

Academy at Palumbo

Admission Form 2018 - 2019

Date _____

Student ID # _____

Name of Student _____

DOB _____

Grade Entering in September 2018 _____

Address _____

Home Phone # _____

Cell # _____

Parent/Guardian Names _____

Parent/Guardian Email Address _____

Student Email Address _____

////////////////////////////////////
Last School Attended _____

Special Education: Yes _____

No _____

If Yes, exceptionality _____

////////////////////////////////////
EMERGENCY CONTACT INFORMATION

(1) Emergency Contact _____ Relationship _____

Phone _____

(2) Emergency Contact _____ Relationship _____

Phone _____

(3) Emergency Contact _____ Relationship _____

Phone _____

Parent/Guardian Signature



SCHOOL DISTRICT OF PHILADELPHIA
 APPLICATION FOR ADMISSION OF CHILD TO SCHOOL (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 |
| | | | | | | | |

Race Designation: Are you Hispanic Yes or No Gender: Male/ Female
 White Black/African American Hispanic/Latino American Indian/Alaska Native
 Asian Multiracial/Other* Native Hawaiian/Other Pacific Islander
 *If you select Multiracial/Other, you MUST select the races that apply.

Country of Birth: _____
 Student Primary Language: _____
 Date child first enrolled into a U.S. School: _____

HOUSEHOLD INFORMATION - Section 2

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

| | |
|--|---|
| Parent / Guardian Name: _____ (Circle) <input type="checkbox"/> Mother <input type="checkbox"/> Stepparent <input type="checkbox"/> Father <input type="checkbox"/> Guardian / Other: _____ Address: _____ _____ Phone: _____ (Home) _____ (Cell) _____ (Work) _____ E-Mail: _____ | Parent / Guardian Name: _____ (Circle) <input type="checkbox"/> Mother <input type="checkbox"/> Stepparent <input type="checkbox"/> Father <input type="checkbox"/> Guardian / Other: _____ <input type="checkbox"/> Please check this box if the address is the same Address: _____ _____ Phone: _____ (Home) _____ (Cell) _____ (Work) _____ E-Mail: _____ |
|--|---|

Please indicate this Guardian's Primary Language: _____

SIBLING INFORMATION - Section 3

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

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

CONTACT INFORMATION - Section 4

* 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 _____
 Phone (1) _____ Phone (2) _____

Secondary
 2) _____
 Name _____ Relationship _____
 Phone (1) _____ Phone (2) _____

SCHOOL DISTRICT OF PHILADELPHIA
 APPLICATION FOR ADMISSION OF CHILD TO SCHOOL (EH-40)
 PARENT / GUARDIAN MUST COMPLETE THIS FORM AND PROVIDE ALL NECESSARY DOCUMENTS

STUDENT EDUCATION HISTORY - Section 5, Complete this section if the child has ever attended school

Indicate city and type of school child last attended
 Philadelphia Other City: _____ Public School 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 No
 If yes, please provide a copy for the school.
 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 6

| | 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 (WAPT) by a certified administrator.

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



THE SCHOOL DISTRICT OF PHILADELPHIA
ACADEMY AT PALUMBO HIGH SCHOOL
1100 CATHARINE STREET
PHILADELPHIA, PA 19147
T - 215-400-8130 · F - 215-400-8131
MS. KIANA L. THOMPSON, PRINCIPAL
Griffin Pride: Nothing Less Than Success!

RELEASE OF INFORMATION

To Whom It May Concern:

This letter serves as a formal request to release records for:

_____, DOB: _____

Records can be sent or faxed to:

Academy at Palumbo
Loc. # 2620
1100 Catharine St.
Philadelphia, PA
Fax #: 215-400-8131

Thank you for your attention.

Sincerely,

Kiana L. Thompson
Principal

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 MEDICAL INFORMATION**

This form is to be used for new students and capturing annual updates.

| | | | |
|-----------------|------------|---------------|--------|
| Last Name: | First Name | Date of Birth | Date: |
| Name of School: | | Room/Section: | Grade: |

Dear Parent/Guardian:

Pennsylvania law requires that all children must have a complete checkup when entering school for the first time and again in middle and high school.

The school nurse can help you with information regarding health insurance. There are free and low-cost insurance plans for which your family may qualify. Please take the attached form to your doctor or clinic when you take your child for this checkup and return the completed form to the school nurse by _____

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 _____

STUDENT'S MEDICAL HISTORY - TO BE COMPLETED BY PARENT/GUARDIAN

1. Does your child have health insurance? Yes No Company? _____

2. Where do you take your child for checkups? _____

Address: _____

Phone: _____ Fax: _____

3. Date of child's last physical examination? _____

4. Where do you take your child for dental care? _____

Address: _____

Phone: _____ Fax: _____

5. Date of child's last dental examination? _____

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

| | |
|---------------------|--------------|
| Date issued: [Date] | Student ID#: |
|---------------------|--------------|

| | | |
|------------------|-------------------|--------|
| Name of Student: | Date of Birth: | Grade: |
| Name of School: | Room/Section/Book | |

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.

RECORD OF VACCINE ADMINISTRATION

(Please attach complete immunization record including serology results if available)

▪ Allergies _____ ▪ Date of last PPD _____ Result _____ mm

Does this student have health insurance? ____ Yes ____ No Name of insurance Provider: _____

RECORD THE FOLLOWING

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

6. Activity Recommendation: _____ Full Physical Activity _____ Restricted Physical Activity
(Must Complete Phys. E. Medical Exemption/Program Modification Form MEH-23)

Specify Restrictions: _____

7. List all medications currently being taken:
Medications: _____ Reason: _____

8. 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 | Care Provider office stamp (REQUIRED) |
| | Fax | |
| Address | Date of Exam | |

Please note

1. Does your daughter/son have any health needs or problems the school should know?

Yes _____ No _____

If YES, please describe

2. Does your daughter/son take any medication? Yes _____ No _____

If YES, please describe

3. Does your daughter/son need to take medication *at school*? Yes _____ No _____

If YES, please describe

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)

Translated versions of this document are available at: www.philasd.org/translation (search word "EH-4")

| 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) | | | | | | | |

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|---|------------|-----------------------|---------------|--|---|--|--------------|
| (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) | | | | | | | |

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|---|------------|-----------------------|---------------|--|---|--|--------------|
| (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) | | | | | | | |

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.)