

# Pennsbury School District

## School Board Policy

Effective Date	Supercedes Index No.	Index No.
<b>05/14/15</b>	<b>200.1</b> of 5/21/09	<b>200.1R1</b>

**Title:** Enrollment of Students

**Purpose:** This enrollment policy, consistent with law, exists to ensure that the School District promptly enrolls students who are residents or who are eligible non-residents.

**Reference:** 24 P.S. § 13-1301 - § 13-1306

**Definitions:** School age- shall be defined as the period from the earliest admission age for the School District's kindergarten program until graduation from high school or the end of the school term in which a student reaches the age of twenty-one years, whichever occurs first.

District of residence- shall be defined as the school district in which a student's parents and/or guardians reside.

**Attachments:** Affirmation of Prior Discipline Record  
Home Language Survey  
Student Registration Form  
Medical History Report  
Information on Custody of Student  
Request for Student Records

**Policy:** Entitlement to Education

Every child of school age who is a resident of the School District is entitled to a public school education. This entitlement and the requirements to secure enrollment apply equally to resident students residing with their parent(s); to non-resident students living with a district resident who is supporting the child gratis and seeking enrollment; to non-resident students living in a facility or institution; and to non-resident students living in a foster home.

The School District shall make every reasonable attempt to enroll a school age eligible student the next business day, but no later than five business days after application.

#### Required Enrollment Documentation

The School District shall not enroll a student until the parent(s) and/or guardian(s) has supplied proof of the student's age, residence, and immunizations required by law.

1. Proof of the child's age. Any one of the following constitutes acceptable documentation: birth certificate; notarized copy of birth certificate, baptismal certificate; copy of the record of baptism, notarized or duly certified and showing the date of birth; or a valid passport.
2. Immunizations required by law. Acceptable documentation includes: either the child's immunization record, a written statement from a medical office that the required immunizations have been administered or that a required series is in progress.
3. Proof of residency. Acceptable documentation includes but is not limited to: a lease, agreement of sale, current utility bill, vehicle registration, driver's license, or DOT identification card. For a list of current requested documentation, please refer to the Pennsbury Web site: [www.pennsbury.k12.pa.us](http://www.pennsbury.k12.pa.us).

When the parents of a student reside in different school districts, the student may attend school in the district of residence of the parent with whom the student lives for a majority of the time, unless a court order or court approved custody agreement specifies otherwise. Residency is determined by where a child sleeps at night.

If the parents and/or guardians of a student share joint custody and time is evenly divided, the parents and/or guardians may choose which of the two school districts the student will enroll in for the school year. When in doubt, the parents and/or guardians will be asked to produce a custody agreement.

If the student is an emancipated minor, the resident school district shall be the one in which the student is then living.

The School District shall immediately enroll identified homeless students, even if the student or parent and/or guardian is unable to produce the required documents.

4. Parent Registration Statement. A sworn statement attesting to whether the student has been or is suspended or expelled for offenses involving drugs, alcohol, weapons, infliction of injury or violence on school

property must be provided for a student to be admitted to any school entity. The School District may not deny or delay a child's school enrollment based on the information. However, the School District may provide the student with alternative education placement.

5. Home Language Survey. All students seeking first time enrollment in the School District shall be given a home language survey.

#### Items Which May be Requested But Not as a Condition of Enrollment

The School District may request the following items but not as a condition of enrollment:

1. Picture identification;
2. Health or physical examination records;
3. Academic records;
4. Attendance records;
5. Individualized Education Program (IEPs);
6. Other Special Education records.

The School District may not require that a physical examination be conducted as a condition of enrollment.

#### Student Education Records

Upon enrollment the School District shall contact the student's former school for a copy of the student's education records. The former school is required to respond by forwarding the records within ten business days.

#### Disciplinary Records

A certified copy of the student's disciplinary record, requested by the School District, is required to be forwarded within ten business days from receipt of the request by the former school district.

#### Prohibited needs

For both enrollment and for residency determination, the School District may not request or require any of the following:

1. A social security number;
2. The reason for a child's placement if not living with natural parents;
3. Agency records;
4. A court order or records relating to a dependency proceeding.

**Responsible  
Administrator:**

Director of Administrative Services



**PENNSBURY SCHOOL DISTRICT**

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**AFFIRMATION OF PRIOR DISCIPLINE RECORD**

Pennsylvania School Law 1304-A

Prior to admission to any school, the parent, or 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 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, at a school sponsored activity or on a public or private conveyance providing transportation to or from school or a school sponsored activity.

I have read the above paragraph and I affirm that

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

\_\_\_\_\_  
Date of Birth

Please check the appropriate box:

Has not been suspended or expelled.

Has been suspended or expelled.

*Please complete this section if student has been or is presently suspended or expelled from another school:*

Name of school from which student was suspended or expelled:	
Dates of suspension or expulsion: (Please provide additional schools and dates of suspension/expulsion)	
Reason for suspension/expulsion:	

\_\_\_\_\_  
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*



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OFFICE OF PUPIL SERVICES  
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**HOME LANGUAGE SURVEY - ENGLISH AS A SECOND LANGUAGE (ESL)**

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Date: \_\_\_\_\_ Pennsbury School Attending: \_\_\_\_\_

Previous School Attended: \_\_\_\_\_

Did the student attend ESL at his/her Previous School:  YES  NO

If yes, how many years of ESL has the student received? \_\_\_\_\_

1. What language did the student learn first?

English  Spanish  Other (Please Specify): \_\_\_\_\_

2. What language is spoken in your home most of the time?

English  Spanish  Other (Please Specify): \_\_\_\_\_

3. What language does the student speak most of the time?

English  Spanish  Other (Please Specify): \_\_\_\_\_

4. Which language does the student use most often when he/she speaks to his/her friends?

English  Spanish  Other (Please Specify): \_\_\_\_\_

5. Which language does the student use most often when he/she speaks to his/her parents?

English  Spanish  Other (Please Specify): \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

**PENNSBURY SCHOOL DISTRICT • STUDENT REGISTRATION FORM**

- ELIGIBLE
- INELIGIBLE
- PROVISIONAL

Registration Date \_\_\_\_\_ Student Number \_\_\_\_\_ Entry Code \_\_\_\_\_ Building Name \_\_\_\_\_ S.S. \_\_\_\_\_  
 Excp. \_\_\_\_\_

Code \_\_\_\_\_ Grade \_\_\_\_\_ First Day Attendance \_\_\_\_\_ Special Education \_\_\_\_\_ PPN # \_\_\_\_\_  
 Affidavit     1305     Tuition     Homebound     Custody Issue    State Code \_\_\_\_\_

Male     Asian     Black, Non-Hispanic  
 Female     Hispanic     American Indian or Alaskan Native  
 Multi-Racial     Native Hawaiian or Pacific Islander  
 White, Non-Hispanic

Date of Birth \_\_\_\_\_ Place of Birth (State) \_\_\_\_\_ Birth Certificate Number \_\_\_\_\_

Student's Last Name, First Name, Middle Initial \_\_\_\_\_ Name of Development, Apartment or Mobile Home Park \_\_\_\_\_

Street Address \_\_\_\_\_ Apt or Lot # \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_ Primary Phone # \_\_\_\_\_

Do you own or rent your house? \_\_\_\_\_ If renting, in whose name is it rented? \_\_\_\_\_  
 Are you currently living in Pennsbury? \_\_\_\_\_ If no, on what date do you expect to move into the district? \_\_\_\_\_  
 Is or has your child ever received any of these services?     Yes     No     IEP (past or present)     Speech/Language     504

Name of Previous School \_\_\_\_\_ Address of Previous School (street, city, state, zip) \_\_\_\_\_ Phone # \_\_\_\_\_

PA Entry: \_\_\_\_\_ US Entry: \_\_\_\_\_ 9th Entry: \_\_\_\_\_

**PARENT INFORMATION**      Number of Parents in Household (please choose one):     1     2

	Years of Education	Marital Status	Occupation	Child Resides With
Father's Name: _____	_____	_____	_____	<input type="checkbox"/>
Mother's Name: _____	_____	_____	_____	<input type="checkbox"/>
Guardian's Name: _____	_____	_____	_____	<input type="checkbox"/>

Emergency Contact (other than parent) – Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Father's Cell Phone #: \_\_\_\_\_ Father's Email: \_\_\_\_\_  
 Mother's Cell Phone #: \_\_\_\_\_ Mother's Email: \_\_\_\_\_  
 Guardian's Cell Phone #: \_\_\_\_\_ Guardian's Email: \_\_\_\_\_

**EMPLOYMENT INFORMATION**

	Employer's Address	Phone #
Father's Employer: _____	_____	_____
Mother's Employer: _____	_____	_____
Guardian's Employer: _____	_____	_____

**OTHER ADULTS OR CHILDREN IN RESIDENCE**

Name	Birthdate	Grade	School
_____	_____	_____	_____
_____	_____	_____	_____

**1305 INFORMATION ONLY**      **FOR OFFICE USE ONLY**

Name of Placing Agency: \_\_\_\_\_ Phone: \_\_\_\_\_ Social Worker: \_\_\_\_\_  
 Address: \_\_\_\_\_ School District of Natural Parents: \_\_\_\_\_

Signature of Parent or Guardian _____	Date _____	<b>OWNER/RENTER</b>	<b>PARENT/GUARDIAN</b>
			MULTI OCC <input type="checkbox"/> YES <input type="checkbox"/> NO



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**MEDICAL HISTORY REPORT**

Student's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Number of Brothers: \_\_\_\_\_ Number of Sisters: \_\_\_\_\_ This child is \_\_\_\_\_ (number) in the family

1. With whom does the student live? \_\_\_\_\_ Relationship to student: \_\_\_\_\_

2. Does your child have a health problem? (check all that are appropriate)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Asthma                    | <input type="checkbox"/> Heart Problem            | <input type="checkbox"/> Vision Problem        |
| <input type="checkbox"/> Allergies                 | <input type="checkbox"/> Lung Problem             | <input type="checkbox"/> Hearing Problem       |
| <input type="checkbox"/> Anemia                    | <input type="checkbox"/> Urinary Problem          | <input type="checkbox"/> Convulsions           |
| <input type="checkbox"/> ADHD                      | <input type="checkbox"/> Orthopedic Problem       | <input type="checkbox"/> Developmental Problem |
| <input type="checkbox"/> Diabetes                  | <input type="checkbox"/> Gastrointestinal Problem | <input type="checkbox"/> Psychiatric Problem   |
| <input type="checkbox"/> Chicken Pox – Date: _____ |   | <input type="checkbox"/> Other: _____          |

Please explain: \_\_\_\_\_  
 \_\_\_\_\_

3. Is your child on any medication?  Yes  No If yes, name of medication: \_\_\_\_\_

Reason for medication: \_\_\_\_\_ Prescribing Doctor: \_\_\_\_\_

Will he/she need to take it during the school day?  Yes  No At what time? \_\_\_\_\_

4. Has your child been hospitalized for any reason since birth?  Yes  No If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

5. Has you child had any major injuries?  Yes  No If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

6. Does your child have any physical limitations  Yes  No Will he/she need any special considerations in school  Yes  No

Please explain: \_\_\_\_\_

7. Are there any problems at home which might affect your child's learning?  Yes  No

Please explain: \_\_\_\_\_

**PLEASE CHECK YOUR CHOICE OF DOCTOR OR DENTISTS BELOW:**

(GRADES K-6-9) I would like my family doctor  or school doctor  to examine my child

(GRADES K-3-7) I would like my family dentist  or school dentist  to examine my child

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**INFORMATION ON CUSTODY OF STUDENT**

NAME OF STUDENT: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

Do both natural parents reside in the home?  YES  NO

If no, please provide the name and address of natural parent and stepparent that the child does not reside with.

\_\_\_\_\_  
 \_\_\_\_\_

If both natural parents do not reside together, has a Court Order been entered with regard to custody of the child(ren)?  YES  NO

Please attach a copy of the Court Order.

If there is no Court Order, do you have primary physical custody of the child(ren)?  YES  NO

If yes, describe the custody arrangement and provide a copy of agreement for our records.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If no, describe the shared custody agreement.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are there any restrictions on who picks up the child(ren) from school?  YES  NO

If yes, are these restrictions supported by a Court Order?  YES  NO

\_\_\_\_\_  
 Parent Signature

\_\_\_\_\_  
 Date





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**REQUEST FOR STUDENT RECORDS**

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

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

Enrolled In: \_\_\_\_\_ School

on \_\_\_\_\_ Date

The above student is now enrolled in school in our district. Please send the student's educational and health records, results of standardized testing, scholastic grades, attendance records, discipline records and any other appropriate data.

Please include psychological, psychiatric records, I.E.P. or other records relative to special education classification, if applicable.

Return to:

\_\_\_\_\_  
Secretary Signature

\_\_\_\_\_  
Secretary

\_\_\_\_\_  
Date

I approve of this request. Pursuant to the provisions of P.L. 93-380 (Family Educational Rights and Privacy Act of 1974) please comply with the above request for school records. You are advised that in dealing with these records, they will not be disclosed to any other party without prior written consent of the parent/guardian of the student or the eligible student.

\_\_\_\_\_  
Signature of Parent / Guardian / Eligible Student

\_\_\_\_\_  
Date