST HAVE A COPY OF THE CURRENT COURT ORDER** on file.

In cases of separation/divorce, who has primary custody? _____

Is there a legal custody agreement? _____ Yes _____ No

PARENT/GUARDIAN SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE

SCHOOL DISTRICT
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
<p><input type="checkbox"/> In an emergency or transitional shelter</p> <p><input type="checkbox"/> Sharing the housing of other persons due to loss of housing, economic hardship, or similar reason</p> <p><input type="checkbox"/> In a motel, hotel, campsites, or cars due to a lack of alternative adequate accommodations</p> <p><input type="checkbox"/> In a car, park, public spaces, abandoned building, substandard housing, bus or train stations, or similar settings</p> <p><input type="checkbox"/> Other places not designed for, or ordinarily used as, a regular sleeping accommodations for human beings</p> <p>CONTINUE to Question 3  if you checked any box in SECTION A</p>	<p><input type="checkbox"/> None of the choices in Section A apply.</p> <p style="text-align: center;"></p> <p>If you checked this section, you do not need to complete the remainder of this form. Submit the form to school personnel now.</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: _____

Contact person at school (if known): _____

6. Does the student have an IEP or a Chapter 15/504 agreement?

NO

YES. Please explain: _____

Signature of Parent/Legal Guardian: _____

Date: _____

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 for the identification.

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?

(Do not include languages learned in school.)

Yes **No**

If yes, specify the languages _____

3. 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.

MEDIA PERMISSION FORM
BENTWORTH SCHOOL DISTRICT

During the school year your child may have the opportunity to experience various forms of learning through media. In order for your child to participate, Bentworth School District requires your permission. Your signature is requested below on three separate items. Omission of a signature on any portion of this form will mean your child does NOT have your permission for that particular item.

Student Name (Print) _____

Parent/Guardian (Print) _____

VIDEO CONFERENCING PARTICIPANT WAIVER

I understand that in a Distant Learning Classroom my child's voice, physical presence and participation in classroom activities will be transmitted to learning sites and will be electronically recorded. I understand that my signature indicates participation and electronic recording of these classes will not be a violation of my child's or my personal rights and hereby release any claims for the use of such.

- I give permission for my child to participate in videoconferencing.
- I DO NOT give permission for my child to participate in videoconferencing.

Parent/Guardian Signature _____

Date _____

WEBSITE/INTERNET PICTURE NOTIFICATION

To effectively illustrate the educational activities of students in our schools, Bentworth School District may desire to post your child's picture to the school website and school social media sites such as Instagram, Twitter, and Facebook. The name of the student will NOT be posted, only the picture. In order to use the picture, we are requesting your permission.

- I give permission for my child's picture to be distributed via email/internet including the Bentworth website and social media sites.
- I DO NOT give permission for my child's picture to be distributed.

Parent/Guardian Signature _____

Date _____

TELEVISION/NEWSPAPER PARTICIPANT WAIVER

I give my permission for my child to be interviewed, recorded and/or photographed for television (including video viewing sites such as youtube and vimeo) and/or newspaper. I understand that my signature indicates that this will not be a violation of my child's or my rights and hereby release any claims for the use of such.

- I give my permission for my child to be interviewed, recorded and/or photographed for the television and/or newspaper.
- I DO NOT give permission for my child to be interviewed, recorded and/or photographed.

Parent/Guardian Signature _____

Date _____

This document is binding. In the event that you would like to cancel this contract you must submit your request in writing.

Race & Ethnicity Survey

Bentworth School District

The U.S. Department of Education has changed the questions that the district must use to collect race and ethnicity information for students and employees. There are now two questions instead of one. Please review and respond to both questions.

In particular, the changes mean that:

- ✧ If you are Hispanic or Latino, you should also select a race in the second question
- ✧ If you are Asian or Pacific Islander, you need to select a new category

Name: _____

1. Are you Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

- No, not Hispanic or Latino
- Yes, Hispanic or Latino

The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following, if applicable, by marking one or more boxes to indicate what you consider your race to be.

2. How would you describe yourself? (Choose one or more from the following racial groups)

- American Indian or Alaska Native**
(A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.)
- Asian**
(A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- Black or African American**
(A person having origins in any of the Black racial groups of Africa – includes Caribbean Islanders and other of African origin.)
- Native Hawaiian or Other Pacific Islander**
(A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White**
(A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Signature

Date



BENTWORTH SCHOOL DISTRICT

ADMINISTRATION OFFICES

150 Bearcat Drive

Bentleyville, Pennsylvania 15314

Phone: 724.239.2861 ext. 3419 Fax: 724.239.2865

INTERSCHOLASTIC ATHLETIC QUESTIONNAIRE FOR MIDDLE SCHOOL AND HIGH SCHOOL

DATE _____

NAME _____

GRADE _____

ADDRESS _____

ZIP _____

TELEPHONE _____

PREVIOUS SCHOOL _____

Were you participating in interscholastic athletics at your previous school?

Yes _____ No _____

If yes, please list sport _____

Would you like to participate in athletics at Bentworth?

Yes _____ No _____

If yes, please list the sports _____

*Students that transfer for purposes of athletic intent will be declared ineligible according to the P.I.A.A. rules.

NEW STUDENT REGISTRATION
SPEECH-LANGUAGE INFORMATION

STUDENT'S NAME: _____

BIRTHDATE: _____ AGE: _____

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ PHONE NUMBER: _____ PLEASE CIRCLE:
(HOME/CELL/WORK) (HOME/CELL/WORK)

Is this student *currently* enrolled in Speech-Language Therapy? Yes No

If yes, please indicate the school or facility: _____

Do you have any concerns about the way your child talks? Yes No

If yes, please indicate what area(s):

_____ Articulation – may omit, substitute, or distort certain speech sounds.

_____ Voice – may be hoarse, breathy, nasal, may talk too loudly or softly.

_____ Fluency – may stutter, repeat words, repeat sounds, hesitate, or prolong words.

_____ Language - may have difficulty with grammar, vocabulary, etc.

_____ Hearing - may appear inattentive or ask to have information repeated.

Please describe area(s) of concern:

Parent Signature: _____ Date: _____