Student Enrollment and Registration Form
For All New and Re-Entering Students
Please Print Using Ink – Not Pencil

Table of Contents
STUDENT INFORMATION RELEASE FORM ...................................................................................................................................... 2
STUDENT DEMOGRAPHICS ................................................................................................................................................................. 3
SCHOOL ENROLLMENT HISTORY ..................................................................................................................................................... 4
HOME LANGUAGE SURVEY ................................................................................................................................................................ 5
STUDENT DISCIPLINE PARENTAL SWORN STATEMENT ............................................................................................................. 6
STUDENT EMERGENCY INFORMATION / VERIFICATION ............................................................................................................ 7
  PARENT / GUARDIAN................................................................. 7
  ALTERNATE CONTACTS ............................................................ 7
  CUSTODY INFORMATION ........................................................... 7
  ALERTNOW CONTACT NUMBERS ............................................. 8
  CENSUS .......................................................................................... 8
  PHOTO RELEASE INFORMATION ............................................... 8
MEDICAL INFORMATION .................................................................................................................................................................... 9
  PHYSICIAN INFORMATION ........................................................ 9
  REQUIRED PHYSICAL EXAMINATION FOR ENTRY INTO SCHOOL .......................................................................................... 9
  MEDICATION AUTHORIZATION .................................................. 9
HEALTH HISTORY ............................................................................................................................................................................. 10
STUDENT INFORMATION RELEASE FORM

STUDENT NAME         DATE OF BIRTH

As parent/guardian of the above child, I give permission for the following records to be released from:

School District

School Name

School Address

School Phone Number     School Fax Number

Please forward the following records:

☐ ACADEMIC RECORDS  ☐ STANDARDIZED ACHIEVEMENT TEST SCORES
☐ HEALTH RECORDS      ☐ PSYCHOLOGICAL REPORTS
☐ DISCIPLINE RECORDS (Include Act 26)  ☐ OTHER
☐ STUDENT TRANSCRIPTS (Middle and High School students only)
☐ IEP, Evaluations, Re-Evaluations, NOREP, & Progress Monitoring – Fax To: 717-664-8528

For High School inquiries, call guidance at 717-664-8411 * For Middle School inquiries, call guidance at 717-664-1810

THE STUDENT LISTED ABOVE HAS ENROLLED WITH US AS OF THE DATE PARENT SIGNED BELOW.

Please send student records to the school building marked below:

☐ MC HIGH SCHOOL – 400 Adele Avenue, Manheim PA 17545 – Fax: 717-664-8420
☐ MC MIDDLE SCHOOL – 261 White Oak Road, Manheim PA 17545 – Fax: 717-664-1859
☐ DOE RUN ELEMENTARY – 281 Doe Run Road, Manheim PA 17545 – Fax: 717-665-8819
☐ H.C. BURGARD ELEMENTARY – 111 South Penn Street, Manheim PA 17545 – Fax: 717-665-8909

I understand that this release is specifically for the records listed above and only to the recipient noted. I further understand I have the right to inspect and receive a copy of said records via a conference.

PARENT/GUARDIAN SIGNATURE       DATE
### STUDENT DEMOGRAPHICS

**Gender:** ☐ MALE / ☐ FEMALE (Check One)

**Last Name (Legal):** __________________________

**First Name (Legal):** __________________________

**Middle Name (Legal):** __________________________

**Physical Address:**

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<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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**Mailing Address (if different):**

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<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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**Phone Number:** __________________________

### Student Date of Birth

| Student Date of Birth
|----------------------|

| Student Place of Birth (City, State, Country)
|---------------------------------------------------------------------|
| If Student NOT Born in PA, Please Provide Date When Student Moved to PA
|---------------------------------------------------------------------|

### RESIDENCY (check all that apply):

☐ Resident  ☐ Homeless  ☐ Tuition Student – Paid By: ___________

### FOSTER (1305 - Attach Agency Letter):

Guardian Ad Litem: __________________________

Phone: __________________________

Address: __________________________

### GUARDIANSHIP TYPE (1302):

☐ Minor  ☐ Emancipated Minor  ☐ Adult

### Has Student Ever Attended School in the Manheim Central School District? ☐ No  ☐ Yes - __________________________ Dates of Attendance

If Yes to Above, Building: __________________________  Grade: __________________________

### ETHNICITY:

☐ Hispanic or Latino  ☐ Not Hispanic or Latino

### RACE:

☐ White  ☐ Black/African American  ☐ Asian  

☐ Native Hawaiian or Pacific Islander  ☐ American Indian or Alaskan Native

### Does Student Have Migrant Status? ☐ No  ☐ Yes - Migrant ID Number: __________________________

### Is Student a Foreign Exchange Student? ☐ No  ☐ Yes

### Is Student a Single Parent? ☐ No  ☐ Yes
## SCHOOL ENROLLMENT HISTORY

List All Schools Attended Previously (most recent first):

<table>
<thead>
<tr>
<th>School District</th>
<th>Name of School</th>
<th>School Address &amp; Phone No.</th>
<th>Grades Attended</th>
<th>Withdraw Date</th>
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**US ENROLLMENT DATE:**
What is the first date that your child attended school in the United States? ____________________________

**STATE ENROLLMENT DATE:**
What is the first date that your child attended school in Pennsylvania? ____________________________

**DISTRICT ENTRY DATE:**
What is the first date that your child attended school in Manheim Central School District? ______________

**SCHOOL ENTRY DATE:**
What is the first date that your child attended any school (usually kindergarten)? ____________________________

I affirm that all the information provided on this student enrollment and registration form is true and correct to the best of my knowledge.

Signature of Parent or Guardian ____________________________ Date ____________________________

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**FOR OFFICE USE ONLY**

PA Secure ID: _____________________ Student ID: ____________________ School ID: ____________________

School: __________________________ Grade: _______ Resident Code (if resident, leave blank): ______________

Entry Grade 9 Entry Date: __________ Tuition Student Board Approval Date: ____________________________

ADMINISTRATOR SIGNATURE: ____________________________ DATE: ____________________
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) 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.

Last Name (Legal): _____________________________________________________________

First Name (Legal): __________________________________________________________

Middle Name (Legal): _________________________________________________________

Date of Birth: ___________________________  Grade: _____________________________

1. Is a language other than English spoken in the child’s home?  ☐ Yes  ☐ No

2. Does the student speak a language(s) other than English?  ☐ Yes  ☐ No

3. What is the language that your child first learned to speak? ____________________________

IF ANY ABOVE ANSWER IS “YES,” A FAMILY INTERVIEW WILL BE CONDUCTED DURING THE REGISTRATION PROCESS

Parent/Guardian Signature: ___________________________  Date: _________________

Phone Number: ________________________________________________________________
Pennsylvania School Code §13-1304-A states in part “Prior to admission 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 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 or offense involving weapons, alcohol or drugs, or the willful infliction of injury to another person or for any act of violence committed on school property.”

Please complete the following: (check appropriate box)

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 the Commonwealth of 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. 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 BELOW

Name of School from which Student was Suspended/Expelled: ______________________________________

Dates of Suspension/Expulsion: ________________________________________________________________

Reason for Suspension/Expulsion: _____________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

SIGNATURE OF PARENT OR GUARDIAN ___________________________ DATE ___________
STUDENT EMERGENCY INFORMATION / VERIFICATION

Last Name (Legal): _____________________________________________________________

First Name (Legal): ___________________________________________________________

Middle Name (Legal): __________________________________________________________

Date of Birth: ____________________________ Grade: _____________________________

Physical Address: ____________________________________________________________

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<th>Street Address</th>
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<th>State</th>
<th>Zip</th>
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Mailing Address (if different): ________________________________________________

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<th>Zip</th>
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PARENT / GUARDIAN

PLEASE INDICATE IF GUARDIANS BELOW ARE OTHER THAN A PARENT

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<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
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<th>Home Phone</th>
<th>Cell Phone</th>
<th>Work Phone</th>
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<th>E-mail Address</th>
<th>Email Address</th>
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<th>Employer Name</th>
<th>Employer Name</th>
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IF MILITARY MEMBER: Active ☐ Retired ☐

ALTERNATE CONTACTS

TO BE CONTACTED IN THE EVENT SCHOOL IS UNABLE TO REACH A PARENT/GUARDIAN

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<tr>
<th>Name</th>
<th>Phone</th>
<th>Relationship to Student</th>
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CUSTODY INFORMATION

In order for the school to maintain the safety and confidentiality of our students, please check the following box if applicable. All information will be kept confidential.

☐ There is/will be a current custody agreement on file in the school office (including PFAs). *

*Please Note - For agreements to be followed, a copy must be in the school office.
ALERTNOW CONTACT NUMBERS

AlertNow is a rapid, parent notification system. The numbers listed below as A1 and A2 will be the number that is contacted for mundane events such as weather-related school closures, reminders about parent conferences or report cards. These numbers should be the parent/guardian’s cell or home numbers. In the case of a school-wide or district-wide emergency or an unplanned early dismissal, the AlertNow system will call ALL Contact Numbers listed below. Students should have a minimum of three (3) AlertNow Contacts, however you do not have to list five numbers.

<table>
<thead>
<tr>
<th>PRIORITY</th>
<th>CONTACT NAME</th>
<th>PHONE NUMBER</th>
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<td>A1</td>
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<td>A4</td>
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<td>A5</td>
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CENSUS

PLEASE LIST ALL MEMBERS IN THE HOUSEHOLD (INCLUDING THE STUDENT):

<table>
<thead>
<tr>
<th>NAME OF HOUSEHOLD MEMBER</th>
<th>DATE OF BIRTH</th>
<th>AGE</th>
<th>GRADE</th>
<th>SCHOOL NOW ATTENDING</th>
<th>RELATIONSHIP TO STUDENT</th>
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PHOTO RELEASE INFORMATION

☐ YES, I give my permission to Manheim Central School District to use photographs, interviews or video tapes of my child for school district publications.

☐ NO, I do not give my permission.

YEARBOOK INCLUSION: ☐ YES  ☐ NO

I understand and agree that there will be no compensation for use of these written or visual materials. I also agree to release and discharge Manheim Central School District from all claims and demands of any nature whatsoever, arising from or with respect to the use of any photographs, interviews, movies or videotapes.
MEDICAL INFORMATION

PLEASE LIST ANY MEDICATION TAKEN EITHER AT HOME OR SCHOOL:

<table>
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<tr>
<th>MEDICATION</th>
<th>DOSAGE</th>
<th>TIME TAKEN</th>
<th>REASON</th>
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HAS YOUR CHILD HAD ANY RECENT IMMUNIZATIONS?  □ Yes  □ No

Recent Immunization                      Date Administered

DOES YOUR CHILD WEAR GLASSES/CORRECTIVE LENSES?  □ Yes  □ No

DOES YOUR CHILD HAVE ALLERGIES TO MEDICATION, FOOD, BEE STINGS, etc.?  □ Yes  □ No

If yes, please describe: ____________________________

PHYSICIAN INFORMATION

Family Physician: ____________________________  Phone Number: ____________________________
Family Dentist: ____________________________  Phone Number: ____________________________
Preferred Hospital: ____________________________  Insurance Company: ____________________________

☐ Access    ☐ No Insurance

In case of accident or serious illness, parent/guardian or emergency contact person will be notified. I hereby authorize school personnel to act for me according to their best judgment in any emergency requiring medical attention.

Parent Signature: ____________________________  Date: ____________________________

Please Note: For the safety & well-being of each child, information on this form will be shared only on a need to know basis.

REQUIRED PHYSICAL EXAMINATION FOR ENTRY INTO SCHOOL

The PA School Health law requires a complete physical exam upon original entry to school and in the 6th and 11th grades.

Please check one of the following:  □ I wish to have my family doctor examine my child at my own expense.
                                      □ I wish to have the school doctor examine my child.
                                      □ I wish to have the school dentist examine my child.

Parent Signature: ____________________________  Date: ____________________________

MEDICATION AUTHORIZATION

Per guidelines on MCSD Health Services Standing Orders, the school nurse will administer the following medication as needed ONLY with your authorization: Tylenol, Ibuprofen (Advil, Motrin, Nuprin), Benadryl – age/weight appropriate doses, Antacid for stomach upset, Anbesol and Visine. (throat lozenges – middle and high school students only)

CHECK ONE BOX ONLY:

□ I authorize the school nurse to administer any of the above listed medications.
□ I authorize the school nurse to administer only the following medications: ____________________________
□ Please call BEFORE administering any medication.
HEALTH HISTORY

☐ Yes  ☐ No  Is your child under treatment for a skin problem (ex: psoriasis, eczema)? If so, what treatment is needed at school?

☐ Yes  ☐ No  Does your child have any trouble with his/her ears or hearing? Does child have hearing aids?  
Will child require special seating?

☐ Yes  ☐ No  Does child get frequent colds or throat infections with a fever?

☐ Yes  ☐ No  Were child’s tonsils removed?

☐ Yes  ☐ No  Was child ever diagnosed with pneumonia? If yes, when?

☐ Yes  ☐ No  Has child ever had a convulsion or fit (seizure)? If yes, what type:  
Medication child is on?  
What special restrictions, meds or care will need to be provided at school for child?

☐ Yes  ☐ No  Does child complain frequently of headaches? If yes, what medication or special care will be needed at school?

☐ Yes  ☐ No  Has child ever had a fainting spell? If yes, was child treated by a doctor?  
Restrictions at school:

☐ Yes  ☐ No  Does child have a heart murmur that requires doctor’s care? If yes, please list restrictions or special care needed at school:

☐ Yes  ☐ No  Does child have asthma or wheezing? If yes, list medication or inhaler(s) needed at school:

☐ Yes  ☐ No  Is your child toilet trained? If no, please describe:

☐ Yes  ☐ No  Is constipation a problem for your child? Does child have bladder or kidney problems?  
If yes, please describe:  
Special care needed at school:

☐ Yes  ☐ No  Has child been diagnosed with juvenile rheumatoid arthritis? If yes, please indicate care required at school:

☐ Yes  ☐ No  Does child have frequent trouble sleeping?

☐ Yes  ☐ No  Is child diabetic? If yes, when was child diagnosed and what special care is needed at school?

☐ Yes  ☐ No  Has child been diagnosed with ADD or ADHD or another condition? If yes, please describe:  
Special care or treatment needed at school:

☐ Yes  ☐ No  Has child been diagnosed with Tourette’s syndrome?

☐ Yes  ☐ No  Has child been diagnosed or treated for tuberculosis?

☐ Yes  ☐ No  Has child ever been in the hospital or had an operation? If yes, indicate when and what for:

☐ Yes  ☐ No  Has child had other illnesses, accidents or fractured bones? If yes, please describe:

☐ Yes  ☐ No  Does child require any other restrictions, special care or medications at school other than listed above?  
If yes, please describe:

PARENT SIGNATURE:  
DATE:  
STUDENT NAME:  

10