

Building: CSES CSHS MES MHS SES SHS

**STUDENT INFORMATION** **Section A**

Last Name:		First Name:		Middle Name:	
Primary Address:				PO Box:	Apt. No:
City:	State:	Zip:	Birth Sex:	Birth Date (mm/dd/yyyy):	
Mailing Address:					
Bus #:	Grade:	Age:	Elementary only: Homeroom #:	Teacher:	

**Student Lives with (check all that apply):** Both Parents full time Father Mother Guardian(s) Caregiver

<b>Father:</b>		<b>Step-Mother:</b>	
Address:		Address:	
Home #:	Cell #:	Home #:	Cell #:
Employer:	Work #:	Employer:	Work #:
Email address:			

<b>Mother:</b>		<b>Step-Father:</b>	
Address:		Address:	
Home #:	Cell #:	Home #:	Cell #:
Employer:	Work #:	Employer:	Work #:
Email address:			

<b>Guardian (Male):</b>		<b>Guardian (Female):</b>	
Relationship to student:		Relationship to student:	
Address:		Address:	
Home #:	Cell #:	Home #:	Cell #:
Employer:	Work #:	Employer:	Work #:

**EMERGENCY CONTACT INFORMATION** **Section B**

*In the case of emergency, every attempt will be made to contact the person(s) identified in Section A of this form. In addition, you must provide two (2) alternate contacts (living outside of the primary residence) that would provide transportation or care for your child if he/she becomes ill or injured.*

Last Name:		Primary Phone:	Relationship:
First Name:		Cell Phone:	
Last Name:		Primary Phone:	Relationship:
First Name:		Cell Phone:	

**BROTHERS/SISTERS** **Section C**

Last Name	First Name	Age	Grade	School

*Continued on back*

STUDENT'S NAME: \_\_\_\_\_

DATE \_\_\_\_\_

**UPDATED MEDICAL HISTORY** **Section D**

Does your child have:  
 Any health problems?  Yes  No If yes, please list: \_\_\_\_\_  
 Any Allergies?  Yes  No If yes, please list: \_\_\_\_\_  
 If yes, describe previous reactions: \_\_\_\_\_

Does your child have any other physical illness or impairment that might affect his/her normal participation or progress in regular school programs or physical education?  No  Yes  
 If yes, please explain: \_\_\_\_\_

*If you answered Yes to the above, please submit a statement from your doctor detailing the nature and the duration of the restriction.*

Does your child have any health problems which might require emergency treatment while at school?  Yes  No  
 (seizures, bee sting or food allergies, bleeding, asthma, heart problems, etc.)  
 If yes, please explain: \_\_\_\_\_

Is your child currently taking prescribed medication?  Yes  No  
 If yes, please specify:  
**MEDICATION NAME:** \_\_\_\_\_  
**DOSAGE:** \_\_\_\_\_  
**TIME TAKEN:** \_\_\_\_\_

Must medication be administered during school hours?  Yes  No  
*If Yes, you must read Policy 210-Use of Medication, and complete the Authorization for Medication to be taken during School Hours form.*

Family Doctor:	Phone: _____
Family Dentist:	Phone: _____

**MEDICAL RELEASE** **Section E**

*Medical information will be shared with school staff as deemed necessary for the safety of your child.*  
 Does your child have medical insurance?  No  Yes  CHIP  Medical Assistance  Private  
*It is understood that in case of emergency, the school authorities use their own judgement in sending the child to the nearest hospital or a physician most easily accessible if the parent/guardian cannot be reached.*

*The information provided throughout the enrollment process will be kept confidential and used only for education purposes and reporting as mandated by the State of Pennsylvania. Family Educational Right and Privacy Act (FERPA) is a federal law giving parents the right to inspect all records maintained by the school, upon request. This law also limits the access to these records to those that have 'legitimate educational interest'.*

_____ Parent Signature	_____ Date
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# PENNCREST

EMPOWERING LIFE-LONG LEARNERS

## Student & Parent Signatures Required

I confirm that I have received and reviewed a copy of the 2019-2020 PENNCREST Student Rights and Responsibilities, Parent/Student Annual Notices, Student Code of Conduct, and School Specific Student Handbook. I understand my rights and the consequences that will occur should I choose not to follow the School and District rules and regulations.

Student's Signature:

**Print name:**

Grade:                      Home Room:

Parent/Guardian's Signature:

**Print name:**

Email address:

Date: \_\_\_\_\_

According to district Policy 815.1 Web Site Use and Linking, "the district will not permit photographs or videos of an individual student to appear on the district web site. Individuals may appear in a group as a group name, provided that the parent(s)/guardian(s) of each student appearing in the group photograph or video have granted in written permission to publish such material on the World Wide Web. Artwork, writing or other projects must also secure the written permission of the parent/guardian and student before they are posted on the district web site. No personal contact information about the student such as full name, home address, phone number or e-mail address will be given." In the event that my child is a member of a group photograph or video as described above or has artwork, writing or other projects on the district web site:

\_\_\_\_ I give permission to publish his/her photograph and/or work on the World Wide Web.

\_\_\_\_ I give permission for my child to appear in a video that may be used by the PENNCREST School District.

\_\_\_\_ I give permission for PENNCREST School District to create a Google Apps account for my child under 13 years of age. This account will be used to access Google Classroom and other Google tools.

(Please return to the principal's office no later than **Tuesday, September 10, 2019**)