

# East Penn School District

Office of Student Registrar EPSD Administrative Building 800 Pine St. Emmaus, PA 18049 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 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.**

Prior to registration, please read the following items found at [www.eastpennsd.org](http://www.eastpennsd.org):

- **Student Handbook, follow link to your home building**
- **Acceptable Use Policy and Internet Access Brief**
- **Online Educational Resources, found at [www.eastpennsd.org/edservices](http://www.eastpennsd.org/edservices)**

### 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.  
1<sup>st</sup> 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)**

\_\_\_\_\_ **1<sup>st</sup> Proof of Residency** – must be either  
 Agreement of Sale, Deed OR Rental Lease Agreement  
AND

\_\_\_\_\_ **2<sup>nd</sup> 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 <b>one</b> ) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	Part 2: Race (choose <b>all</b> 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)	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, complete the following: (list all years attended U.S. schools)		
<b>Name of School</b>	<b>State</b>	<b>Dates Attended</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
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? <b>Yes / No</b>	* 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

800 Pine Street · Emmaus, PA 18049  
Phone (610) 966-8380 · Fax (610) 966-8395  
[www.eastpennsd.org/Technology](http://www.eastpennsd.org/Technology)

## HOME ACCESS CENTER Parent/Guardian Access Request Form

In order to protect the confidentiality of student records, all parents/guardians who want to use this service are required to fill out this form and return it in person during our HAC registration or to their child's building. For security purposes, a valid **photo ID** is required when you return the form.

PLEASE PRINT

Parent/Guardian  
Name: (One name per form) \_\_\_\_\_  
(Last name, First Name, Initial)

Parent/Guardian  
Home Address: \_\_\_\_\_ (Phone) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Please list all children in household who are enrolled in East Penn School District

Student Name	Your Relationship	Reside with Student (Yes or No)	School	Grade

**I certify that all of the above information is true and I have legal authority to access the records of the student(s) listed above.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
*Signature & ID must be that of the Parent/Guardian shown on first line*

**Important notice:** - Once you register during one of our sessions, the information provided above will be verified and processed. Your Home Access username and password will be enabled within a few days after verification. You will then be able to access the Home Access Center through East Penn School District's website: <http://www.eastpennsd.org/Technology> and click on the eSchool Plus link.

<b>For School Use ONLY:</b> Date Returned: _____ <input type="checkbox"/> Verified Photo ID <input type="checkbox"/> Verified Siblings	<b>For Technology Group ONLY:</b> <input type="checkbox"/> Enabled Access <input type="checkbox"/> Access Verification    Date: _____
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**East Penn School District**

Emergency Contact/Health Information  
School Year: 2019/2020

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Name of student:

\_\_\_\_\_

Last

First

MI

Grade: \_\_\_\_\_

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

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

1<sup>st</sup> Contact

2<sup>nd</sup> Contact

3<sup>rd</sup> 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**

**To Parent(s)/Guardian(s):**

The information requested on this form will be of assistance to the certified school nurse in evaluating the health status of your child and assisting him/her to receive maximum benefits from this educational opportunity. **Please complete all sections.**

Student's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender \_\_\_M \_\_\_F

Student's Address: \_\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_ Phone(s): \_\_\_\_\_

\_\_\_\_\_ Phone(s): \_\_\_\_\_

Preferred hospital is: \_\_\_\_\_

Signature of Parent Completing the Form: \_\_\_\_\_

**ATTACH COPY OF IMMUNIZATION RECORD**

Student's Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of last visit: \_\_\_\_\_

Is the student currently being seen by a specialist for a health concern? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, provide name of specialist, phone number and reason he/she sees this doctor.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Student's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of last visit: \_\_\_\_\_

1. Has your child ever had a hearing test? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If Yes, when? \_\_\_\_\_ Name of Examiner: \_\_\_\_\_  
 Results: \_\_\_\_\_

2. Has your child ever had an eye examination by an eye doctor? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If Yes, when? \_\_\_\_\_ Name of Examiner: \_\_\_\_\_  
 Were glasses prescribed? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Constant wear? \_\_\_\_\_ Yes \_\_\_\_\_ No

3. List all current medications including those prescribed by a health care provider or those purchased over the counter.

<i>Medication Name</i>	<i>Dosage</i>	<i>How Often Taken</i>	<i>Reason medication is taken</i>

## School Health Questionnaire

4. List any hospitalizations and/or surgeries

<i>Date</i>	<i>Description - why hospitalized / type of surgery</i>

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

<i>Allergy</i>	<i>Treatment (if any)</i>

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:

# East Penn School District

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Administrative Offices  
800 Pine Street  
Emmaus, PA 18049  
(610) 966-8300

Dear Parent/Guardian:

Thank you for registering your child to attend the East Penn School District schools. In agreeing to accept your child, the East Penn School District has accepted, as true, all statements made in your registration forms. In particular, the school district has relied on your representation that you are residents of the East Penn School District. If that representation is inaccurate, or if you no longer reside in the school district, you will not only be charged the full tuition rate for a non-resident student, but the school district will also remove your child from the attendance rolls and refer you to the police for criminal prosecution for theft of services. Depending upon the amount of time it is determined you illegally have sent your child, you may be subject to significant penalties including the possibility of a substantial fine and imprisonment.

Sincerely,



Thomas P. Mirabella, Ed. D  
Director of Student Services

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Name of Student

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Parent Signature

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Date