

Date: _____	Grade: _____	Starting Date: _____	Circle One: Male Female
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Student's Name: _____ <div style="text-align: center; font-size: small;">Last First Middle</div>	Birthdate: _____ <div style="text-align: center; font-size: small;">MM/DD/YYYY</div>
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Address: _____ _____	Birth Place: _____ <div style="text-align: center; font-size: small;">City State</div>
Country of Origin: _____	

Phone #: _____	Date of State Entry: _____
Access Card #: _____	Date of Initial US Entry: _____

Previous School(s)/Address(es): 1. _____
(Begin with most recent and list year(s) of attendance)
 2. _____
 3. _____

Number of Years in US Schools: _____ Date of Grade 9 Entry (High School Only) _____

Are the student's parents and/or guardians an active duty member of a branch of the armed forces (Army, Navy, Air Force, Marine Corp, Coast Guard) including fulltime National Guard duty? _____

Parent Information	Birthdate	Occupation/Employed By	Business Telephone
Mother's Name w/ Maiden Name (if applicable) _____ _____	_____ _____	_____ _____	_____ _____
Mother's Address: _____ _____ _____		Mother's Cellphone: _____ Mother's Email: _____	
Father's Name _____ _____	_____ _____	_____ _____	_____ _____
Father's Address: _____ _____ _____		Father's Cellphone: _____ Father's Email: _____	

Student is living with (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Biological Parents <input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Guardian (male) <input type="checkbox"/> Foster Father <input type="checkbox"/> Grandfather <input type="checkbox"/> _____ </div> <div style="width: 45%;"> <input type="checkbox"/> Grandparents <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian (female) <input type="checkbox"/> Foster Mother <input type="checkbox"/> Grandmother <input type="checkbox"/> _____ </div> </div>	Ethnicity (choose one): <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino Race (choose one or more, regardless of ethnicity): <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
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Other Children in Family <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Last</td> <td style="width: 20%;">First</td> <td style="width: 20%;">Middle</td> <td style="width: 40%;">Birthdate</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Last</td> <td>First</td> <td>Middle</td> <td>Birthdate</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Last</td> <td>First</td> <td>Middle</td> <td>Birthdate</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	Last	First	Middle	Birthdate	_____	_____	_____	_____	Last	First	Middle	Birthdate	_____	_____	_____	_____	Last	First	Middle	Birthdate	_____	_____	_____	_____	Health Information (Check) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Seizures <input type="checkbox"/> Takes medicine regularly (list): _____ _____ </div> <div style="width: 45%;"> <input type="checkbox"/> Bee sting sensitivity <input type="checkbox"/> Hearing problem <input type="checkbox"/> Wears glasses <input type="checkbox"/> Mental Health Diagnosis: _____ _____ </div> </div> <input type="checkbox"/> Other health or personal problems: _____ _____
Last	First	Middle	Birthdate																						
_____	_____	_____	_____																						
Last	First	Middle	Birthdate																						
_____	_____	_____	_____																						
Last	First	Middle	Birthdate																						
_____	_____	_____	_____																						

Use back of form if additional space is needed.

PLEASE TURN PAGE OVER AND CONTINUE ON OTHER SIDE

Support Services/Special Education Services/Related Services

- | | | |
|---|---|--|
| <input type="checkbox"/> Child Study/RTI | <input type="checkbox"/> Deaf or Hearing Support | <input type="checkbox"/> Gifted Support |
| <input type="checkbox"/> Family Based Services | <input type="checkbox"/> Vision Support | <input type="checkbox"/> Multiple Disabilities Support |
| <input type="checkbox"/> Student Assistance Program (SAP) | <input type="checkbox"/> Physical Support | <input type="checkbox"/> Emotional Support |
| <input type="checkbox"/> Title I Reading | <input type="checkbox"/> Life Skills Support | <input type="checkbox"/> Behavior Support |
| <input type="checkbox"/> Title I Math | <input type="checkbox"/> Learning Support | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Adapted Physical Education | <input type="checkbox"/> Autistic Support | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Mobile Therapy/Therapeutic Support | <input type="checkbox"/> Speech and Language Support | <input type="checkbox"/> Probation |
| <input type="checkbox"/> Drug & Alcohol | <input type="checkbox"/> Chapter 15 Service Agreement | <input type="checkbox"/> Other _____ |

IMPORTANT: ☐ In the event of separation or divorce, check box if you have primary physical custody.

List name and address of non-custodial or shared custodial parent.

NAME: _____

ADDRESS : _____

PHONE #: _____ Does the person listed have shared custodial rights? ☐ Yes ☐ No

If the person listed is non-custodial, does s/he continue to have legal rights concerning this child? ☐ Yes ☐ No

Documentation is required to support information provided in this section, such as a court order or a notarized affidavit.

NOTICE: Except as required by law or allowed under express written policy of this School District, no nonresident may be enrolled as a pupil in this School District (SD). The parent or guardian of any nonresident child who is enrolled as a pupil of this SD in violation of this policy shall be liable for payment of tuition on account of such unlawful attendance. Any non-resident adult who unlawfully enrolls as a pupil of this SD also shall be liable for payment of tuition. In addition, such persons shall be responsible for payment of all costs and expenses incurred in the collection of tuition, including reasonable attorneys' fees. Violations of this policy shall be reported to the appropriate authorities for possible prosecution whenever false or misleading information has been given during the school enrollment process, or where the facts of nonresidence otherwise have been misrepresented or concealed. If guilty, additional fines may be levied.

YOUR SIGNATURE BELOW INDICATES THAT THE ABOVE PROVIDED INFORMATION IS TRUE AND ACCURATE.

Parent/Guardian Signature/Date:

SCHOOL USE ONLY**The following documents have been secured:**

- | | |
|---|------------------|
| 1. Birth Certificate/Verification: | _____ (initials) |
| 2. Releases for appropriate agencies (list): | _____ (initials) |
| 3. Signed and notarized Act 26 of 1995 Registration Form: | _____ (initials) |
| 4. Court documents (in event of custody issues, foster care, etc.): | _____ (initials) |
| 5. Proof of immunization: | _____ (initials) |
| 6. Proof of Residency | _____ (initials) |

Student ID #: _____

PA Secure ID # _____

Date Enrolled: _____

Homeroom Teacher: _____

Homeroom #: _____

Grade: _____

Bus #: _____

Original with Act 26 Form Attached: Cumulative Folder

Copies To: School Nurse, Guidance Counselor, Office of Student Services, Receiving Teacher



Ridgway Area School District
Francis S. Grandinetti Elementary School



62 School Drive • Ridgway, PA 15853
Ph. 814.776.2176 • Fax 814.776.4297

ACT 26 of 1995 PARENT REGISTRATION STATEMENT

Student Name: _____

Date of Birth: ____/____/____ Grade: _____

Parent/Guardian Name: _____ Phone: _____

Address (Street): _____

Address (City/Town): _____ Zip: _____

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 action of offense involving a weapon, alcohol or drugs, or for the willful infliction of injury to 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 _____ 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 from which 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) _____

Parent/Guardian Signature

Date

"Where students will discover their purpose for today and their passion for tomorrow."

Ridgway Area School District is an Equal rights and Opportunities District and does not discriminate on the basis of race, color, national origin, sex and handicap in its activities, programs or employment practices as required by Title VI, Title IX and section 504.

For information regarding civil rights or grievance procedures contact the EOE/DA Director of the Ridgway Area School District



RIDGWAY AREA SCHOOL DISTRICT
Confidential Health History



Student Name: _____ Birth Date: _____

Family Physician: _____ Dentist: _____

Allergies: (Please list & indicate type of past reaction)

Medications: _____

Foods: _____

Environmental: _____

Insects: _____

Has a bee sting kit been ordered by a physician? Yes _____ No _____

Please mark an of the following health problems that are relative to your child. Indicate if it is current (C) or a past (P) problem.

Seizure	_____	Hearing Problems	_____	Pneumonia	_____
Heart Condition	_____	Bowel Problems	_____	Vision Problems	_____
Heart Murmur	_____	Congenital Defects	_____	Operations	_____
Kidney/Bladder Issues	_____	Attention Deficit Disorder	_____	Mental Health Problems	_____
Blood Disorder	_____	Diabetes	_____	Serious Illnesses	_____
Asthma	_____	Treatment for TB	_____	Behavior Problems	_____

Other: _____

Explain any above problem- include any information you feel the teacher should be aware of:

Childhood Disease- Please give dates if your child has had the disease:

Measles (9 day)	_____	Rheumatic Fever	_____	Pneumonia	_____
Mumps	_____	German Measles	_____	Chicken Pox	_____
Whooping Cough	_____				

Family History:

Include child's parents, grandparents, immediate aunts and uncles, and siblings:

Disease	Yes	No	Relationship to Student
Allergies			
Asthma			
Cancer			
Diabetes			
Epilepsy			
Heart Disease			
Kidney Conditions			
Learning Problems			
Mental Health (depression/bipolar)			
Tuberculosis			

Pre & Post Natal History/Child Development

1. Did the mother have any illness during pregnancy? _____ no _____ yes. If yes, please explain the illness and any medications used to treat the illness: _____

2. Did the mother have any difficulty carrying the child during pregnancy? _____ no _____ yes. If yes, please explain: _____

3. Was the child full term? _____ no _____ yes. If no, how early was the child delivered? _____

4. Was labor or delivery abnormal? _____ no _____ yes. If yes, please explain: _____

5. Did the child require oxygen at birth? _____ no _____ yes

6. Were any problems noted after birth? _____ no _____ yes. If yes, what were the problems: _____

7. Were any problems noted during the child's development (speech/language delays/motor delays/vision or hearing problems)? _____ no _____ yes. If yes what problems were noted and at what age: _____

8. Were any advancements in the child's development noted? (i.e. talked/walked/read at an early age) _____ no _____ yes. If yes, please describe: _____

9. Were there any instances after birth or during child's early development that your child stopped breathing? _____ no _____ yes. If yes, please describe: _____

10. Has your child sustained any injuries related to an accident or fall? _____ no _____ yes. If yes, please explain: _____

11. Is your child is currently taking any medication? _____ no _____ yes. If yes, please list medication and reason prescribed: _____

Parent/Guardian Signature: _____ Date: _____



FRANCIS S. GRANDINETTI ELEMENTARY SCHOOL

HOME LANGUAGE SURVEY*



The Office of Civil Rights (OCR) requires that school districts/charter/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? _____

☐ 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:

Parent/Guardian Signature: _____

Person completing this form (if other than parent/guardian): _____

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. Give 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.

PRESCHOOL INFORMATION

Child's Name: _____ Date of Birth: _____

Did your child attend preschool? _____ Yes _____ No

If yes, please answer the following:

1. Where: _____
2. Dates Attended: _____
3. How many days per week: _____

If no, please answer the following:

1. What types of school readiness activities has your child experienced at home or through daycare (ie: letter recognition, identifying colors, number recognition, counting, etc.)

Ridgway Area School District

Student Residency Questionnaire

The McKinney-Vento Act, as amended by the No Child Left Behind Act of 2001, defines homelessness and outlines the rights of homeless students. Your responses to these questions will help staff to determine what residency documents are necessary for enrollment of your child(ren). **Thank you for your cooperation.**

1. Student Name: _____ Birth Date: _____

2. Person Completing Form: _____

Relationship To Child: _____

(If **not** biological parent or court-ordered guardian: **Please complete Caregiver Affidavit**)

3. In what type of setting is the student **now** living? Please check one box below:

Section A

_____ Sharing the housing of other persons due to loss of housing, economic hardship or similar reason

_____ In an emergency transitional shelter

_____ In a motel, hotel, campsite or car due to a lack of alternative adequate accommodations

_____ In a car, park, public spaces, abandoned building, substandard housing, bus or train station or similar setting

_____ Other places not designated for or ordinarily used as a regular sleeping accommodation for human beings

CONTINUE to question 4
if you checked ANY box in section A

Section B

_____ None of the choices in Section A apply to my family.



If you checked this section, you do not need to complete the remainder of this form.

Submit this form to school personnel

Thank you!

4. Contact number for the person who is completing the form: _____

5. Address where the student is now living: _____

6. The student lives with: **Check all that apply**

_____ Parent(s) or legal guardian

_____ Relative, friend or other adult

_____ Alone

_____ Other: _____

7. Precipitating event that caused them to be homeless: _____

(Ex: Poverty/Domestic Violence/Death or hospitalization/Natural Disaster)

8. School student attended last: _____

Address of school: _____

Telephone number of school: _____

Contact person at school (if known): _____

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

____ NO

____ YES, please explain _____

The staff person who is helping you register will contact the Homeless Liaison/Homeless Coordinator to review the information provided. If homelessness is verified, additional information will follow to assist your child(ren). You will be contacted by the Homeless Liaison or Homeless Coordinator for additional information.

Signature of Parent/Legal Guardian:

Date: _____

NOTE TO STAFF: All forms with a checked-box in **Section A** are to be faxed or given ***immediately*** to the Homeless Liaison to eliminate any delay.

Your District Liaison

Erica Heindl

814-776-4255

Regional Homeless Coordinator

Andrea Sheesley, IU28

724-463-5300 ext. 1235