

Academy @ Palumbo

2020-2021

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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

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: _____

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 _____



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!

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 (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)

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.

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 _____

<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 (Motrin)</td> <td>Yes</td> <td>No</td> </tr> </table>	Acetaminophen(Tylenol)	Yes	No	Ibuprofen (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 (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.



THE SCHOOL DISTRICT OF PHILADELPHIA

Parent/Guardian Signature _____ Date _____

Revised S-865 (06/2019)

OPTIONAL

Non-Aerosol Topical Sunscreen Use at School

Parents/guardians may choose to supply their child with **non-aerosol topical sunscreen**, if it is approved by the U.S. Food and Drug Administration. In order for a student to apply sunscreen during school hours, at a school-sponsored activity, or while under the supervision of school personnel, the parent/guardian must complete the attestations below.

Parent/Guardian Attestation

- By signing below, you confirm that you understand that the school is not responsible for ensuring that the sunscreen is applied by the student.
- By signing below, you confirm that the student has demonstrated that they are able to self-apply the sunscreen.

Parent/Guardian Signature: _____ Date: _____

The school may cancel or restrict the possession, application, or use of a non-aerosol topical sunscreen product by a student if any of the following occurs:

- The student fails to comply with school rules concerning the possession, application, or use of the non-aerosol topical sunscreen product.
- The student shows an unwillingness or inability to safeguard the non-aerosol topical sunscreen product from access by other students.

If a school cancels or restricts the possession, application, or use of a non-aerosol topical sunscreen product by a student, the school shall provide written notice of the cancelation or restriction to the student's parent/guardian.