



# 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, 2<sup>nd</sup> floor).
- **Students without an IEP:** at your local neighborhood school, or at the main administrative office (1350 Edgmont Avenue, 2<sup>nd</sup> 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 (3<sup>rd</sup> 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

<b>Transportation Office Use Only</b> AM Bus # / Stop # / Location / Time: _____ PM Bus # / Stop # / Location / Time: _____	Date Bus Will Start: _____
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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

### 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	_____

Copy to:                      Office                      Nurse                      Transportation                      Parent



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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.*): \_\_\_\_\_

\_\_\_\_\_

3. 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.*

Copy to:

Office

Records Department

Parent



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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. 17<sup>th</sup> Street, Chester, PA 19013 Phone: 610-447-3795
- CUSA - Chester Upland School of the Arts, 501 E. 9<sup>th</sup> 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. 9<sup>th</sup> Street, Chester, PA 19013 Phone: 610-447-3700
- S.T.E.M Academy at Showalter, 1100 W. 10<sup>th</sup> 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.