Dear Parents/Guardians,

Welcome to the Colonial School District!

In order to expedite the registration process, please complete this registration packet and obtain the documents the Colonial School District requires to complete the registration. These documents are listed on page 1 of the packet.

After completing the paperwork, please call Lenore Ciccolone, Central Registrar, at 610-834-1671 ext. 2150 to make an appointment to finalize the registration. Your appointment for registration will take approximately 20 minutes per child if all the forms are completed and all documents are supplied.

Parents/guardians who indicate multiple occupancy or guardianship circumstances will be required to meet with the school district residency investigator in addition to the appointment with Ms. Ciccolone. If you need assistance with registration or have questions please call Ms. Ciccolone at the above number.

Thank you for your cooperation in this matter. Working together we will provide and promote a culture of collaboration, innovation and inspiration for all students in the Colonial School District.

Sincerely,

Karen Berk
Director of Pupil Services
REQUIREMENTS NECESSARY FOR REGISTRATION

- **PARENT IDENTIFICATION**
  - Copy of vehicle Operator’s License or Picture ID.

- **PROOF OF BIRTH OF CHILD.**
  - Must be 5 years of age on or before September 15 of the current year.
  - Copy of Birth Certificate or
  - Copy of three independent documents with proof of child’s birth date.
  - Passport
  - Baptismal Certificate
  - Immunization Card
  - Report Card

- **PROOF OF RESIDENCY**
  - Copy of Lease or Deed
  - Paid Real Estate Tax Bill or Settlement Papers
  - Statement from Landlord which includes Landlord’s name and telephone number, to be confirmed with Landlord.
  - Lessee Affidavit, Multiple Occupancy or Guardianship Papers (with Copy of Lease or Deed of residence and recent IRS Tax Return attached) to be completed and notarized.

- **HEALTH IMMUNIZATION RECORD**
  - Copy of Immunization Card
  - 4 Doses of DTap Vaccine (1 Dose after 4th birthday)
  - 3 Doses of Polio Vaccine
  - 2 Doses of MMR Vaccine after 12 Months of Age
  - 3 Doses of Hepatitis B properly spaced
  - Varicella (Chickenpox) – 2 doses or history of disease

  **Entering Grade 7 or above**
  - 1 dose of DTap Vaccine
  - 1 dose of Meningococcal Vaccine (MCV)

  **Entering Grade 12**
  - 2nd dose of Meningococcal Vaccine (MCV)

REGISTRATION IS CONSIDERED INCOMPLETE, AND THE CHILD WILL NOT BE CONSIDERED REGISTERED, IF ANY OF THE INFORMATION ABOVE IS MISSING.

PARENT’S SIGNATURE IS REQUIRED ON PAGE TWO OF THE REGISTRATION FORM.

BIRTH CERTIFICATE OR BAPTISMAL CERTIFICATE IS NECESSARY EVEN IF PARENT HAS A TRANSFER CARD.
## Colonial School District
### Pupil Registration Form

**OFFICE USE ONLY**

<table>
<thead>
<tr>
<th>Registration Date:</th>
<th>Birth Verified by: (certificates, etc.)</th>
<th>School:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Starting Date:</td>
<td>Document #</td>
<td>Grade:</td>
</tr>
<tr>
<td>Attend. Category:</td>
<td>No CUSTODY AGREEMENT</td>
<td>HR#:</td>
</tr>
<tr>
<td></td>
<td>Verified CUSTODY AGREEMENT in file.</td>
<td>Student ID#:</td>
</tr>
</tbody>
</table>

Parent/Guardian Signature

---

### STUDENT INFORMATION:

**STUDENT NAME:** ____________________________ Male ☐ Female ☐

Last    First    Middle

**DATE OF BIRTH:** ___/___/___

---

### ADDRESS INFORMATION: (Use Official Street Name – No Abbreviations)

**TEMPORARY:**

Street (Box #, Apt. #, Rd., etc.) __________________________

City _______ Zip _______ Temporary Phone _______

Until? _______

**PERMANENT:**

Street (Box #, Apt. #, Rd., etc.) __________________________

City _______ Zip _______ Permanent Phone _______

---

### CITIZENSHIP INFORMATION:

Citizen:  YES ☐ NO ☐ If NO, complete nationality: __________________

Language spoken at home: __________________________

Passport: ________________ Alien Card: ________________

---

To assist the school district to comply with federal mandate reporting, please check only one of the following:


Signature of Parent/Guardian __________________________ Date ___________________

---

Registrar’s Name __________________________ Date ___________________
# Home Language Survey

The Pennsylvania Department of Education requires identification for each child’s home language.

**Parent/Guardian:** Please answer the following questions and return the form to your child’s teacher. Each child must have a Home Language Survey as part of their permanent record.

<table>
<thead>
<tr>
<th>Student</th>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth</td>
<td>Month</td>
<td>Day</td>
<td>Year</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parent/Guardian Name(s)</th>
<th>Last Name</th>
<th>First Name(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Phone Number</td>
<td>Country of child’s birth</td>
<td></td>
</tr>
</tbody>
</table>

Years child has been in USA? [ ] Do you have child’s prior school records? [ ]

Please provide the following information about the language(s) spoken by your child and others living in your home.

1. List all languages spoken in your home?

   1a. Which of the listed languages is spoken most often in the home?

2. What was your child’s first spoken language?

3. Does your child speak English? [ ] Yes [ ] No

   3a. If no, what language(s) does your child speak?

4. Does the student frequently speak a language other than English with friends? [ ] Yes [ ] No

5. Do you speak English? [ ] Yes [ ] No

   5a. If no, what language(s) do you speak?

Parent/Guardian Signature __________________________ Date __________

Relationship of signer __________________________

**Official Use Only**

Child Referred for Local Screening [ ] Yes [ ] No

IF YES: Person contacted for screening __________________________
Copy of HLS sent on (date) __________________________
HLS sent by (person’s name) __________________________

Serving the students of Conshohocken, Plymouth and Whitemarsh
230 Flourtown Road, Plymouth Meeting, PA 19462 – Phone (610) 834-1670 – Fax (610) 834-7535 – www.colonialsd.org
Office of Pupil Services

Promoting a Culture of Collaboration, Innovation and Inspiration

Student’s Name: ___________________________ Date of Birth: ______________
Street Address: ___________________________ Home Phone: _______________
City/State/Zip: ___________________________
Mother’s Name: ___________________________ E-Mail Address: __________________
Work Phone: _______________ Cell Phone: _______________ Evening Phone: _______________
Father’s Name: ___________________________ E-Mail Address: __________________
Work Phone: _______________ Cell Phone: _______________ Evening Phone: _______________
Student lives with (please check) _____ Both Parents _____Mother _____Father _____Guardian
_____Foster Parents
_____ Custody Agreement _____ Other Information (please specify) _________________________
_________________________________________________________________________________

Does your child have transportation contraindications or limitations? Y [ ] NO [ ]

If yes, please elaborate: ________________________________________________________

In accordance with the Colonial School District’s Safe School Plan, if a parent cannot be reached, I give my permission for my child to be picked up from school in the event of illness, emergency or early school closing (e.g. inclement weather) by the following locally available relatives or neighbors:

Name: _____________________________________ Relationship: _______________________
Day Phone: ________________ Cell Phone: ________________ Evening Phone: ________________

Name: _____________________________________ Relationship: _______________________
Day Phone: ________________ Cell Phone: ________________ Evening Phone: ________________

Name: _____________________________________ Relationship: _______________________
Day Phone: ________________ Cell Phone: ________________ Evening Phone: ________________

Serving the students of Conshohocken, Plymouth and Whitemarsh
230 Flourtown Road, Plymouth Meeting, PA 19462 – Phone (610) 834-1670 – Fax (610) 834-7535 – www.colonialsd.org
PREVIOUS SCHOOL INFORMATION:

School Name: ____________________________________________

Address: ________________________________________________

Street

City State Zip

Telephone: ________________________________

Grade at previous school: _________

Has child ever attended Colonial School District before?  

YES ☐  NO ☐  YEAR? _________

PREVIOUS PLACEMENT:

☐ Gifted Support  ☐ Autistic Support
☐ Learning Support  ☐ Emotional Support
☐ Multi-handicapped Support  ☐ Life Skills Support
☐ Hearing Impaired Support  ☐ Physically Handicapped Support
☐ Visually Impaired Support  ☐ Vo-Tech

Does your child have a current IEP?  NO ☐  YES ☐  __________

Does your child have transportation contraindications or limitations?  NO ☐  YES ☐

IF YES, PLEASE ELABORATE: ____________________________________________

Foster child placing agency (if any): ________________________________

Name of Agency

Please list any pre-school services your child has received:  ________________

Do you have health care insurance?  YES ☐  NO ☐  

If yes, with whom?  ____________________________

Name of Insurance Policy Number ID Number

Are you a Medical Assistance recipient?  YES ☐  NO ☐  If yes, ______________

Name of HMO: __________ ID Number: __________
<table>
<thead>
<tr>
<th>Please Print</th>
<th>Father</th>
<th>Guardian/Step/Foster Father</th>
<th>Mother/First Name Maiden Name</th>
<th>Guardian/Step/Foster Mother</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Name</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Address</td>
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<tr>
<td>Employer</td>
<td></td>
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<tr>
<td>Bus. Phone</td>
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<tr>
<td>Occupation</td>
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</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Birthdate</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**STATUS (check one)**

- Married
- Widower
- Single
- Separated
- Divorced
- Deceased

List all persons, OTHER THAN ABOVE, living in the home.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First</th>
<th>M/F</th>
<th>Relationship To Child</th>
<th>Birthdate</th>
<th>School</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Revised 11/10/05
Health Information

Date: ____________

I. SCHOOL ___________________________ GRADE ENTERING_________________

STUDENT NAME_______________________ BIRTHDATE: _____________________

ADDRESS: ___________________________ COUNTY OF BIRTH: _____________

____________________________________ TELEPHONE: ____________________

II. My child has the following health problems:

— Adaptive Devices  — Cerebral Palsy  — Hearing Impairment
— ADD/ADHD  — Cystic Fibrosis  — Medication Daily at School
— Asthma  — Developmental Delay  — Physical Limitations
— Asthma Inhaler/Medicine  — Diabetes  — Spina Bifida
— Bee Allergy  — Epilepsy/Seizures  — Tourette’s Syndrome
— Bleeding Disorder  — Epi-Pen/Benadryl  — Vision Impairment
— Cancer  — Requires Peanut-Free Table  — Wears Glasses/Contact Lenses
— Food Allergy (Specify) __________________________

Explain any items checked about and list any other medical concerns of which the school nurse should be aware:

________________________________________

________________________________________

III. All new entrants who are considered in the high-risk category (foreign-born persons from countries with high TB prevalence, i.e. Africa, Central America, Eastern Europe, Korea, South American, Western Pacific) or have been exposed to tuberculosis are required by the state of Pennsylvania to have a tuberculin test.

IV. Your child’s health records will be requested from his/her previous school. In the event that the records are unavailable or incomplete, the physical and dental examinations must be repeated. Please indicate your choice below by initialing. Private exams should be sent to school by October 15.

_____ Private Physical  _____ School Physical  _____ Private Dental  _____ School Dental

Parent Signature ___________________________ Date ___________________________

(Staff internal tracking) Staff check and initial all documentation received at registration and student registration status:

_____ Private Physical Exam _____ Date  _____ Private Dental Exam _____ Date
_____ Immunization Record Received  _____ Parent Informed PPD Required for Enrollment
REQUEST FOR
HEALTH AND SCHOOL RECORDS

Name: ____________________________________________________________

I hereby certify that the above named pupil is entering the Colonial School District on

____________________________________________________________________

PLEASE FORWARD:

(   ) Academic Records (Progress Reports)
(   ) Achievement Tests Results
(   ) Health & Dental Records
(   ) Personal Health History
(   ) Psychological Evaluation & Test Results
(   ) I.E.P.
(   ) Attendance Records
(   ) Discipline Records

I hereby authorize the following school to release the above records to the Colonial School District.

SCHOOL NAME: _____________________________________________________

ADDRESS: _________________________________________________________

____________________________________________________________________

____________________________________________________________________

TELEPHONE: ________________________________________________________

_________________________________    ______________________________
Date                  Signature of Parent/Guardian
PARENTAL REGISTRATION STATEMENT

Student Name __________________________________________________________________________

Date of Birth ___________________________ Grade ___________________________

Parent or Guardian Name ___________________________________________________________________

Address _________________________________________________________________________________

Telephone Number _________________________________________________________________________

Pennsylvania School Code §13-304-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 of offense involving weapons, alcohol or drugs, or for the willful infliction of injury of 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, 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, address and telephone number of the school from which the student was suspended or expelled:

Dates 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.
Student Name: ______________________________

Date of Birth: ______________________________

I, _____________________________, hereby authorize ____________________School
(Name of Student/Parent/Guardian)

To obtain from/release to and communicate with:

________ Family Doctor _______________________

________ Montgomery County Health Department

________ Visiting Nurses’ Association

________ Other _____________________________

Regarding immunization records for the purpose of complying with the Pennsylvania State Mandated Health Program. This consent will begin the date of this authorization and will expire within one year of “Date of Authorization”, unless revoked by me in the interim. I, the undersigned, hereby acknowledge that I have read this authorization prior to its execution and fully understand the nature of this release. All information released will be handled confidentially in compliance with the Federal Privacy Act (PL92-282) and the Pennsylvania Mental Health Procedures Act.

Signature of Parent/Guardian

Signature of Colonial Staff Member  Signature of Student

_____ Copy given to ____________________________________________

Date of Authorization

THIS INFORMATION IS FROM RECORDS WHOSE CONFIDENTIALITY IS PROTECTED BY FEDERAL LAW. FEDERAL REGULATIONS PROHIBIT MAKING ANY FURTHER DISCLOSURE OF THIS INFORMATION WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS OR AS OTHERWISE PERMITTED BY SUCH REGULATIONS (42 CFR PART). A GENERAL AUTHORIZATION FOR THE RELEASE OF MEDICAL OR OTHER INFORMATION IS NOT SUFFICIENT.
PRE-REGISTRATION QUESTIONNAIRE

Please circle “YES” or “NO” for the following questions:

1. Are you the natural parent of the student you are registering? YES  NO

2. Is your child in Special Education? YES  NO

3. Is your child in the Mentally Gifted Program and have an IEP for Mentally Gifted? YES  NO

4. Is the child you are registering a citizen of the United States? YES  NO

5. Are you separated, divorced or a single parent? YES  NO

6. Has a court-approved custody agreement been filed? YES  NO

7. What is the first language the child learned to speak? ______________________

8. What language does the child speak most often? ______________________

9. What language is most often spoken at home? ______________________

Please CHECK (✓) one of the following statements below:

_____ I own a home in Colonial School District.

_____ I am currently renting a home in Colonial School District.

_____ I will be renting the home I am moving into in Colonial School District.

_____ I currently live with another family in Colonial School District.
   Family Name: ______________________
   (if checked we must have notarized statement.)

_____ I will be moving in with another family in Colonial School District.
   Family Name: ______________________

Do you consider your current residence to be stable? YES  NO

_________________________  ___________________________  __________
Child’s Name                  Parent/Guardian Name            Date

_________________________
Registrar’s Name            School
RESIDENCY VERIFICATION/TUITION PAYMENT RESPONSIBILITY

The Colonial School District is proud to offer a high quality public education to our residents. The district also has a very active residency verification program to protect our community resources. This program can include, but is not limited to, complete documentation verification, independent investigation by law enforcement officials, and surveillance.

It is the intent of the Colonial School District to prosecute, to the fullest extent of the law, any individual furnishing false information in the accompanying registration forms for the purpose of enrolling non-resident students.

If the student registered is found to be a non-resident, the individual registering said student will be financially responsible for all tuition costs. Depending on the educational program of the student the tuition liability ranges from $13,942.00 to $31,252 for 2012-13. Parent or guardians will be responsible for this payment.

I certify that I have read and understand the above notice. Additionally, I agree to pay the school district its full tuition cost if the student being enrolled is found to be a non-resident.

I understand the district may contact any or all of the following agencies for student’s attendance/residency within the Colonial School District.

* Social Security Administration
* Internal Revenue Service
* Public Welfare Department
* Montgomery County Housing Authority
* Montgomery County Children and Youth
* Zoning Offices of Conshohocken, Plymouth and Whitemarsh Townships

_________________________  _________________________
Signature                        Date
PARENTAL CUSTODY AND ACCESS TO SCHOOL INFORMATION

Recent court decisions and legal opinions have made it clear that school officials must remain neutral toward parents who are separated or divorced. We may not side with one parent against the other regardless of the child’s residence or guardianship. Like you, teachers and school officials hope that children can be protected from emotional stress resulting from parental disagreement over matters involving the school.

If you have a court decree which establishes you as legal guardian, please make sure that a copy of that document is forwarded to the school principal to be placed in the child’s official school record. In some cases a document can provide a legal basis for working with one parent at the exclusion of another.

In the absence of such a document, you must be aware that school officials cannot deny either parent access to his/her child, or the child’s school records. We could not refuse to provide information or refuse to meet with or work with the other parent. We could not prevent the other parent from picking up the child from school property or withdrawing the child from the Colonial School District and enrolling them in another district.

Officials of the Colonial School District wish to protect all children from emotionally upsetting situations. Separated and divorced parents are urged to communicate frequently about their child’s school experiences. It is hoped that “ground rules” for involvement with the school can be decided amiably outside of the school so that most problems are resolved before they arise and so that the likelihood of a confrontation in school is reduced. Should you have concerns or need assistance, you are urged to contact the appropriate principal or school counselor.

Please sign below to indicate that you have read this statement and understand its content. Thank you.

_____ N/A - (Parents/Guardians are residing together) or (Only one surviving parent/Guardian)

_____ Parents/Guardians are NOT residing together – Child Custody Agreement attached.

_____ Parents/Guardians are NOT residing together and choose not to provide a copy of the Child Custody Agreement.

_____ Parents/Guardians are NOT residing together and the below parent/guardian swears, or affirms, that there is NO Child Custody Agreement in affect.

__________________________________________      __________________________
Signature of Parent                                          Date

cc:  Parent
    Principal
    Counselor
STUDENT NAME: ____________________  GRADE: ________

PARENT SURVEY OF PUBLIC AWARENESS AND CHILD IDENTIFICATION SYSTEM

Please complete this brief survey

1. Have you been utilizing special services offered by the Colonial School District, Montgomery County Intermediate Unit or any other provider?
   a. Yes ☐
   b. No ☐

If YES, please explain then complete the questions below.

2. Did you become aware of special services through:
   ☐ Newspaper
   ☐ Parent Workshop
   ☐ Television
   ☐ Intermediate Unit
   ☐ Student Handbook
   ☐ Friend/Neighbor
   ☐ Calendar
   ☐ Instructional Support
   ☐ Preschool Program
   ☐ Physician

3. Did you encounter any problems in obtaining the special services?
   a. Yes ☐
   b. No ☐

If YES, please explain: