

POTTSTOWN SCHOOL DISTRICT REGISTRATION

- **Pre-Kdg. – Must be 4 years old on or before September 1st.**
- **5 Year Old Kdg. – Must be 5 years old on or before September 1st.**

ITEMS NEEDED TO REGISTER A CHILD

1. **Immunization records** (including Hepatitis B and Varicella [chicken pox] immunization or physician proof of chicken pox disease)
2. **Birth certificate** or evidence of birth (hospital certificate, baptismal certificate)
3. **Two (2) proofs of residency** (electric bill, mortgage payment, tax receipt, signed lease)
4. **Custody agreement** document (if appropriate)
5. **Completed Registration Forms**
6. Information about any special problems, such as severe injury or illness, speech defect, hearing problems, etc., medical or otherwise of which the school should be made aware.

**NOTE: REGISTRATION IS NOT COMPLETE UNTIL
ALL THE REQUIRED INFORMATION IS
RECEIVED.**



**POTTSTOWN
SCHOOL DISTRICT**

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Documents to be returned at Registration:

- Form A: Pottstown School District Student Registration Form
- Form B: Pottstown Student Emergency Contact Information
- Form C: Home Language Survey
- Form D: Speech and Language Survey
- Form E: Affirmation of Prior Discipline Record
- Form F: Previous School District Release of Information Form
Fill-in if applicable or mark N/A
- Form G: Child Custody Information –
Fill-in if applicable or mark N/A
- Form H: Policy for Administration of Medication –
Fill-in if applicable or mark N/A
- Form I: Preschool/Pre-K Experience –
Only needed for Pre-K or Kindergarten
- Form J: Proof of Residency Form
- NOTE:** Students entering into a school in Pennsylvania (4 year-old or 5 year-old kindergarten registration, out-of-state transfer, or students entering Grades 6 and 11) are required to have a doctor's physical and dental examination.

Pottstown Student Emergency Contact Information

Name _____ Grade _____ Building _____

Emergency Contacts:

1.	Name	Relationship	Phone #	Cell #
	Address (Street & Town)	Home eMail		
	Employer	Work Phone #	Work eMail	
2.	Name	Relationship	Phone #	Cell #
	Address (Street & Town)	Home eMail		
	Employer	Work Phone #	Work eMail	
3.	Name	Relationship	Phone #	Cell #
	Address (Street & Town)	Home eMail		
	Employer	Work Phone #	Work eMail	
4.	Name	Relationship	Phone #	Cell #
	Address (Street & Town)	Home eMail		
	Employer	Work Phone #	Work eMail	

Other children living at home:

Name	Gender	Birth Date	Grade	School
1.				
2.				
3.				
4.				

Family Physician _____ Phone # _____

Family Dentist _____ Phone # _____

Preferred Hospital _____

Pottstown School District
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: Pottstown School District

Name of Child: _____ Date: _____

Address: _____ Grade: _____

School: _____

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 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: _____

*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.

All new registrants must complete the Home Language Survey (HLS) at the time of registration. If the parent/guardian indicated a language other than English for the first three questions, please send a copy of the HLS to the ESL teacher (Ms. Kelley Eroh – Elementary, Mr. Olger Duran – Middle School or Ms. Samantha Lederman – High School). After receiving the HLS, the ESL teacher will contact the building secretary and the homeroom teacher to arrange an assessment to determine the student's level of language proficiency.

1. For Spanish language speakers, contact ACLAMO at (610) 970-2134 if assistance is needed.
2. Contact Ms. Kelley Eroh, ESL elementary instructor, at (610)-970-6636, Mr. Olger Duran, ESL middle school instructor, at-(610) 970-6665, or Ms. Samantha Lederman, ESL high school instructor, at (610) 970-6700 for additional information.
3. The ESL teacher and homeroom teacher will establish grading requirements for ELLs according to the student's specific needs.

Copy – Director of Student Services and Coordinator of ESL Service

Speech and Language Survey
Parent Information Form

Student Name _____

Date of Birth _____

School _____

Student will enter: 4K 5K (Circle one)

1. Please list any strengths/concerns you see in the following areas:

Articulation (producing speech sounds) _____

Language (forming sentences, understanding vocabulary, following directions, social language)

Fluency (stuttering) _____

Voice (hoarse, breathy, harsh) _____

2. Did your child achieve developmental milestones in a timely manner? (talking, walking, eating)
If no, please explain.

3. Does your child have a history of any medical concerns? (Please include information on hearing
problems or ear infections.)

4. Is your child taking any medications? _____ If yes, please provide information.

5. Are there any past audiological/speech evaluations/progress reports that may assist the clinician
when screening your child? _____ (If yes, please include information along with this form.)

Parent/Guardian Signature

Date

POTTSTOWN SCHOOL DISTRICT
AFFIRMATION OF PRIOR DISCIPLINE RECORD
PARENTAL REGISTRATION STATEMENT

FORM E

Student Name _____

Date of Birth _____ Grade _____

Parent or Guardian Name _____

Address _____

Telephone Number _____

Pennsylvania School Code Section 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 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.”

DIRECTIONS: Please check the applicable paragraph, provide all appropriate information, and sign this document.

_____ The undersigned affirms that _____
(Student’s Name)

has not been suspended, previously expelled, or currently expelled from any public or private school in Pennsylvania 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 against persons and/or property committed on school premises, at any school sponsored activities or on any public or private conveyance providing transportation to or from a school or school sponsored activity.

_____ The undersigned affirms that _____
(Student’s Name)

has been suspended, previously expelled, or currently expelled from a public or private school in Pennsylvania or any other state for one or more acts or offenses involving weapons, alcohol, or drugs, or for the willful infliction of injury to another person or for an act of violence against persons and/or property committed on school premises, at a school sponsored activity or on a public or private conveyance providing transportation to or from a school or school sponsored activity.

If you checked paragraph two, explain the circumstances in detail. Include the school name, dates of suspension or expulsion, and a description of the incident giving rise to the suspension or expulsion.

(Use back of form for additional space)

Date: _____
Student’s Signature _____

Date: _____
Parent’s or Guardian’s Signature _____

A willful false statement on this affirmation is a misdemeanor of the third degree and shall be immediately reported to the appropriate authorities. This form shall be maintained as part of the student’s discipline record.



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FORM F

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PREVIOUS SCHOOL DISTRICT RELEASE OF INFORMATION FORM

STUDENT _____

D.O.B. _____

This will authorize the agency or educational institution to furnish the Pottstown School District with information requested.

I was informed of the District's Notice of Privacy Practices regarding medical information (HIPPA); had my questions answered, and had opportunity to receive a copy of this notice.

I understand that the medical information used or disclosed pursuant to this authorization may be subject to redisclosure by the Recipient listed above and, in that case, will no longer be protected by HIPPA.

Signature (Parent/Guardian)

Date

Specific kind(s) of information covered by this release (check [✓] those that apply):

- PA Secure ID#
- Educational
- Vocational
- PSSA/Testing

- Medical
- Psychiatric
- Psychological

- ESL
- Social Service
- IEP, ER, NOREP

Other (specify) _____

Prior School District Name _____

Street Address _____

State _____

County _____

Phone _____

Send to: Aimee Mutter, Central Registration
Pottstown School District
Administration Building
230 Beech Street
Pottstown PA 19464
PHONE #: 610-970-6621 FAX #: 610-323-9307

POTTSTOWN SCHOOL DISTRICT
POTTSTOWN PA 19464

CHILD CUSTODY INFORMATION

The information requested below is necessary for a child who does not live with both natural parents due to separation or divorce. Although the parent with whom the child lives is the custodial parent, both parents, by law, have equal access to the child and his/her school records unless a written court order prohibits it. The school should have a copy of any court order limiting non-custodial parent's rights (see #5 below).

1. Child's name: _____
2. Name of custodial parent with whom child resides:

3. Name and address (if known) of non-custodial parent:

4. Do you have **legal custody** through a court order?
 Yes No Pending (date finalization expected): _____
 Explain your type of custody (e.g., sole, primary, joint/shared, etc.): _____

5. If there is a court order, does it limit the non-custodial parent's access to school records?
 Yes No
 If yes, a copy of the court's order should be placed in the child's school file.
6. May the child be released from school to the non-custodial parent? Yes No
7. Will you provide the non-custodial parent, on a regular basis, with progress information about the child, such as report cards and conference reports? Yes No
8. Please provide any additional information regarding the custody of your child which you think the school should know on the back of this form.

Date

Signature of Custodial Parent



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POLICY FOR ADMINISTRATION OF MEDICATION

This permission form **DOES NOT** need to be completed unless your child needs to take medicine during school hours.

Dear Parent/Guardian:

According to the State Health Code, including the State Board of Nurse Examiners, the school nurse may not administer any prescription medication without a written order from your child's physician indicating the name of the medication, the dosage, the reason it is being given, and the time to administer it in school. Your signature is also required.

Also, the school nurse is not permitted to administer non-prescription medications (over-the-counter or patent medications) without a physician's written permission. The name of the medication, the dosage, the reason, and the time to be administered must be included in the permission statement. Your signature is also required.

In order for the school nurse to administer prescription medications, the Pottstown School District requests that you ask your physician to complete the enclosed form. In the event your child needs non-prescription medications, fill in the name of the medications on the enclosed form and ask your doctor to sign it. Have your child return the form to the school nurse. Medication must be labeled properly, including the date, the name of the student, the name of the medication, the dosage, the reason it is being given, and the time to administer it.

The school nurse will be glad to administer medications in keeping with the State of Pennsylvania regulations upon you and your physician's completion of the "Permit to Administer Medication" form. Phone permission is not acceptable. Thank you for your cooperation in this important matter.

PERMIT TO ADMINISTER NON-PRESCRIPTION MEDICATIONS (Signed permit good for current school year)

Student Name: _____ Room/Section: _____

Name of Non-Prescription Medication: _____

Strength of Medication: _____ Amount to be Given: _____

Dates to be Given: _____ Time to be Given: _____

Reason for Medication: _____

Signature of Parent/Guardian Phone Number Date

Signature of Physician Phone Number Date

PERMIT TO ADMINISTER PRESCRIPTION MEDICATIONS (Signed permit good for current school year)

Student Name: _____ Room/Section: _____

Name of Prescription Medication: _____

Strength of Medication: _____ Amount to be Given: _____

Dates to be Given: _____ Time to be Given: _____

Reason for Medication: _____

Signature of Parent/Guardian Phone Number Date

Signature of Physician Phone Number Date

Pottstown School District
Pre-K and Kindergarten Registration
Preschool/Pre-K Experience

Please let us know if your child attended a part-day preschool, child care, Pre-K Counts, Head Start or other type of preschool experience prior to kindergarten.

Name of Child: _____

Date of Birth: _____

For the Pre-K year, my child is attending or attended:

- Pottstown School District Pre-K program
- Montgomery County Head Start (Pottstown)
- Child Care (Please check program)
 - Montgomery Early Learning Centers (MELC)
 - Pottstown YMCA
 - KinderCare Learning Center
 - YWCA Tri-County Area
 - Warwick Child Care Center
 - Other (Name) _____

Part-day preschool (Name) _____

Family Child Care Provider (Name) _____

Other (Please give name of program) _____

At the program my child attended, he or she was enrolled in the state-funded PEAK Pre-K Counts Program

My child did not attend any of the above programs. Kindergarten is the first experience for my child.

Attention Building Secretary or Registration Contact Person: Completed form should be sent to the PEAK Coordinator at the Administration Building



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PROOF OF RESIDENCY FORM

It is a Criminal Offense to Enroll or Attempt to Enroll a Non-Resident Student.

Pottstown School District requires that all students attending Pottstown School District be bona fide residents of the District. To be a bona fide resident, a student must be living with a parent or a court appointed guardian who is a resident of the District. Parents or guardians are required to provide Proof of Residency. **THE SCHOOL DISTRICT ACTIVELY INVESTIGATES RESIDENCY.**

RESIDENCY:

Parents/Guardians: _____, _____

Please check: ___ Parent ___ Guardian, or ___ Foster Parent

Address: _____

City, State, Zip: _____

Telephone: _____

Name of Student(s): _____

School(s): _____

Evidence of Proof of Residency Presented:*

PROVIDE TWO (2) ITEMS FROM THE FOLLOWING LISTS WITH CURRENT ADDRESS:		
<input type="checkbox"/> Real Estate Tax Bill	<input type="checkbox"/> Gas/Electric Bill	<input type="checkbox"/> Public Aid/Medicaid Card
<input type="checkbox"/> Signed Lease	<input type="checkbox"/> Water Bill	<input type="checkbox"/> Drivers License/State ID
<input type="checkbox"/> Mortgage document or payment book/coupon	<input type="checkbox"/> Phone Bill (no cell)	<input type="checkbox"/> Food Stamp Card
	<input type="checkbox"/> Cable Bill	<input type="checkbox"/> Credit Card Statement
	<input type="checkbox"/> Vehicle Registration	<input type="checkbox"/> Paycheck stub
	<input type="checkbox"/> Bank Statement	<input type="checkbox"/> Voters Registration Card
	<input type="checkbox"/> Homeowner/Rental/Auto Insurance	
<input type="checkbox"/> Other: _____		

*Simply providing items on this list does **not** guarantee enrollment nor does it establish indisputable evidence of residency.

<p>NOTE: THEFT OF SERVICES Persons who obtain admission of a student by furnishing false information will be liable for full tuition for the period during which the student was in attendance AND shall also be subject to criminal penalties in accordance with the law.</p>	<p>Tuition Rate: <u>\$11,318.77</u> <u>Elementary</u></p> <p><u>\$11,320.40</u> <u>Secondary</u></p>
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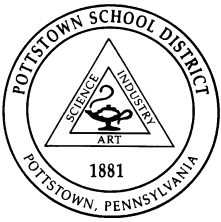
Please carefully review the following items that may impact your child's eligibility to attend school in the Pottstown School District.

You or your child has moved

If you or your child has moved or will be moving at anytime to a different location within Pottstown or no longer reside in Pottstown, you must immediately notify your child's school regarding your current address and continued eligibility to attend Pottstown schools. Failure to do so may result in your child's withdrawal from school and legal proceedings against you to recover tuition and other associated fees regarding your child's removal from school.

Date

Signature of registering parent or guardian



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Certification of Multiple Occupancy by Owner

Students entering Pottstown School District under **multiple occupant** status must complete and return the following document:

- **Certificate of Multiple Occupancy Notarized**
 - The homeowner/lessee must provide **TWO** current proofs of residency showing the Pottstown School District address.
 - The multiple occupant must provide **TWO** forms of identification showing the Pottstown School District address within 60 days of registration.

Examples of these proofs are:

Homeowner/Lessee		
<input type="checkbox"/> Real Estate Tax Bill	<input type="checkbox"/> Gas/Electric Bill	<input type="checkbox"/> Public Aid/Medicaid Card
<input type="checkbox"/> Signed Lease	<input type="checkbox"/> Water Bill	<input type="checkbox"/> Drivers License/State ID
<input type="checkbox"/> Mortgage document or payment book/coupon	<input type="checkbox"/> Phone Bill (no cell)	<input type="checkbox"/> Food Stamp Card
	<input type="checkbox"/> Cable Bill	<input type="checkbox"/> Credit Card Statement
	<input type="checkbox"/> Vehicle Registration	<input type="checkbox"/> Paycheck stub
	<input type="checkbox"/> Bank Statement	<input type="checkbox"/> Voters Registration Card
	<input type="checkbox"/> Homeowner/Rental/Auto Insurance	

Multiple Occupant

- Current Billing Statements
- Current Bank Statement
- Letter from employer (if not self-employed)
- PO address change/mail forwarding order
- Vehicle Registration Application for change of address

I _____ certify that I am the legal owner of the property at _____, in the Borough of Pottstown.

I further swear that _____ is living on a permanent basis at the above address with the following child(ren):

I assume responsibility for notifying the Pottstown School District should the above described circumstance change.

Signature of Owner

Relationship of Lessor

Signature of Notary

Date

Seal