

The School District of Philadelphia  
Sheridan Elementary School

Registration Form for NEW ADMITS coming from another  
Philadelphia Public School

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

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

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

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

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

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

Work Phone: \_\_\_\_\_ Cell 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.

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**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: _____	Phone: _____
(Home) _____	(Home) _____
(Cell) _____	(Cell) _____
(Work) _____	(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) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Gender: Male / Female  
Phone (1): \_\_\_\_\_ Phone (2): \_\_\_\_\_

**Secondary**

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Gender: Male / Female  
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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# Phillip 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: \_\_\_\_\_

**Parental Registration Statement\***  
**SCHOOL DISTRICT OF PHILADELPHIA**

Student Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Pennsylvania School Code §13-1304-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 action of offense involving a weapon, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property."

Please complete the following:

I hereby swear or affirm that my child was / was not (circle one) previously suspended or expelled, or is /is not (circle one) presently suspended or expelled from any public or private school of this Commonwealth or any other state for an act or offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property. I make this statement subject to the penalties of 24 P.S. §13-1304-A(b) and 18 Pa. C.S.A. §4904, relating to unsworn falsification to authorities, and the facts contained 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 the school from which student was suspended or expelled:

\_\_\_\_\_

Dates of suspension or expulsion: \_\_\_\_\_

(Please provide additional schools and dates of expulsion or suspension on back of this sheet.)

Reason for suspension/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.

\* Translated versions of this document are available at: [www.philasd.org/offices/translation](http://www.philasd.org/offices/translation).

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)		