

Name: _____

Date _____

Student ID _____

D.O.B. _____

Age Eligibility - a child must be five (5) years of age on or before September 1. There are no exceptions to this eligibility cutoff date.

Page 1: Checklist

Page 2: Registration Form - EH-40

Page 3: Parental Registration Statement

Page 4: Report of Physical Examination

Page 5 - 7: FERPA Related Documents

Use this checklist to prepare the required documents necessary for registration

Proof of Childs Age

Birth Certificate, Baptismal Certificate, or Valid Passport

Other (please list): _____

Immunization Records (Philadelphia Immunization Requirements)

<http://webgui.phila.k12.pa.us/offices/s/student-placement>

Proof of Residency - Supporting Documents (choose 2 from the following list)

Deed

Valid DOT identification card

Mortgage settlement sheet

Current credit card bill

Current utility bill (gas, electric, cable, telephone)

Recent vehicle registration

Recent property tax bill

Voter Registration Card showing current address

Valid driver's license or change of address card with your current address

Recent bank statement with current address

Letter from Social Security Office with current address

IRS Statement or other wage and tax statements e.g., W2, 1040, 1099

Letter from Public Assistance Office with current address

Recent Employer Pay Stub showing current address

Foster care/childcare and DHS letters are acceptable for registration when a student is in the care of a foster/child care agency

Shelter placement or residency letters are acceptable for homeless students

Original lease with name(s) of parents/legal guardians and children

Signed property sales agreement, followed by original copy of settlement papers within 45 calendar days of settlement

Parent / Guardian Picture Identification (requested and not required for enrollment)

If applicable, bring your child's previous school information: name, address and phone number of school

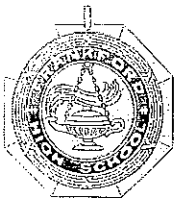
FOR OFFICE USE ONLY

Imputed in system _____

Date: _____

IEP _____

New to the District _____



THE SCHOOL DISTRICT OF PHILADELPHIA
FRANKFORD HIGH SCHOOL
AVIATION ACADEMY
 5000 OXFORD AVENUE
 PHILADELPHIA, PENNSYLVANIA 19124



DR. MICHAEL J. CALDERONE
 PRINCIPAL

TELEPHONE (215) 400-7200
 FAX (215) 400-7201

Request for Student Records
Solicitud de Registros

Date of Request: ____/____/____
Fecha de solicitud

D.O.B. _____
Fecha de nacimiento

Student's Name: _____
Nombre del estudiante

Former School's Name: _____
Nombre de la escuela anterior

Former School's Address: _____
Dirección de escuela anterior

City/State/Zip: _____
Ciudad/Estado/Código Postal

Phone #: _____
Número de teléfono

Fax #: _____
Número de fax

PLEASE SEND RECORDS VIA EMAIL TO CGINYARD@PHILASD.ORG OR FAX TO 215-400-7201

PARENT CONSENT

I (Yo), _____, the parent of (*padre de*)
 _____, give permission to Frankford High School
 to receive all academic, medical and psychological (IEP's, evaluations, etc...) records pertaining
 to my child. (*doy permiso a la escuela superior de Frankford para recibir toda información*
académica, médica y psicológica (IEP, las evaluaciones, etc...) relativos a mi hijo/a.)

Parent Signature/*Firma del Padre*: _____

Date/*Fecha*: ____/____/____

Frankford High School will be a collaborative setting engaging all stakeholders in an inspirational and respectful environment that prepares students to be productive global citizens.

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.



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

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
Parent / Guardian Signature	Date



THE SCHOOL DISTRICT OF PHILADELPHIA

Student Emergency /Medical Information

Last Name: _____ First Name: _____ DOB: _____
 School: _____ Room/Sec: _____ Grade: _____

Home Address: _____ Home phone: _____
 Mother: _____ email: _____ phone: _____
 Father: _____ email: _____ phone: _____
 Guardian: _____ email: _____ phone: _____

Emergency contacts (other than parents) must be local and available for contact:

Name and Relationship to child	Phone
1. _____	_____
2. _____	_____

Childs Doctor/Clinic: _____ Phone: _____
 Medical Insurance: MA ___ CHIP ___ Private ___
 Insurance company name: _____ Policy Number _____

<p>Please circle below to give permission to the school nurse to give your child medication.</p> <table border="1"> <tr> <td>Acetaminophen (Tylenol)</td> <td>YES</td> <td>NO</td> </tr> <tr> <td>Ibuprofen (Advil, Motrin)</td> <td>YES</td> <td>NO</td> </tr> </table>	Acetaminophen (Tylenol)	YES	NO	Ibuprofen (Advil, Motrin)	YES	NO	<p>Please CIRCLE the following if your child:</p> <p>Wears: Glasses Hearing aid Has: Seizures Diabetes Asthma ADHD</p> <p>List Allergies: Food substitution requires a new order yearly from a health care provider: _____</p> <p>Other Health Problems: _____</p>
Acetaminophen (Tylenol)	YES	NO					
Ibuprofen (Advil, Motrin)	YES	NO					

Does your child take medication? ___ NO ___ YES (please list)

Medication	Dose	Frequency/Time	Reason

Your signature gives permission for emergency treatment; as well as for SDP School Nurses to administer medications you indicate on this emergency form, during school hours, on field trips and after school activities. 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 _____

SCHOOL DISTRICT OF PHILADELPHIA
EMERGENCY CONTACT FORM

		Sex	Grade	Rm.-Sec.-Bk.
Student ID	Student's Name		Birth Date	School No.
Address		Apt. No.	Home Phone	
Enter Child's Social Security No.		Does your child have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Doctor/Clinic	Phone No.	If Yes, check the appropriate health insurance below:		
Name of Dentist/Clinic	Phone No.	<input type="checkbox"/> Aetna/US Health Care <input type="checkbox"/> Blue Cross <input type="checkbox"/> Health Partners <input type="checkbox"/> AmeriChoice <input type="checkbox"/> Keystone Mercy <input type="checkbox"/> Keystone Health Plan East <input type="checkbox"/> Other _____		
First Emergency Contact - Parent/Guardian	Relationship to child	First Emergency Contact - Parent/Guardian	Relationship to child	First Emergency Contact - Parent/Guardian
Second Emergency Contact (full name)		Second Emergency Contact (full name)		Second Emergency Contact (full name)
Third Emergency Contact (full name)		Third Emergency Contact (full name)		Third Emergency Contact (full name)

SCHOOL DISTRICT OF PHILADELPHIA
CONTACTO DE EMERGENCIA

		Sexo	Grado	Salón
Numero de Estudiante	Apellido del Estudiante		Fecha de Nacimiento	Código de Escuela
Dirección		Número Apt.	Teléfono del Hogar	
Número de Seguro Social		¿Su hijo/hija tiene seguro medico? <input type="checkbox"/> Sí <input type="checkbox"/> No		
Nombre del Médico / Clínica	Teléfono	Si tiene, marque el seguro apropiado en la parte de abajo:		
Nombre del Dentista / Clínica	Teléfono	<input type="checkbox"/> Aetna/US Health Care <input type="checkbox"/> Blue Cross <input type="checkbox"/> Health Partners <input type="checkbox"/> AmeriChoice <input type="checkbox"/> Keystone Mercy <input type="checkbox"/> Keystone Health Plan East <input type="checkbox"/> Other _____		
Primer Contacto de Emergencia - Padres	Relacion al Estudiante	Teléfono	Celular	Correro Electrónico
Segundo Contacto de Emergencia				
Tercer Contacto de Emergencia				

Parent Copy
Family Educational Rights and Privacy Act (FERPA)
Notice for Directory Information

The *Family Educational Rights and Privacy Act* (FERPA), a Federal law, requires that the **School District of Philadelphia** with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, the School District may disclose appropriately designated "directory information" without written consent, unless you have advised the District to the contrary in accordance with District procedures. The primary purpose of directory information is to allow the School District to include this type of information from your child's education records in certain school publications. Examples include:

- A playbill, showing your student's role in a drama production;
- The annual yearbook;
- Honor roll or other recognition lists;
- Graduation programs; and
- Sports activity sheets, such as for wrestling, showing weight and height of team members.

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks. In addition, two federal laws require local educational agencies (LEAs) receiving assistance under the *Elementary and Secondary Education Act of 1965* (ESEA) to provide military recruiters, upon request, with the following information – names, addresses and telephone listings – unless parents have advised the LEA that they do not want their student's information disclosed without their prior written consent.¹

If you do not want the School District to disclose directory information from your child's education records without your prior written consent, you must notify the District in writing within ten (10) days after enrollment. The school District has designated the following information as directory information:

-Student's name
-Address
-Telephone listing
- Primary language
-Photograph
-Date and place of birth
-Major field of study
-Dates of attendance
-Grade level

-Participation in officially
recognized activities and sports
-Weight and height if members of athletic team
-Degrees, honors, and awards received
-The most recent educational agency or
institution attended
-Student ID number, user ID, or other unique
personal identifier used to communicate in
electronic systems that cannot be used to access
education records without a PIN, password, etc. (A
student's SSN, in whole or in part, cannot be used for
this purpose.)

¹ These laws are: Section 9528 of the Elementary and Secondary Education Act (20 U.S.C. § 7908) and 10 U.S.C. § 503(c).

Parent Copy

PPRA Notice and Consent/Opt-Out for Specific Activities

The Protection of Pupil Rights Amendment (PPRA), 20 U.S.C. § 1232h, requires **The School District** to notify you and obtain consent or allow you to opt your child out of participating in certain school activities. These activities include a student survey, analysis, or evaluation that concerns one or more of the following eight areas (“protected information surveys”):

1. Political affiliations or beliefs of the student or student’s parent;
2. Mental or psychological problems of the student or student’s family;
3. Sex behavior or attitudes;
4. Illegal, anti-social, self-incriminating, or demeaning behavior;
5. Critical appraisals of others with whom respondents have close family relationships;
6. Legally recognized privileged relationships, such as with lawyers, doctors, or ministers;
7. Religious practices, affiliations, or beliefs of the student or parents; or
8. Income, other than as required by law to determine program eligibility.

This requirement also applies to the collection, disclosure or use of student information for marketing purposes (“marketing surveys”), and certain physical exams and screenings.

The School District will provide parents, within a reasonable period of time prior to the administration of the surveys and activities, notification of the surveys and activities and be provided an opportunity to opt their child out, as well as an opportunity to review the surveys. (Please note that this notice and consent/opt-out transfers from parents to any student who is 18 years old or an emancipated minor under State law.)