

East Penn School District

Office of Student Registrar
 EPSD Administrative Building
 800 Pine St
 Emmaus, PA 18049
 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 Administrative Building. This office is located at 800 Pine St. in Emmaus. All registrations are by **APPOINTMENT ONLY**. Please call our 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 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
 455 West Hamilton St.
 1st Floor, File Review Area
 Allentown, PA 18101
 610.782.3162

Monday thru Friday 8:00 a.m. to 4:00 p.m.

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:	
* Race/Ethnicity	Part 1: Ethnicity (choose one) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	Part 2: Race (choose all that apply) <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
* PA School Entry Date:		
* Name of former school:		
Address of former school:		
* 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

****Are you an active duty member of a branch of the armed forces (Army, Navy, Air Force, Marine Corps, Coast Guard) including full time National Guard duty? ___ Yes ___ No**

* 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	

****Are you an active duty member of a branch of the armed forces (Army, Navy, Air Force, Marine Corps, Coast Guard) including full time National Guard duty? ___ Yes ___ No**

* 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

Emergency Contact/Health Information
School Year: 2018/2019

Name of student:

Last

First

MI

Grade: _____

Birth Date: _____

Emergency Contact(s) – If parents/guardians cannot be reached:

1st Contact

2nd Contact

3rd Contact

First Name: _____

Middle Name: _____

Last Name: _____

Relationship: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Parent Signature

Date

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
- ◆ Health Insurance Card/Insurance Statement
- ◆ Vehicle Registration for change of address

This form is to be filled out by the East Penn Property Owner/ 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) was/were enrolled.

Name of Child(ren)

NOTE: 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.

Signature of Property Owner/Lessee

Name of Parent(s)

Address of East Penn Property

Relationship of Property Owner to New Resident

Telephone Number

Date

On this day, the _____ of _____, _____, before me, the undersigned Notary Public, personally appeared _____, known to me (or satisfactorily proved) to be the person(s) whose name(s) is/are subscribed to me within instrument, and acknowledged that they executed the same for the purposes therein contained.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

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

Office of Student Registrar
Phone: 484.519.3210

Educational Records Request

We/I hereby authorize:

Previous School Name: _____

Address: _____

Phone: _____ Fax: _____

To release information from the records of:

Student: _____ Birthdate: _____

For the purpose of _____

Please release all data that applies to the student including:

Scholastic/Education Record	Team Action Plan (IST, SAP, etc.)	Medical History
Academic Evaluations	SAP Initiated D & A Evaluation	Psychiatric Evaluation
Developmental History/Social	Psychological Evaluation/ ER/ GWR	Immunization Records
Discharge Summary/Aftercare Plan	Notice of Recommended Ed. Placement (NOREP)	Individualized Education Program (IEP)
Section 504 Service Agreement	Notice of Recommended Assignment (NORA)	Gifted IEP (GIEP)
Other: _____		

Please forward information to:

School Name: _____

Address: _____

Phone: _____ Fax: _____

IF THE STUDENT HAS AN INDIVIDUALIZED EDUCATION PROGRAM (IEP), GIFTED (GIEP) or SECTION 504 SERVICE AGREEMENT, please forward to:

East Penn School District, Administrative Building
Student Services Office
Attention: Director of Special Education
800 Pine Street, Emmaus, PA 18049
Phone: 610.966.8354
Fax: 610.965.1628

We/I have been told that in order to protect the limited confidentiality of records our/my agreement to obtain or release information is necessary and that this consent is limited for the purposes and to the person listed above and will be effective for one (1) year after the date of our/my signature(s), unless specified below. We/I also understand that this consent is revocable except to the extent that action has been taken in reliance thereon.

This consent shall be in effect from: _____ to _____.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

School Health Questionnaire

4. List any hospitalizations and/or surgeries

Date	Description - why hospitalized / type of surgery

5. Tuberculosis Skin Test: _____ Never had one
 _____ Negative Test – Year _____ _____ Positive Test – Year _____

6. Were there any complications during pregnancy and/or labor / delivery? _____ No _____ Yes
 If Yes, explain _____

7. Has the student had any serious accidents resulting in visit to Emergency Room or hospitalization?
 _____ No _____ Yes If Yes, explain _____

8. Has the student experienced any recent traumatic events? (divorce, family crisis, death of close friend/relative)
 If Yes, explain _____

9. List Allergies

Allergy	Treatment (if any)

10. Has the student been prescribed an Epi-Pen? _____ Yes _____ No If yes, please contact school nurse.
 For what reason was it prescribed? _____

Health History

Check any of the following illnesses/conditions your child has experienced or been treated for. Indicate approximate date.

	<i>Check</i>		<i>Check</i>		<i>Check</i>
Anxiety		Diphtheria		Mumps	
Arthritis		Ear Infections		Nosebleeds	
Asthma		Eczema		Pneumonia	
Autism Spectrum Disorder		Headaches/Migraines		Polio	
Bladder Infection		Heart Murmur		Rheumatic Fever	
Blood Disorder		Heart Problems		Rubella (German Measles)	
Blood Pressure-High or low		Hepatitis		Scarlet Fever	
Broken Bones		High Fever		Seizures	
Bronchitis		Hives		Stomach aches	
Cancer		Kidney disease		Thyroid Disease	
Celiac disease		Malaria		Tonsillitis	
Chickenpox		Measles		Tuberculosis	
Concussion		Meningitis		Typhoid	
Diabetes		Mental Health Issues		Whooping Cough	
Depression		Mononucleosis		Other	

Additional Comments: