# CHESTER UPLAND SCHOOL DISTRICT

1350 Edgmont Avenue

Chester PA, 19013

## REGISTRATION CHECKLIST

### REGISTRATION LOCATIONS:

* **Students with an IEP:** Office of Special Education (1350 Edgmont Avenue, 2nd floor).
* **Students without an IEP:** at your local neighborhood school, or at the main administrative office (1350 Edgmont Avenue, 2nd floor).

**PLEASE MAKE SURE YOU HAVE THE FOLLOWING ORIGINAL DOCUMENTS:**

* **Withdrawal/Transfer Form – from previous school**
* **Copy of last report card or transcript**
* **Birth certificate**
* **Immunization Verification Forms: The following forms are required for enrollment:**
	+ 4 doses of DTaP + 1 booster … Total of 5 shots (Diphtheria, Tetanus)
	+ 4 Polio (OPV or IPV)
	+ 2 MMR (Measles, Mumps and Rubella)
	+ 2 Varicella (Chicken Pox)
	+ 2 Meningitis (1 of them after age 16)
	+ 3 Hepatitis B (3rd dose MUST BE AFTER THE FIRST 2)
	+ **ALL SHOTS MUST BE ADMINISTERED BEFORE CHILDREN CAN START SCHOOL.**

### NO EXCEPTIONS!!!!

#### Lease, Deed, or Mortgage Book (MUST be in the name of the parent or guardian)

* + If you live with a resident of CUSD, a lease, or deed to a property must be provided by that resident and your application will be processed under the CUSD Multiple Occupancy procedure.
	+ If your child lives with a resident of CUSD, a Parental Delegation Form must be on file and the resident must complete the application process.
	+ Both forms are available at the CUSD Administrative Office, 232 W 9th Street.

#### Any two of the following:

* + Valid Driver’s License
	+ Utility Bill (electric/gas, phone bill) within 30 days of showing your current name and address
	+ Current and Valid PA State Assistance Verification Form
* **For Foster students, a copy of your Agency Letter**

### PLEASE BE AWARE THAT INCOMPLETE REGISTRATIONS WILL NOT BE ACCEPTED.

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APPLICATION FOR ENROLLMENT

#### Student Name:

Last Name First Name Middle Init

**Date of Birth: Sex:**  ⬜M ⬜F **ELL:**  ⬜Yes ⬜ No **Foster Child:** ⬜ Yes ⬜ No

**Racial Code:** ⬜ Native American ⬜ African American ⬜ Asian ⬜ White ⬜ Latino ⬜ Other/Multiracial

**Has an IEP?** ⬜ Yes ⬜ No **Excep Code: Has a 504 Plan?** ⬜ Yes ⬜ No

#### Parent Signature: Case Manager:

**PRIMARY GUARDIAN INFORMATION:**

**Name: Student lives with:** Yes / No **Relationship:** ⬜ Mother ⬜ Father ⬜ Grandmother ⬜ Grandfather ⬜ Foster ⬜ Other (specify): **Address: Email:**

#### Phone: Home: Work: Cell:

**ADDITIONAL CONTACTS**

**Emergency Contact #1: Relationship:** ⬜ Mother ⬜ Father ⬜ Grandmother ⬜ Grandfather ⬜ Foster ⬜ Other (specify): **Address: Phone Number #1: Type:** ⬜ Home ⬜ Mobile ⬜ Work

**Phone Number #2: Type:** ⬜ Home ⬜ Mobile ⬜ Work

**Emergency Contact #2: Relationship:** ⬜ Mother ⬜ Father ⬜ Grandmother ⬜ Grandfather ⬜ Foster ⬜ Other (specify): **Address: Phone Number #1: Type:** ⬜ Home ⬜ Mobile ⬜ Work

**Phone Number #2: Type:** ⬜ Home ⬜ Mobile ⬜ Work

**Emergency Contact #3: Relationship:** ⬜ Mother ⬜ Father ⬜ Grandmother ⬜ Grandfather ⬜ Foster ⬜ Other (specify): **Address: Phone Number #1: Type:** ⬜ Home ⬜ Mobile ⬜ Work

**Phone Number #2: Type:** ⬜ Home ⬜ Mobile ⬜ Work

**ENROLLMENT INFORMATION**

#### School: Previous School: Date of Entry: Grade: Homeroom: Student ID:

**TRANSPORTATION ACTION REQUESTED (Check where appropriate)**

 Bus service not requested ⬜ Both AM & PM ⬜ AM Only ⬜ PM Only

**Transportation Office Use Only**

Date Bus Will Start:

AM Bus # / Stop # / Location / Time: PM Bus # / Stop # / Location / Time:

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## Pupil Medical Information Record: Contacts

**Dear Parents,**

**Welcome to the Chester Upland School District. We are gathering this vital information about your child so that a school medical record may be started or updated, thereby helping our nurses to better serve your child if an emergency should arise.**

**Please complete every item in each section and write as legibly as possible. Respond N/A if not applicable.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Student Name** | **Date of Birth** | **Address** | **Phone Number** |
|  |  |  |  |

#### Family Data (please include siblings, as well)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Relationship** | **Full Name** | **School****(if applicable)** | **Lives with Y or N** | **Home or Cell Phone** | **Work Phone** |
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**Childhood Diseases: Check off and give dates if possible**

Measles Chicken Pox Roseola Mumps Scarlet Fever Whooping Cough Rubella Rheumatic Fever Other

#### Serious Illness

Frequent Ear Infections Asthma Recurring Bronchitis Bladder/Kidney Problems Diabetes Epilepsy Chronic Nosebleeds Heart Disease Pneumonia

#### Operations and Hospitalizations

Appendectomy Tonsillectomy Hernia Repair Heart Surgery Tubes in Ear Concussion

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Fractures | Yes | No | Describe |   |
| Current Medications | Yes | No | Describe |   |
| Allergies | Yes | No | Describe |   |
| Hearing | Yes | No | Describe |   |
| Vision | Yes | No | Describe |   |
| Wears Glasses | Yes | No | Describe |   |
| Normal Pregnancy & Birth | Yes | No | Describe |   |

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## Home Language Survey (HLS)

**DATE** The Civil Rights Act of 1964, Title VI requires that school districts/charter schools identify limited English proficient (LEP) students. Pennsylvania has selected the Home Language Survey as the method for the identification. Parents of new and re-entering students must complete this form as part of registration to attend school.

Date:

School:

Name of Student:

Grade:

1. What is the student’s first language?
2. Does the student speak a language other than English? Yes No

If yes, specify language. (*Do not include languages learned in school*.):

1. What language is spoken on your home?

Person completing this form (*if other than parent/guardian*)

Parent/Guardian Signature

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## Parental Registration Statement

Student’s Name: Date of Birth:

Grade:

Parent/Guardian:

Address:

Telephone Number: Home Cell:

Pennsylvania School Code 13-13004-A states in part, “prior to admission to any school entity, the parent, guardian, or other person having control or charge of a student shall, upon registration, provide a sworn statement or affirmation stating whether the pupil was previously or is presently suspended or expelled from any public or private school of this Commonwealth or any other state for an act of offense involving weapons, alcohol, or drugs, or for the willful infliction of injury to another person or for any violence committed on school property.” Willful

**Please complete the following:**

I hereby swear or affirm that my child was , was not previously suspended or expelled or is , is not presently suspended or expelled from any public or private school of this Commonwealth or any other state for an act of offense involving weapons, alcohol, or drugs, or for the willful infliction of injury to another person or for any violence committed on school property.”

I make this statement subject to the penalties of P.S. 13-1304-A(b) and Pa. C.S.A. 4904, relating to unsworn falsification to authorities, and the facts herein are true and correct to the best of my knowledge, information and belief.

If this student has been or is presently suspended or expelled from another school, please complete:

Name of School from which student was expelled: Date of suspension or expulsion: Reason for suspension or expulsion (*Optional*):

*Signature of parent or guardian Date*

*Any willful false statement made above shall be a misdemeanor of the third degree. This form shall be maintained as part of the student’s disciplinary record.*

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## Authorization for Release and/or Receipt of Information

**THIS FORM MUST BE COMPLETED IN ITS ENTIRETY**

STUDENT’S NAME: DATE OF BIRTH:

This will authorize the CHESTER UPLAND SCHOOL DISTRICT to release and/or receive confidential or educational information to and/or from (Name, Address, Fax Number, and Contact Person of School or Agency):

Name Fax Number

Address, City, State, Zip

Contact Person and Department Information requested:

* 1. Transcript of courses, and grades at time of withdrawal
	2. Testing results (includes state, local and individual psychological tests)
	3. Complete health records, including immunizations
	4. Special education records, (IEP, evaluation reports, permission(s) to evaluate, invitations and NOREPS)
	5. Disciplinary records
	6. Attendance

Please forward the information to the address checked below:

 Special Education Administration, 1350 Edgmont Avenue, Chester, PA 19013 Phone: 610-447-3880

 Main Street Elementary School, 704 Main Street, Upland, PA 19015 Phone: 610-447-3685

 Stetser Elementary School, 808 E. 17th Street, Chester, PA 19013 Phone: 610-447-3795

 CUSA - Chester Upland School of the Arts, 501 E. 9th Street Chester, PA 19013 Phone: 610-447-3777

 Toby Farms School, 201 Bridgewater Road, Brookhaven, PA 19015 Phone: 610-447-3815

 Chester High School, 232 W. 9th Street, Chester, PA 19013 Phone: 610-447-3700

\_ \_ S.T.E.M Academy at Showalter, 1100 W. 10th Street, Chester, PA 19013 Phone: 610-447-3650

\_ \_ Edgmont Scholars Academy, 1450 Edgmont Avenue, Chester, PA 19013 Phone: 610-447-3650

PARENT/GUARDIAN SIGNATURE Print Name and Relationship to Student

Phone Number Date (*Unless revoked, this authorization will automatically expire 1 year from this date*.)

Parental permission is not required when records are requested by authorized school personnel – it is not necessary to obtain written consent for the transfer of records from one school to another – Family Education Rights & Privacy Act (Buckley Amendment 99:331 dated June 17, 1976.