



CHESTER UPLAND SCHOOL DISTRICT

232 W. 9th Street
Chester PA, 19013

REGISTRATION CHECKLIST

REGISTRATION LOCATIONS:

- **Students with an IEP:** Office of Special Education (232 W. 9th Street, 1st floor Admin Wing)
- **Students without an IEP:** at your local neighborhood school, or at the main administrative office (232 W. 9th Street, 1st floor Admin Wing).

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: _____

Copy to: Office Nurse Transportation Parent



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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 situation 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, 232 W. 9th Street, 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

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.