

East Penn School District

Office of Student Registrar
 Eyer Middle School
 5616 Buckeye Road
 Macungie, PA 18062
 Phone: 484.519.3210

Registration and Admission Procedures

Welcome to East Penn School District. You are registering your child in a district that is a leader in curriculum, instruction, assessment, and staff development. East Penn is a suburban school district located in Lehigh County, with administrative offices in Emmaus.

Registration of your child will be done at the East Penn School District Central Registration Office. This office is located at Eyer Middle School on Buckeye Road, Macungie. All registrations are by APPOINTMENT ONLY. Please call Ms. Sallie DeLong, Student Registrar, at 484.519.3210 to make an appointment. Please note that walk-ins will not be allowed. If you have any questions, please call Ms. DeLong at the above number.

IMPORTANT:

In order to establish and verify your residence within the East Penn School District, several documents need to be completed and approved. All procedures are in accordance with Sections 1301 and 1302 of the Pennsylvania School Code and Regulations 11.11 and 11.19 of the Pennsylvania State Board of Education.

The East Penn School District requires proof of age, proof of guardianship, proof of immunizations, and two proofs of residency prior to the student's admission to our schools. Please complete a registration packet for each child you are enrolling.

Proof of Residency Requirements

- ☐ Property Deed, Agreement of Sale **OR** Lease Agreement

AND one of the following:

- ☐ Moving Permit
- ☐ Current Utility Bill
- ☐ Current Tax Bill/Receipt
- ☐ Current Bank Statement/Pay Stub
- ☐ Vehicle Registration Card
- ☐ Health Insurance Card/Insurance Statement

For a certified copy of your Deed go to:

Lehigh County Government Center
 Recorder of Deeds
 7th and Hamilton
 3rd Floor, Room 350
 Allentown, PA 18101
 610.782.3162

Monday thru Friday 8 to 4 PM

Cost is 25 cents per page plus \$1.50 for certification (payable in cash or check only).

Call Recorder of Deeds Office for information and cost for receiving a mailed certified copy.

East Penn Household Registration Checklist

Checklist for _____
(Student Name) (Grade) (School)

(Checklist to be completed by EPSD)

Verification of Student Birth:

_____ **Original Birth Certificate or Passport**
(may not apply to homeless, ESL, migrant)

_____ **Valid Photo ID (parent/guardian)**

_____ **1st Proof of Residency** – must be either
 Agreement of Sale, Deed OR Rental Lease Agreement
AND

_____ **2nd Proof of Residency** – one of the items below
 Moving Permit
 Current Utility Bill
 Current Tax Bill/Receipt
 Current Bank Statement/Pay Stub
 Vehicle Registration Card
 Health Insurance Card

_____ **Multiple Occupancy** Yes No If Yes, application obtained? _____

_____ **Immunization Records** Yes No

_____ **Educational Records Request**

_____ **Act 26 Documentation**

_____ **Related Resident Forms**

- Education of Children Residing with an Adult other than Natural Parent - 1302
OR
- Entrance Certificate for Child Placed in Home of Resident (foster) – 1305

EP ID # _____ PA SECURE ID # _____

East Penn School District

STUDENT INFORMATION		(Please print)
* First Name		
* Middle Name		
* Last Name	* Generation Code (i.e. Jr., Sr., III)	
* Address		
* Gender		
* Grade		
* Date of Birth	* City, State, Country of Birth:	
* Ethnicity	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black/African American non-Hispanic <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> White non-Hispanic	
* PA Public School Entry Date:		
* Name of former school:		
Address of former school:		
Kindergarten Request	<input type="checkbox"/> AM <input type="checkbox"/> PM	Reason: (also submit in writing to building principal)
* Is this student a Migrant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
* Does this student currently have a 504 Plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
* Does this student currently have an IEP?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
* Does this student currently have a GIEP?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home Language Survey:		
1. * What is/was the student's first language?	_____	
2. Does this student speak a language(s) other than English? (do not include languages learned in school) If yes, specify the language(s).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, complete the following: (list all years attended U.S. schools)		
Name of School	State	Dates Attended
5. * Initial U.S. entry date (Date entered U.S. or first enrolled in U.S. school)	_____	
Please note any special conditions you wish to call to the attention of the Professional Staff (including any parent deceased):		

_____ Parent/Guardian Signature		_____ Date
(Office Use Only) EP ID#:	(auto assigned by eSchoolPLUS)	* Homeroom:
* EP School Attending:	If different, EP attendance-area school:	
Registration Date:	* Entry Date:	* Entry Code:
Eligible for Transportation? Yes / No	* If yes, Bus #:	* Bus Stop:
* Enter into eSchoolPLUS		

East Penn Household Registration Form

Student Name: _____
First Name
Middle Name
Last Name

*Home Phone: _____ Listed Unlisted

* CUSTODIAL PARENT/ GUARDIAN (Resides)	
First Name	PO Box / Apt. #
Middle Name	Number/ Street
Last Name	City
Work Phone	State
Cell Phone	Zip Code
E-mail	Housing Development
Relationship	County

* CUSTODIAL PARENT/ GUARDIAN	
First Name	PO Box / Apt. #
Middle Name	Number/ Street
Last Name	City
Work Phone	State
Cell Phone	Zip Code
Home Phone	Housing Development
E-mail	County
Relationship	

* NON-CUSTODIAL PARENT / STEP-PARENT	
First Name	PO Box / Apt. #
Middle Name	Number/ Street
Last Name	City
Work Phone	State
Cell Phone	Zip Code
Home Phone	Housing Development
E-mail	County
Relationship	Permission to Access Student Info: ___Yes ___No

- **If guardian is other than mother or father, additional documents will be required.**
- **Limitation of contact/correspondence to non-custodial parent must be supported with legal document (Lehigh County court order).**

(Office Use Only): _____ On File _____ Requested _____ Not on File

* Enter into eSchoolPLUS

EP ID # _____ (Office Use Only)

East Penn School District

Student Name: _____

First Name

Middle Name

Last Name

Other Children Residing in Household

First Name	
Middle Name	
Last Name	
Gender	
Date of Birth	
Relationship	
First Name	
Middle Name	
Last Name	
Gender	
Date of Birth	
Relationship	
First Name	
Middle Name	
Last Name	
Gender	
Date of Birth	
Relationship	
First Name	
Middle Name	
Last Name	
Gender	
Date of Birth	
Relationship	
First Name	
Middle Name	
Last Name	
Gender	
Date of Birth	
Relationship	

EP ID # _____
(Office Use Only)

East Penn School District CERTIFICATE OF MULTIPLE OCCUPANCY

(More than one family per household)

The homeowner/lessee must provide **TWO** current proofs of residency, as listed below, showing the East Penn School District address.

The multiple occupant must provide **TWO** forms of identification showing the East Penn School District address within 30 days of registration.

Examples of these proofs are:

Homeowner/Lessee

- ▣ Property Deed, Agreement of Sale **OR** Lease Agreement **AND** one of the following
 - ▣ Current Utility Bill
 - ▣ Tax Bill/Receipt
 - ▣ Current Bank Statement
 - ▣ Vehicle Registration Card
 - ▣ Health Insurance Card/Insurance Statement

Multiple Occupant

- ◆ Moving Permit
- ◆ Current Bank Statement
- ◆ Current Billing Statements
- ◆ PO address change/mail forwarding order
- ◆ Vehicle Registration Application for change of address

This form is to be filled out by the East Penn Property Owner or Lessee

I certify that I am the legal owner or lessee of the property listed below, which is located in the East Penn School District. With this certificate, I am providing two current proofs of residence showing my East Penn School District address. I further swear that the parent(s)/guardian and child(ren) listed below are living on a permanent full-time basis at that address. I assume responsibility for notifying East Penn School District should the described circumstances change.

I am submitting this certificate and making the factual representations contained herein, for the purpose of enrolling the child into the East Penn School District. I understand that the School District is relying upon the facts stated in this certificate and the information I provide in support of this certificate. I understand that the facts as stated are subject to investigation at any time. Should it be determined that any statement made in this certificate is not true, either now or in the future, East Penn School District has the right to remove the student(s) from the East Penn Schools. Furthermore, I am aware that I shall then be liable to reimburse the School District at the tuition rate for the time the child(ren) were enrolled.

Name of Child(ren)

Signature of Property Owner/Lessee

Name of Parent(s)

Address of East Penn Property

Relationship of Property Owner to New Resident

Telephone Number

Date

Two proofs of residency, as stated above, must be provided with this certificate showing the East Penn School District address.

- East Penn School District reserves the right to reverify Multiple Occupancy.

NOTARY PUBLIC SIGNATURE

NOTARY SEAL

East Penn School District

Act 26 Documentation

Student Name: _____
First Name Middle Name Last Name

1.a. Is the student currently or has the student ever been suspended or expelled from school for an act or offense involving weapons, alcohol, drugs or the willful infliction of injury to another person or for any act of violence committed on school property?

Yes No

1.b. If Yes, what is the name of the school district? _____

1.c. Dates of expulsion or suspension: _____

2.a. Is the student currently on probation?

Yes No

2.b. If Yes, list County and State Probation Department: _____

Parent/Guardian Signature

Date

Any willful false statement made under this section shall be a Misdemeanor of the Third Degree.

EP ID # _____
(Office Use Only)

East Penn School District

Emergency Contact/Health Information

School Year: 2009/2010

Name of student: _____ ID #: _____

Last First MI

Gender: M F

Street Address: _____

Grade/Homeroom: _____

Birth Date: _____

Emergency Contact(s):

	<u>Parent</u>	<u>1st Contact</u>	<u>2nd Contact</u>
First Name:	_____	_____	_____
Middle Name:	_____	_____	_____
Last Name:	_____	_____	_____
Relationship:	_____	_____	_____
Home Phone:	_____	_____	_____
Cell Phone:	_____	_____	_____
Work Phone:	_____	_____	_____

Physician: _____ Phone: _____

Hospital Choice: _____

Medical Conditions/Allergies:

Current Medications:

EPI PEN: ____ yes ____ no

Name of Medication	Dosage	Time given
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent Signature

Date

School Health Questionnaire

7. Where there any complications during pregnancy and/or labor / delivery? _____ Yes _____ No
 If Yes, explain _____
8. Is your child under medical treatment at present? _____ Yes _____ No
9. Has your child had any serious accidents? _____ Yes _____ No
 If Yes, explain _____
10. Describe briefly any traumatic events that your child has experienced (for example: death of close relative, divorce, family crisis, etc.)

11 List Specific Allergies and Treatment

Health History

Check below any of the following illnesses/conditions your child has had. Indicate approximate date of onset (first symptoms). Explain below, including treatment and health professionals involved.

Check		Check		Check	
	Arthritis		Ear Infections		Mono
	Asthma		Eczema		Mumps
	Bladder Infection		Headaches/Migraines		Pneumonia
	Blood Disorder		Heart Murmur		Polio
	Blood Pressure-High		Heart Problems		Rheumatic Fever
	Blood Pressure-Low		Hepatitis		Rubella (German Measles)
	Broken Bones		High Fever		Scarlet Fever
	Bronchitis		Hives		Seizures
	Cancer		Influenza		Thyroid Disease
	Chickenpox		Kidney disease		Tonsillitis
	Concussion		Malaria		Tuberculosis
	Diabetes		Measles		Typhoid
	Diphtheria		Meningitis		Whooping Cough
	Other:		Other:		Other

Please Explain:

EAST PENN SCHOOL DISTRICT,
District Administration, 800 Pine Street, Emmaus, PA 18049
610 - 966-8300

January 2010

Dear Parent(s)/Guardian(s):

The Pennsylvania School Health Act requires a medical examination of every student entering school for the first time, sixth grade and eleventh grade. Please be aware that the examination for female genitalia will **not** be conducted as part of the school exam. The examination of genitalia for males, however, will occur.

The Law gives you a choice of having the examination done by the school physician at no cost to you, or by your family physician at your own expense. Because your family physician has a better knowledge of your child's past physical history than the school physician and is in the best position to recommend necessary remedial treatment and give necessary immunizations, we urge you to consider having the examination done by your family physician.

Please complete the lower portion of the form at this time and return to the school nurse.

If you choose to take your child to your family physician, the attached Private Physician's Report must be returned to school by **SEPTEMBER 30, 2010**. The private physical examination must be done after September 8, 2009.

If the physical examination, as required through the Department of Health, is not completed and proof submitted to the appropriate school nurse, your child may be excluded from school..

If you choose to have the examination done by the school physician during the school year, you will be advised of any condition requiring the attention of your family physician.

Sincerely,

Donna Cortez
Administrator on Assignment to Dr. Seidenberger
Student Services

(Return to school nurse **immediately**)

CHILD'S NAME:

SCHOOL: _____ GRADE:

_____ **I CHOOSE TO HAVE MY CHILD'S PHYSICAL EXAMINATION DONE BY MY FAMILY PHYSICIAN.**

Please sign below and return slip to school nurse.

Date of exam by Family Physician:

_____ **I CHOOSE TO HAVE MY CHILD'S PHYSICAL EXAMINATION DONE BY THE SCHOOL PHYSICIAN AND GIVE MY PERMISSION BY SIGNING BELOW.**

Please sign below and return slip to school nurse.

Parent(s)/Guardian(s) Signature

Date

EAST PENN SCHOOL DISTRICT,
Administration, 800 Pine Street, Emmaus, PA 18049
610 - 966-8300

January 2010

Dear Parent(s)/Guardian(s):

The Pennsylvania School Health Act requires a dental examination of every student upon original entry into school, third and seventh grades.

The Law gives you a choice of having the examination done by the school dentist at no cost to you, or by your family dentist at your own expense. Because your family dentist has a better knowledge of your child's past dental history than the school dentist and is in the best position to recommend necessary remedial treatment, we urge you to consider having the examination done by your family dentist.

Please complete the lower portion of the form at this time and return to the school nurse.

If you choose to take your child to your family dentist, the attached Family Dentist Report must be returned to school by **SEPTEMBER 30, 2010**. The private dental examination must have been completed after September 8, 2009.

If the dental examination, as required through the Department of Health, is not completed and proof submitted to the appropriate school nurse, your child may be excluded from school.

If you choose to have the examination done by the school dentist during the school year, you will be advised of any condition requiring the attention of your family dentist.

Sincerely,

Donna Cortez
Administrator on Assignment to Dr. Seiderberger
Student Services

(Return to school nurse **immediately**)

CHILD'S NAME:

SCHOOL: _____ GRADE:

_____ **I CHOOSE TO HAVE MY CHILD'S DENTAL EXAMINATION DONE BY MY FAMILY DENTIST.**

Please sign below and return slip to school nurse.

Date of Exam with Family Dentist:

_____ **I CHOOSE TO HAVE MY CHILD'S DENTAL EXAMINATION DONE BY THE SCHOOL DENTIST AND GIVE MY PERMISSION BY SIGNING BELOW.**

Please sign below and return slip to school nurse.

Parent(s)/Guardian(s) Signature

Date