

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.

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Use this checklist to prepare the required documents necessary for registration

Proof of Child's Age

Birth Certificate, Baptismal Certificate, or Valid Passport

Other (please list): _____

Immunization Records (Philadelphia Immunization Requirements)

<http://webqui.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



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

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

Form with fields for Race Designation (Is this student Hispanic Yes or No), Gender (Male / Female), Country of Birth, Home Primary Language, and Date child first enrolled into a U.S. School. Includes checkboxes for various racial and ethnic groups.

STUDENT ENROLLMENT HISTORY - SECTION 2

Form with fields for school type (Public School / Non Public School), Philadelphia / Other City, and a table for enrollment history with columns: Date Last Attended, Grade Last Attended, Name of School, Address, City, State.

Form with questions about school records outside the US, special education services, IEP, and other educational services. Includes checkboxes for Yes/No and fields for state information.

LANGUAGE SURVEY - SECTION 3

Form with questions about language spoken at home and with friends, and checkboxes for English and Other. Includes a field for 'Language' and a question about other languages.

* 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: _____	Phone: _____
(Home)	(Home)
(Cell)	(Cell)
(Work)	(Work)
Email: _____	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) _____ 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
Parent / Guardian Signature	Date

SCHOOL DISTRICT OF PHILADELPHIA EMERGENCY CONTACT FORM						Sex	Grade	Rm./Sec./Bk.	
(EH-4)	Student ID	Student's Name				Birth Date		School No.	
Address		Zip Code	Apt. No.		Home Phone				
Enter Child's Social Security No.				Does your child have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, check the appropriate health insurance below:					
Name of child's doctor/clinic			Phone No.		<input type="checkbox"/> Aetna/US Health Care		<input type="checkbox"/> Blue Cross		
Name of child's dentist/clinic			Phone No.		<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 (full name) Parent/Guardian		Relationship to child	Daytime Phone	Cell Phone	E-Mail				
Second Emergency Contact (full name)									
Third Emergency Contact (full name)									

OFFICE

SCHOOL DISTRICT OF PHILADELPHIA EMERGENCY CONTACT FORM						Sex	Grade	Rm./Sec./Bk.	
(EH-4)	Student ID	Student's Name				Birth Date		School No.	
Address		Zip Code	Apt. No.		Home Phone				
Enter Child's Social Security No.				Does your child have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, check the appropriate health insurance below:					
Name of child's doctor/clinic			Phone No.		<input type="checkbox"/> Aetna/US Health Care		<input type="checkbox"/> Blue Cross		
Name of child's dentist/clinic			Phone No.		<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 (full name) Parent/Guardian		Relationship to child	Daytime Phone	Cell Phone	E-Mail				
Second Emergency Contact (full name)									
Third Emergency Contact (full name)									

ADVISOR

SCHOOL DISTRICT OF PHILADELPHIA EMERGENCY CONTACT FORM						Sex	Grade	Rm./Sec./Bk.	
(EH-4)	Student ID	Student's Name				Birth Date		School No.	
Address		Zip Code	Apt. No.		Home Phone				
Enter Child's Social Security No.				Does your child have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, check the appropriate health insurance below:					
Name of child's doctor/clinic			Phone No.		<input type="checkbox"/> Aetna/US Health Care		<input type="checkbox"/> Blue Cross		
Name of child's dentist/clinic			Phone No.		<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 (full name) Parent/Guardian		Relationship to child	Daytime Phone	Cell Phone	E-Mail				
Second Emergency Contact (full name)									
Third Emergency Contact (full name)									

NURSE

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.



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 List Allergies: Food substitution requires a new order yearly from a health care provider: _____ _____ 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 _____

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 (11th and 12th 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)

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 | -Participation in officially |
| -Address | recognized activities and sports |
| -Telephone listing | -Weight and height if members of athletic team |
| - Primary language | -Degrees, honors, and awards received |
| -Photograph | -The most recent educational agency or |
| -Date and place of birth | institution attended |
| -Major field of study | -Student ID number, user ID, or other unique |
| -Dates of attendance | personal identifier used to communicate in |
| -Grade level | 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.)