

# Academy @ Palumbo

## 2019 - 2020

Date \_\_\_\_\_

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

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

DOB \_\_\_\_\_

Grade Entering in September 2019 \_\_\_\_\_

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 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 a 'Check all races that apply' section with checkboxes for White, Black / African American, Native Hawaiian / Other Pacific Islander, Asian, American Indian / Alaska Native.

STUDENT ENROLLMENT HISTORY - SECTION 2

Form with fields for 'Indicate city and type of school child last attended' (Philadelphia, Other City, Public School, Non Public School).

Table with columns: Date Last Attended, Grade Last Attended, Name of School, Address, City, State.

Form with questions: 'If the student attended school outside of the United States, do you have his/her school records?' (Yes/No), 'Did the child ever attend?' (Pre-Kindergarten and/or Kindergarten), and a list of 7 questions about Special Education Services, IEP, evaluation reports, Early Intervention Program, ESOL/Bilingual services, 504, and Gifted IEP.

LANGUAGE SURVEY - SECTION 3

Form with 7 questions about language spoken at home and to family members. Columns for English, Other, and Language.

\* 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) \_\_\_\_\_ 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 \_\_\_\_\_

## Academy @ Palumbo Course Selection

Incoming 9th graders- Use this form to enter your course requests for next school year

Incoming 10th, 11th and 12th graders- Do not use this form. Please email copies of your high school report cards to Mr. Lynch ([dalynch@philasd.org](mailto:dalynch@philasd.org)) and he will respond with an individualized course selection form within 24 hours.

\* Required

**1. What is your name? \***

Last name, First name

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**2. What school did you attend for 8th grade? \***

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**3. What will be your grade level in the Fall of 2019? \***

*Check all that apply.*

9th

*Skip to question 4.*

### Grade 9

Please complete the sections below

**4. English \***

*Mark only one oval.*

English 1

**5. Social Studies \***

*Mark only one oval.*

World History

**6. Math \***

*Mark only one oval.*

Algebra 1

Algebra 2 (Only select if you will take the Algebra 1 Keystone exam in May)

**7. Science \***

*Mark only one oval.*

Biology



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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  
MS. CHARMELIA BOND, ASSISTANT PRINCIPAL

*Griffin Pride: Nothing Less Than Success!*

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## 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

**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)

**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).

## *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.)



Permission Form for Use of Student Picture, Voice, Video, Work and/or Full Name  
on a School District of Philadelphia Website

This letter is to both inform you and request permission for your child's picture, voice, video, work and/or full name to be published on the School District and/or an individual school's website.

Student images are used on the Internet to promote student activities and celebrate student work. However, there are potential dangers associated with posting personally identifiable information on a website because global access to the Internet means that the School District cannot control who may view the website.

Accordingly, the School District will not release any information without prior written consent from you as the parent or legal guardian. Please return this form to your child's teacher or the representative of the sponsoring School District department to indicate if your child's image, voice, video, work and/or full name maybe used on the Internet. This permission will be applicable to any use of full name, picture, voice, work or video taken in the school year in which permission is given and will remain in effect until the full name, picture, video, work or voice is removed from the website or until consent is withdrawn. As parent or legal guardian, you may withdrawal your consent at any time by sending a written letter, along with a new form, to the principal of your child's school. Thank you for your cooperation.

**Check one of the following options:**

- I/We GRANT permission for any photo/image, voice, video, work and/or full name of this student to be published on the school and/or School District's public Internet site.
- I/We DO NOT GRANT permission for any photo/image, voice, video, work and/or full name of this student to be published on the school and/or School District's public Internet site.

In addition, I agree to release and hold harmless the School District, its School Reform Commission members and Board of Education, agents, officers, contractors, volunteers, and employees from and against any and all claims, demands, actions, complaints, suits or other forms of liability that shall arise out of or by reason of, or be caused by the use of my child's picture, voice, video and/or full name on the Internet.

Student's Name: \_\_\_\_\_ School/Office Name: \_\_\_\_\_

Print name of Parent/Legal Guardian: (print) \_\_\_\_\_

Signature of Parent/Legal Guardian: (sign) \_\_\_\_\_ Date Signed: \_\_\_\_\_

**To be completed by school/office for file purposes:**

Attach image or identify from photo and video files

Web address of image(s): http:// \_\_\_\_\_



# 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 \_\_\_\_\_

**Please circle below to give permission to the school nurse to give your child medication.**

Acetaminophen (Tylenol)	YES	NO
Ibuprofen (Advil, Motrin)	YES	NO

**Please CIRCLE the following if your child:**

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:** \_\_\_\_\_

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 \_\_\_\_\_

# \*Complete for Inhaler use only

THE SCHOOL DISTRICT OF PHILADELPHIA  
SCHOOL HEALTH SERVICES

## REQUEST FOR ADMINISTRATION OF ASTHMA MEDICATION

(PLEASE SEE MESSAGE TO PHYSICIAN AND PARENT ON BACK OF FORM)  
**PHYSICIAN, PLEASE NOTE:** Fill in all of the spaces. Missing information will cause the form to be returned to you. This will cause a delay in your patient receiving medication/ treatment. A separate request is needed for each medication.

NAME OF PATIENT/STUDENT	ADDRESS/ZIP	ROOM/BOOK NO.
DATE OF BIRTH	SCHOOL	PID

DIAGNOSIS:

REASON MEDICATION MUST BE GIVEN IN SCHOOL:

NAME OF MEDICATION:	DOSE:
TIME(S) TO BE GIVEN IN SCHOOL:	TOTAL DOSAGE PER 24 HRS:
DATE BEGIN:	DATE END:

INSTRUCTION FOR ADMINISTRATION/UTILIZATION:

CONTRAINDICATIONS:

SIDE EFFECTS:

TREATMENT OF SIDE EFFECTS/ACTION TO BE TAKEN:

RESTRICTION ON ACTIVITY: YES  NO

IF YES, DESCRIBE:

IS STUDENT TAKING ANY OTHER MEDICATION? YES  NO

IF YES, NAME OF MEDICATIONS:

PRINT NAME OF HEALTH CARE PROVIDER/CREDENTIALS	TELEPHONE
ADDRESS	EMERGENCY NUMBER
SIGNATURE OF HEALTH CARE PROVIDER	DATE SIGNED

I authorize licensed school personnel to administer the indicated medication as prescribed by my child's health care provider, whose signature appears on this form

My child may self-administer medication/equipment as determined appropriate by the school nurse.

I authorize the school nurse to communicate with my child's health care provider, and my health care provider to reply, as needed regarding this medication and/or my child's response.

PARENT SIGNATURE \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

DATE SIGNED \_\_\_\_\_ EMERGENCY NUMBER \_\_\_\_\_

In accordance with school district procedure:

- I have assessed the student and s/he has demonstrated competency to self-administer medications. YES  NO
- The administration of this medication was approved on: \_\_\_\_\_

SIGNATURE OF SCHOOL NURSE \_\_\_\_\_

TELEPHONE NUMBER OF SCHOOL NURSE \_\_\_\_\_

**Steps to take during an asthma episode:**

- Remove student from any obvious trigger listed above
- **DO NOT** leave student alone.
- Sit student comfortably leaning forward, **DO NOT** insist that they lie down.
- Check student's peak flow reading (if available)
- Give initial treatment of emergency school asthma medication and allow for rest. Improvement from bronchodilators is usually seen within 5-10 minutes after use of inhaler.
- Check for decreased symptoms (or increased peak flow reading)
- Contact parent/guardian to make them aware of asthma episode and effectiveness of treatment.
- If symptoms **DO NOT** decrease after initial treatment with medication, the situation can quickly become an asthma emergency. **CALL 9-1-1 if condition worsens.**

**TO THE PHYSICIAN:**

Your patient has requested that medication be administered in school. Ideally, the administration of medication should take place at home. However, for students who require medication during the school day in order to function in the classroom, School District Policy does permit licensed school staff to administer medication. In some cases, students may self-administer their medication.

**IF YOUR PATIENT'S MEDICATION CANNOT BE ALTERED SO THAT ALL ARE RECEIVED AT HOME, PLEASE COMPLETE THE REQUEST ON THE REVERSE SIDE. A SEPARATE REQUEST IS REQUIRED FOR EACH MEDICATION OR TREATMENT.**

Please fill in all of the spaces. Missing information will cause the form to be returned to you. This will cause a delay in your patient receiving medication/treatment.

Thank you.

School Health Services

**DEAR PARENT/GUARDIAN:**

Some children need the administration of medication in order to function in the classroom. Ideally, this should take place at home. If your child's medication schedule cannot be altered and administered at home, you can request the medication to be given in school by seeing the school nurse.

Once the School Nurse has approved the request, you will be required to bring the medication to school properly labeled and packaged by a Registered Pharmacist. The medication bottle must have Saf-T-Closure Cap and the label must include:

- Patient Name
- Pharmacy Name
- Pharmacy Address and Phone#
- Prescription Number
- Prescription Date (current)
- Name of medication, dosage form, expiration date (if relevant)
- Instructions for administration
- Name of prescribing health care provider

This procedure must be repeated each school year and/or each time there is a change in dosage.

Parents/guardians must pick up unused or expired medication in person, or send an authorized responsible adult with a note from you. Unused medication which is not picked up within 10 days, or by the last day of school, will be destroyed/discarded.

If you have any questions on this procedure, please contact the school nurse.

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

Date Issued: [Date]	Student ID#:
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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

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	Care Provider office stamp (REQUIRED)
Address	Date of Exam	