

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

Kindergarten Registrations are held Monday–Thursday  
(9:00am – 11:00am)  
School Year 2022–2023

CHECKLIST:

- Proof of Birth
- Social Security Card (if possible)
- Immunization Records
  - 4 DPT (one must be after 4<sup>th</sup> birthday)
  - 4 Oral Polio
  - 3 Hepatitis B
  - 2 MMR (both must be after 1<sup>st</sup> birthday)
  - 2 Varicella (Chickenpox) or Disease/both must be after 1<sup>st</sup> birthday

2 Proof of Address:

- Lease
- Current Electric /Gas/ Property Tax Bill
- Paystub
- PA vehicle Registration
- W2 forms

Parent Picture ID

The School District of Philadelphia  
Sheridan Elementary School

Registration Form

Date: \_\_\_\_\_ Room: \_\_\_\_\_

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

DOB: \_\_\_\_\_ ID#: \_\_\_\_\_ Sex: M or F (circle one)

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Current Grade: K 1 2 3 4 (circle one)

Parent/Guardian Name: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_

Relationship to child \_\_\_\_\_ Phone Number: \_\_\_\_\_

Last School Attended: \_\_\_\_\_ SDOP: YES or NO

Special Education: YES or No (circle one) ESOL: YES or NO

Siblings:

Schools:

1. \_\_\_\_\_ 1. \_\_\_\_\_

2. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 3. \_\_\_\_\_

Immunizations Complete: YES or No

Prepared by: \_\_\_\_\_

**SCHOOL DISTRICT OF PHILADELPHIA  
STUDENT REGISTRATION FORM (EH-40)**

**PARENT / GUARDIAN MUST COMPLETE THIS FORM AND PROVIDE ALL NECESSARY DOCUMENTS**

**Please Print All**

**STUDENT INFORMATION - SECTION 1**

Last Name		First Name		M.I.	Date of Birth		STUDENT ID NUMBER	
					MONTH	DAY	YEAR	
House No.	Dir	Street Name			St., Ave., Etc.	Apt#	Zip Code	Phone Number

Race Designation: Is this student Hispanic  Yes or  No      Gender:  Male /  Female      Country of Birth: \_\_\_\_\_

**Check all races that apply:**      Home Primary Language \_\_\_\_\_

White    Black / African American       Native Hawaiian / Other Pacific Islander      Date child first enrolled into a U.S. School \_\_\_\_\_

Asian    American Indian / Alaska Native

**STUDENT ENROLLMENT HISTORY - SECTION 2**

Indicate city and type of school child last attended       Public School \_\_\_\_\_

Philadelphia       Other City: \_\_\_\_\_       Non Public School \_\_\_\_\_

Date Last Attended	Grade Last Attended	Name of School	Address	City	State

If the student attended school outside of the United States, do you have his/her school records?

Yes:      If yes, please provide a copy for the school \_\_\_\_\_

No:      If no, please contact the school to obtain the records \_\_\_\_\_

Did the child ever attend:    Pre-Kindergarten and/or    Kindergarten

1) Has the child ever received Special Education Services in PA or another state?    Yes    No      If yes, which state: \_\_\_\_\_

2) Does your child have a current IEP?       Yes    No

3) Does your child have a current evaluation report?       Yes    No      If yes, what \_\_\_\_\_

4) Was the child ever enrolled in an Early Intervention Program?       Yes    No

5) Has the child ever received ESOL/Bilingual services?       Yes    No      If yes, which state: \_\_\_\_\_

6) Does your child have a 504       Yes    No

7) Does your child have a Gifted IEP?       Yes    No

**LANGUAGE SURVEY - SECTION 3**

	English	Other	Language
1) What language does the family speak at home most of the time?	<input type="checkbox"/>	<input type="checkbox"/>	_____
2) What language does the parent(s) speak to her/his child most of the time?	<input type="checkbox"/>	<input type="checkbox"/>	_____
3) What language does the child speak to her / his parent(s) most of the time?*	<input type="checkbox"/>	<input type="checkbox"/>	_____
4) What language does the child speak to her/his brothers/sisters most of the time?*	<input type="checkbox"/>	<input type="checkbox"/>	_____
5) What language does the child speak to her/his friends most of the time?*	<input type="checkbox"/>	<input type="checkbox"/>	_____
6) What language does the child speak most frequently?*	<input type="checkbox"/>	<input type="checkbox"/>	_____
7) What other languages does the child speak?   1) _____ 2) _____ 3) _____			

\* If the answer to these questions is other than English, the student must be given the English placement test (W-APT) by a certified administrator.

SCHOOL DISTRICT OF PHILADELPHIA  
STUDENT REGISTRATION FORM (EH-40)  
PARENT / GUARDIAN MUST COMPLETE THIS FORM AND PROVIDE ALL NECESSARY DOCUMENTS

**HOUSEHOLD INFORMATION - SECTION 4**

**Student Resides With:**  
 Both Parents (same address)       Mother       Father       Stepparent       Guardian / Other

Parent / Guardian Name: _____	Parent / Guardian Name: _____
(Circle) Mother / Father / Stepparent / Guardian / Other _____	(Circle) Mother / Father / Stepparent / Guardian / Other _____
(Circle) Male / Female      [Active Military] Yes / No	(Circle) Male / Female      [Active Military] Yes / No
Address: _____ _____	Address: _____ _____
Phone: _____ (Home) _____ (Cell) _____ (Work) _____	Phone: _____ (Home) _____ (Cell) _____ (Work) _____
Email: _____	Email: _____
<b>Preferred Language for School Related Communications:</b>	<b>Preferred Language for School Related Communications:</b>

**MCKINNEY-VENTO ELIGIBILITY - SECTION 4 (continued) (THIS INFORMATION WILL BE KEPT CONFIDENTIAL)**

Please indicate your current housing status:  Rent    Lease    Own

In a motel/hotel due to loss of housing, economic hardship or similar reason  
 Are you currently living with a family member due to loss of housing, economic hardship or similar reason  
 Did you experience a man-made disaster/fire  
 Did you experience an eviction

*If the family is eligible for the Homeless Assistance Act of 1987 (known as McKinney-Vento) please contact your school counselor once registration is completed.*

**SIBLING INFORMATION - SECTION 5**

Please list all school aged children (ages 5 and above)

Name	D.O.B.	Current School	Grade	Student ID# if available

**EMERGENCY CONTACT INFORMATION - SECTION 6**

**\* Please list two LOCAL emergency contacts and their relationship to the child in the event a parent or guardian cannot be reached:**

Primary

1) \_\_\_\_\_ Gender: Male / Female  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone (1) \_\_\_\_\_ Phone (2) \_\_\_\_\_

Secondary

2) \_\_\_\_\_ Gender: Male / Female  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone (1) \_\_\_\_\_ Phone (2) \_\_\_\_\_

By signing below, I am allowing the School District of Philadelphia to register my child as a student. I also certify the information provided on this application to be true and accurate and providing false or incomplete information that is required for registration may delay enrollment.

Parent / Guardian Signature _____	Date _____
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# Philip H. Sheridan School Emergency Form

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_ Room #: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
Mother/Guardian's Name: \_\_\_\_\_ Cell#: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work #: \_\_\_\_\_  
Father/Guardian's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work#: \_\_\_\_\_

If it is absolutely necessary that we contact you during the school day in case of illness or accident involving your child, we are unable to provide transportation or medical treatment, therefore, we would appreciate you providing names of individuals we may contact in case of emergency and you cannot be reached.

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_
2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Please list the name/names of any brothers or sisters who attend Sheridan.

1. Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Room #: \_\_\_\_\_
2. Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Room #: \_\_\_\_\_
3. Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Room #: \_\_\_\_\_

## **EMERGENCY MID-DAY SCHOOL CLOSING, MY CHILD SHOULD:**

\_\_\_\_\_ WALK HOME  
\_\_\_\_\_ WAIT TO BE PICK UP BY: \_\_\_\_\_  
Phone #: \_\_\_\_\_

Does the child have any medical problems/or take medications? \_\_\_\_ YES  
\_\_\_\_ NO

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

Distrito Escolar de Filadelfia

Lista de verificación para Kindergarten / Kindergarten Checklist

Padre /Parent Name \_\_\_\_\_ Fecha de nacimiento /Birth Date \_\_\_\_\_

Nombre del estudiante / Child's Name \_\_\_\_\_

Estimado padre y/o encargado / Dear Parent/Guardian:

Los niños que aprenden las habilidades en esta lista, tendrán una mejor base para el aprendizaje futuro. Podrán entender mejor al maestro y el ambiente de aprendizaje. Ayudar a sus hijos a aprender estas habilidades antes y durante el kindergarten es un proceso continuo. / Children who learn the skills on this list will have a better foundation for future learning. They will more fully understand the teacher and the learning environment. Helping children learn these skills before and during kindergarten is an ongoing process.

Los ejemplos incluyen (marque la lista con ✓ para lo que corresponde) / Examples include (check off the list with ✓ in the middle columns)

	Does Your Child		Yes Not Yet		Su hijo
	Sí	Todavía no	Sí	Not Yet	
1. Know his/her full name					1. Sabe su nombre completo
2. Know his/her age					2. Sabe su edad
3. Know gender (boy/girl)					3. Sabe su género (niño o niña)
4. Know home address and phone number					4. Sabe su domicilio y número de teléfono
5. Know family member's names (mother, father, grandparents, etc...)					5. Sabe los nombres de los miembros de su familia (madre, padre, abuelos, etc...)
6. Know 8 letters of the alphabet and 8 letter sounds					6. Sabe 8 letras del alfabeto y 8 sonidos de letras
7. Know how to hold a book and turn pages					7. Sabe cómo sostener un libro y pasar las páginas
8. Point to and name parts of the body					8. Señala y nombra partes del cuerpo
9. Name clothing articles					9. Nombra prendas de vestir
10. Know names of household items					10. Sabe nombres de artículos para el hogar
11. Identify common animals					11. Identifica animales comunes
12. Know names of most foods					12. Sabe los nombres de la mayoría de los alimentos
13. Know the words for how things feel (textures)					13. Conoce palabras de cómo se sienten las cosas (texturas)
14. Know names of coins					14. Sabe nombres de monedas

15. Know left and right			15. Distingue entre la izquierda y derecha
16. Know some words that describe things			16. Sabe algunas palabras que describen cosas
17. Know some words that tell how things move			17. Sabe algunas palabras que indican cómo se mueven las cosas
18. Know something about the places in your neighborhood			18. Sabe algo acerca de los lugares en su vecindario
19. Know the difference between big, bigger, biggest			19. Sabe la diferencia entre grande, más grande, el más grande
20. Know the difference between small, smaller, smallest			20. Sabe la diferencia entre pequeño, más pequeño, el más pequeño
21. Know how to count 10 things			21. Sabe cómo contar 10 cosas
22. Can point out things that are the same or different			22. Puede señalar cosas que son iguales o distintas

**Yes Not Yet**

**Sí Todavía no Sería bueno si su hijo pudiese:**

23. Respond to his/her name			23. Responder a su nombre
24. Understand speech of others			24. Entender lo que otros dicen
25. Respond to simple questions			25. Responder a preguntas sencillas
26. Use short complete sentence			26. Utilizar una oración corta completa
27. Follows 2-step directions			27. Seguir instrucciones de 2 pasos
28. Tell how he/she feels			28. Decir cómo se siente
29. Ask questions of adults			29. Hacer preguntas a los adultos
30. Relate 2 events of story in sequence			30. Relacionar 2 eventos de la historia en secuencia
31. Understand that the teacher is in charge in the classroom			31. Entender que el maestro está a cargo del aula
32. Be comfortable with adults while away from home			32. Sentirse cómodo con adultos fuera de casa

**Yes Not Yet**

**Does your child have these social skills: ¿Tiene su hijo estas habilidades sociales?**

33. Takes turns			33. Espera su turno
34. Shows respect for others and property			34. Muestra respeto por los demás y la propiedad ajena
35. Shares toys			35. Comparte juguetes
36. Is helpful			36. Ayuda a otros
37. Engage in Cooperative play			37. Participa en el juego cooperativo
38. Now how to say "Please" and "Thank you"			38. Sabe cómo decir "por favor" y "gracias"
39. Can sit quietly long enough to play with a toy, do a task, or listen to a story			39. Puede sentarse en silencio el tiempo suficiente para jugar con un juguete, hacer una tarea, o escuchar un

					cuento
40.	Does not argue and fight with other children				40. No discute ni pelea con otros niños
41.	Accepts disagreements				41. Acepta desacuerdos

Yes Not Yet

**Does your child have the following self help skills: Sí Todavía no ¿Tiene su hijo estas habilidades de auto suficiencia?**

42.	Remove and can put on outer clothes				42. Se puede poner y quitar ropa de abrigo
43.	Go to the bathroom without help				43. Va al baño sin ayuda
44.	Wash and dry own face and hands				44. Se lava y seca la cara y manos
45.	Feeds him/herself				45. Come solo
46.	Keeps trying even when task is hard				46. Sigue tratando incluso cuando la tarea es difícil
47.	Isn't easily distracted				47. No se distrae fácilmente
48.	Finishes tasks				48. Termina tareas

Yes Not Yet

**Does your child have these gross motor skills: Sí Todavía no ¿Tiene su hijo estas habilidades motoras gruesas?**

49.	Walk with ease				49. Camina con facilidad
50.	Run lightly on toes				50. Salta ligeramente en los dedos del pie
51.	Jump from step using both feet				51. Salta de una grada utilizando los dos pies
52.	Balance on each foot				52. Mantiene el balance parado en un solo pie
53.	Walk up stairs by alternating feet				53. Sube las escaleras alternando los pies
54.	Walk downstairs by alternating feet				54. Baja las escaleras alternando los pies
55.	Throw and catch a ball				55. Lanza y atrapa una pelota



The School District of Philadelphia  
Office of Student Rights & Responsibilities  
440 N. Broad Street, Second Floor  
Philadelphia, PA 19130

Rachel Holzman, Esquire  
Deputy Chief

### Release of Directory Information Opt-Out Form

The School District of Philadelphia may disclose appropriately designated "directory information" without written consent, unless you have advised the District to the contrary in accordance with District procedures.

Directory information includes the following: name, address, phone number, date and place of birth; field of study; participation in recognized activities and sports; height/weight, if member of athletic team; dates of attendance; degrees, awards, photographs, rosters; previous school(s) attended; and primary language.

The primary purpose of directory information is to allow The School District of Philadelphia to include this type of information from your child's education records in certain school publications, including: a playbill, showing your student's role in a drama production; school newsletters, the annual yearbook; honor roll or other recognition lists; graduation programs; and sports activity sheets, such as for basketball, showing weight and height of team members.

This information may also be made available to qualified outside organizations upon request. Qualified outside organizations include, but are not limited to, scholarship providers, trade/technical schools, and potential employers. In recognition of a family's right to privacy, it is the policy of The School District of Philadelphia that directory information will not be provided to commercial enterprises.

Parents or eligible students (18 years old or above) have the right to have directory information withheld upon written request. If you prefer to deny release of directory information without prior written consent, please complete and return the entire form to your child's school by **within ten (10) days of your enrollment**. Once this form is completed and returned to the school, your choice will not change until you complete and submit a new form. Use a separate form for each child. **Only return this form if you do NOT want directory information released.**

I DO NOT want directory information to be released and request ONE of the following:

Do not release my student's directory information at any time. No information for school publications, school activities, trade schools, scholarship providers or employers.

Do not release my student's directory information at any time, except for school publications, school activities and to qualified outside organizations.

Do not release my student's directory information at any time, except for school publications and school activities.

Do not release my student's directory information to military recruiters ( 11<sup>th</sup> and 12<sup>th</sup> grade only)

I do not permit my child to take any surveys that concern one or more of the areas listed on the PPRA notice

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

\_\_\_\_\_  
Name of School (Please Print)

\_\_\_\_\_  
Student ID#

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature (if 18 years or older)

THE SCHOOL DISTRICT OF PHILADELPHIA  
SCHOOL HEALTH SERVICES  
**REPORT OF PHYSICAL EXAMINATION**

Date Issued: [Date]		Student ID#:
<b>RECORD OF VACCINE ADMINISTRATION</b>		
(Please attach complete immunization record including serology results if available)		
TO THE PARENT/GUARDIAN: I authorize the school nurse to communicate with my child's health care provider and my health care provider to reply as needed regarding my child's care. Parent/Guardian Signature _____ Date _____		
TO THE CARE PROVIDER (Please complete all items) Pennsylvania law requires that students attending school in the state be immunized and receive periodic medical examinations. Payment for these examinations is the responsibility of the parent/guardian. THESE IMMUNIZATIONS ARE REQUIRED FOR SCHOOL ATTENDANCE.		
<b>RECORD THE FOLLOWING</b>		
■ Allergies _____      ■ Date of last PPD _____ Result _____ mm		
Does this student have health insurance? ____ Yes ____ No      Name of Insurance Provider: _____		
1. Visual Acuity:      Without Glasses: R _____ L _____      With Glasses: R _____ L _____		
2. Audiometric Screening:      R _____ L _____		3. BP _____
4. Height _____ inches/cm      Weight _____ lb./kg      BMI percentile _____		
5. Scoliosis Screening: _____ Normal      _____ Abnormal      _____ Referred      _____ No Referral		
Activity Recommendation: _____ Full Physical Activity      _____ Restricted Physical Activity (Must Complete Phys. E. Medical Exemption/Program Modification Form MEH-23)		
6. Specify Restrictions: _____		
7. List all medications currently being taken: Medications: _____ Reason: _____		
List ALL problems by history or examination:      Circle status of problem		
1. _____ Under Care      Care Complete      Referred		
2. _____ Under Care      Care Complete      Referred		
3. _____ Under Care      Care Complete      Referred		
_____ No Problems Identified		
Comments/follow-up treatment plan / Special instructions to school:		
Signature of Care Provider (REQUIRED)		Telephone Fax
Address		Care Provider office stamp (REQUIRED)  Date of Exam

**THE SCHOOL DISTRICT OF PHILADELPHIA**  
**REPORT OF PRIVATE DENTAL EXAMINATION**

Name of School	Student ID	Date Issued	
Name of Student	Date of Birth	Room/Section/Book	Grade
<p><b>TO THE DENTIST</b>  <i>Pennsylvania law requires that students attending school in the Commonwealth receive periodic dental examinations at stated intervals (upon original entry, while in third grade, and while in seventh grade).</i></p> <p><i>These examinations are required for school attendance. Payment for these examinations is the responsibility of the parent/guardian. If the student/family does not have health insurance the school nurse will help the family apply for health insurance. Please attach a copy of the student's dental examination or record the data below.</i></p> <p><i>Thank you for your cooperation.</i></p>			
<b>UNDER TREATMENT / WORK BEGUN</b>		<b>COMPLETION OF WORK / NO TREATMENT NECESSARY</b>	
Date Work Begun		<input type="checkbox"/> No Treatment Required Now	
Scheduled Follow-up Appointment		<input type="checkbox"/> All Necessary Dental Work Completed	
Date of Dental Examination		Expected Completion Date	
<i>Comments / Follow-up Treatment / Special Instructions to School</i>			
Name of Dentist		Telephone	
Signature of Dentist		Date Signed	
Address		Fax Number	

**IMPORTANT:**

**Return this form to:**

\_\_\_\_\_

Certified School Nurse/Practitioner

\_\_\_\_\_

School

\_\_\_\_\_

School Address

\_\_\_\_\_

Phone Number