

# 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 School District

EPSD Registration Form

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	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>Part 1: Ethnicity (choose one)</b>  <input type="checkbox"/> Hispanic/Latino  <input type="checkbox"/> Not Hispanic/Latino                         </div> <div style="width: 45%;"> <b>Part 2: Race</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">                             American Indian or Alaskan Native                               Black or African American                               Native Hawaiian or other Pacific Islander                         </div> <div style="width: 45%;">                             Asian                               White                         </div> </div> </div> </div> <div style="text-align: right; margin-top: -40px;">                     (choose <b>all</b> that apply)                 </div>														
* 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)															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d3d3d3;"> <th style="width: 40%;">Name of School</th> <th style="width: 20%;">State</th> <th style="width: 40%;">Dates Attended</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>				Name of School	State	Dates Attended									
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? <b>Yes / No</b>		* If yes, Bus #: _____	* Bus Stop: _____												
* Enter into eSchoolPLUS															

\*Home Phone:  ☐ Listed ☐ Unlisted

**\*\*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**

**\*\*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**

- 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).

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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> Contact2<sup>nd</sup> Contact3<sup>rd</sup> Contact

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

\_\_\_\_\_  
Parent Signature\_\_\_\_\_  
Date

# East Penn School District

EPSD Registration Form

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

Academic Evaluations

Developmental History/Social

Discharge Summary/Aftercare Plan

Section 504 Service Agreement

Other: \_\_\_\_\_

Team Action Plan (IST, SAP, etc.)

SAP Initiated D & A Evaluation

Psychological Evaluation/ ER/ GWR

Notice of Recommended Ed. Placement (NOREP)

Notice of Recommended Assignment (NORA)

Medical History

Psychiatric Evaluation

Immunization Records

Individualized Education Program (IEP)

Gifted IEP (GIEP)

### 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

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

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

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

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

### ACCEPTABLE USE POLICY AND INTERNET ACCESS ACKNOWLEDGEMENT FORM

I have read the East Penn School District Acceptable Use of Technology Resources, Electronic Communications and Information Systems Policy Brief and I will comply with its terms. The Acceptable Use of Technology Resources, Electronic Communications and Information Systems Policy #815 is available in the main office of each school and online. Go to <https://www.eastpennsd.org>. Scroll to the bottom of the homepage and select the Acceptable Use Policy link.

I understand that district technology resources are provided for the purpose of exploring educational topics, conducting research and classroom activities, and communicating with others in support of educational goals and the business of the district.

I understand that the district has the right to review any material stored on any system that the district provides and to edit or remove any material. I acknowledge that my access to such material is a privilege, not a right. I acknowledge that it is impossible for the district to restrict access to all controversial and inappropriate materials, and I will not hold the district responsible for the materials acquired on the network.

I understand that violation of this policy may have consequences ranging from revocation of access privileges to district disciplinary actions, and that violations may be reported to local, state, and/or federal legal authorities when applicable.

Name of Student (please print): \_\_\_\_\_ Student ID: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Teacher: \_\_\_\_\_ (elementary only)

If above signatory is a minor, a parent or guardian signature is required. By signing below, I (as a parent or guardian) have read the above-mentioned policy and agree that my child and I will comply with its terms. I hereby give permission for my child to access the Internet as an academic resource.

Name (please print): \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone: \_\_\_\_\_

Forms will be kept on file in the main office.

## Parental / Guardian Consent for Online Educational Resources

The East Penn School District understands the importance of student online safety and maintains a process for vetting online resources used by our students. In order to comply with vendor requirements and other legal requirements consent is required.

The School District has compiled a list of vetted online educational resources. Parents or guardians of students must consent before students will be permitted to access these approved online resources. The list of approved resources is updated regularly. Parents and guardians should check back often to stay up to date on additions to these online educational resources.

Approved websites and apps address: <https://www.eastpennsd.org/edservices>

My signature below constitutes consent to access the School district approved online educational resources referenced on the website listed above.

Student Name (Print) \_\_\_\_\_

Student ID Number \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Homeroom Teacher Name \_\_\_\_\_

Parent / Guardian Name (Print) \_\_\_\_\_

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

If you have questions or concerns, regarding application or websites, please contact your student's teacher.

Dear School Administrator(s):

We have read and understand the School Handbook, Discipline Code (secondary schools only) and acknowledge that we may call the school for further information and clarification.

☐

I **have reviewed** the Student Handbook. At the secondary level, this includes the Discipline Code.

☐

I **do not give** permission for my child to be in the school yearbook during the 2019-2020 school year.

Please choose one of the below:

☐

I **give** permission for my child to be video recorded/photographed in small or individual group setting to be used to publicize and promote school activities in local newspapers, on-line sources of news media outlets, district published newsletters/brochures, the school district website or our Social Media outlets Twitter and YouTube during the 2019-2020 school year.

☐

I **do not give** permission for my child to be video recorded/photographed in small or individual group setting to be used to publicize and promote school activities in local newspapers, on-line sources of news media outlets, district published newsletters/brochures, the school/district website or our Social Media Outlets during the 2019-2020 school year.

Date \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian's Name (Please Print)

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Student's Name (Please Print)

\_\_\_\_\_  
Student's Signature (secondary level only)

Student's Grade \_\_\_\_\_

Student's Homeroom \_\_\_\_\_

Student's Teacher  
(Elementary only) \_\_\_\_\_

**Permission forms will be kept on file in the main office.**

# East Penn School District

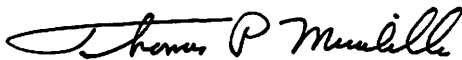
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Administrative Offices  
800 Pine Street  
Emmaus, PA 18049  
(610) 966-8300

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