Student Enrollment Forms

Canon-McMillan School District

Commitment to Excellence

*An enrollment can include either a new enrollment or a re-enrollment.

STUDENT INFORMATION (Please Print)

Last Name: _____ **First name:** _____

Middle Name: _____ **Date of Birth:** _____

Gender: ☐ Male ☐ Female **Grade:** _____

Ethnicity/Race: Is student Hispanic or Latino? ☐ Yes ☐ No
☐ Asian ☐ Black or African American ☐ White ☐ American Indian or Alaska Native
☐ Native Hawaiian/Other Pacific Islander ☐ Multiracial *(if checking multiracial, please choose at least two ethnicities)*

CMSD Personnel ONLY:

Student ID#: _____
School Year: _____
Grade: _____
School: _____

__ Special Ed. Student
__ ESL/ELL

RESIDENCY

- **Home Address** *(House #, Street Name)*:_____ **Apt #:** _____

  City, State, Zip: _____

Home address and mailing address are the same? ☐ Yes ☐ No ***(if yes, do not fill out mailing address)***

- **Mailing Address** _____ **Apt #:** _____

  City, State, Zip: _____

The following information will be used for automated messages from the school/district:

- **Primary Phone** : ☐ Home ☐ Cell _____
- **Primary email address(es)**: _____

Child resides with:
☐ Both Parents ☐ Mother only ☐ Mother & Stepfather ☐ Father only ☐ Father & Stepmother ☐ Guardian(s)
☐ Relative(s) ☐ Foster Parent(s) ☐ Student is court emancipated

Parents are:
☐ Married & reside together ☐ Divorced ☐ Separated ☐ Remarried ☐ Single ☐ Never married ☐ Widowed

PIMS INFORMATION *The Pennsylvania Information Management System (PIMS) requires that public schools collect and report data pertaining to birth and state /country entry*

Date child most recently entered PA (if never left PA then enter date of birth): _____

Month/year student initially started school: _____ In what state? _____ Month/year student started 9th grade: _____

Is the student's parent/guardian an active duty member of a branch of the armed forces (Army, Navy, Air Force, Marine Corp, Coast Guard) including full time National Guard? ☐ Yes ☐ No

SERVICES

Does or has your child receive(d) any of the following services (check all that apply)?

Has current IEP ☐ Yes ☐ No Has had an IEP in the past ☐ Yes ☐ No 504/Chapter 15 Agreement ☐ Yes ☐ No

☐ Hearing ☐ Vision ☐ Speech ☐ ESL/ELL Other: _____

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Student Last Name: Student First Name:

CONTACT INFORMATION

If the student resides at the home address with one or both parents:

- Mother's Name: _____ Email Address: _____

Employer: _____ Occupation: _____ Work Phone: _____ Cell Phone: _____

- Father's Name: _____ Email Address: _____

Employer: _____ Occupation: _____ Work Phone: _____ Cell Phone: _____

If the student resides at the home address with guardian/foster parent:

- Guardian's Name: _____ Email Address: _____

Relationship to student: _____ Employer: _____ Occupation: _____

Work Phone: _____ Cell Phone: _____

Non-Custodial Parent Information If student resides with only one parent, please list non-custodial parent information. Non-custodial parent will be included in school database and will receive progress/report cards, etc.

Relationship Type (please check one): ☐ Mother ☐ Father ☐ Other _____

- Name: _____ Email Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Address: _____

Employer: _____ Occupation: _____

SCHOOL INFORMATION

☐ My child has not previously been enrolled in school. ☐ My child has previously attended a Canon-McMillan school(s).

☐ My child has attended a non-Canon-McMillan school.

Previous School Name: _____ Phone: _____

Address of school : _____ Fax: _____

Grade level at time of attendance: _____ Dates attended: _____

Please list the names and dates of birth of siblings in your household, grades PreK-12 ***(attending either a public or nonpublic school):***

Name	Date of Birth	Name	Date of Birth

I certify that the information that I have provided for enrollment into the Canon-McMillan School District is correct.

Parent/Guardian signature: _____ Relationship to student: _____ Date: _____

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Residency Articulation

Your responses to these questions will help staff determine what residency documents are necessary for enrollment of your child.

Student's name: ____

Person completing form: ______________________________ **Relationship to student**: ___________________

In what type of setting is the student living now? (Check one of the boxes below)

SECTION A	SECTION B
☐ In an emergency or transitional shelter ☐ Sharing the housing of other persons due to loss of housing, economic hardship, or life changing event ☐ In a motel, hotel, campsites, or cars due to a lack of alternative adequate accommodations ☐ In a park, public spaces, abandoned building, substandard housing, bus or train stations, or similar settings ☐ Other places not designed for, or ordinarily used as, a regular sleeping accommodations for human beings CONTINUE completing this page.	☐ None of the choices in Section A apply. If you checked this section, **you do not need** to complete the remainder of this page.

Contact number for person completing the form: ____

Address where the student is currently living: ____

The student is living with (check all that apply):

☐ Parent(s) or legal guardian
☐ Relative, friend(s), or other adult(s)
☐ Alone
☐ Other: ______________________

☐ Siblings: under 5 ☐
school age (5-18) ☐
over 18 ☐

School last attended by child: ____
Address of school: ____
Telephone number of school: ______________________________
Contact person at school (if known): ___________________________

Does the student have an IEP or a Chapter 15/504 agreement?
☐ NO ☐ YES Please explain: ____

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***CMSD Office Use Only* :** Intake by ______________________
☐ Notified District Homeless Liaison ☐ Food Service ☐ Building Office
~~~~~~

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PARENTAL REGISTRATION STATEMENT (ACT 26)

Student name: _____

Date of Birth: _____ Grade: _____

Parent or Guardian Name: _____

Address: _____

Phone: _____

Pennsylvania School Code § 13-1304-A states in part "Prior to admission to any school entity, the parent, guardian or any other person having control or charge of a student shall, upon registration, provide a sworn statement of affirmation stating whether the pupil was previously 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 any act of violence committed on school property".

Please complete the following:

I hereby swear or affirm that my child ☐ ***was*** ☐ ***was not*** previously 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 to the penalties of 24 P.S. § 13-1304-A(b) and 18 Pa.C.S.A. § 4904, relating to an 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 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 or expulsion: _____

Signature of Parent or Guardian: _____ Date: _____

Signature of School Personnel Witness: _____ 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.

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AUTHORIZATION FOR RELEASE OF RECORDS

Student's name: _____ Date of birth: _____ Grade: _____

Previous agency or school district name: _____

Address: _____ Fax: _____

I authorize the release of records concerning my child, as indicated below, to the Canon-McMillan School District.

Parent/Guardian name (please print): _____

Parent/Guardian Signature: _____ Date: _____

Staff Witness: _____ Date: _____

Special Education

☐ This student **is** a current or former special education student. ☐ This student is **NOT** a special education student.

☐ Please forward ***all*** Special Education documentation/IEP information directly to the Canon-McMillan Special Education department (fax: **724.746.9604)**

Specific Information to be released

☐ No limitations, ***all*** of the student's education records including attendance records, disciplinary records, health records and verbal communications

☐ Health records and immunizations required by law
☐ Signed withdrawal with grades
☐ Transcript and report cards
☐ Standardized test scores (PSSA, SAT, ACT, etc.)

Please forward records/information to the following location:

☐ **Canon-McMillan School District**
1 N Jefferson Ave, Canonsburg, PA 15317
Phone: 724-746-2940
Fax: 724-746-9184

☐ **Canon-McMillan High School**
314 Elm St Ext, Canonsburg, PA 15317
Phone: 724-873-5166
Fax: 724-873-5173

☐ **Canonsburg Middle School**
25 E College St, Canonsburg, PA 15317
Phone: 724-745-9030
Fax: 724-873-5230

☐ **Cecil Intermediate School**
3676 Millers Run Road, McDonald, PA 15057
Phone: 724-745-2323
Fax: 724-873-5227

☐ **North Strabane Intermediate School**
20 Giffin Drive, Canonsburg, PA 15317
Phone: 724-873-5252
Fax: 724-873-5216

☐ **Borland Manor Elementary School**
30 Giffin Drive, Canonsburg, PA 15317
Phone: 724-745-2700
Fax: 724-873-5190

☐ **Hills-Hendersonville Elementary School**
50 Mayview Road, Canonsburg, PA 15317
Phone: 724-745-8390
Fax: 724-873-5226

☐ **Muse Elementary School**
Box 430, 40 Muse School St, Muse, PA 15350
Phone: 724-745-9014
Fax: 724-873-5233

☐ **South Central Elementary School**
230 South Central Ave, Canonsburg, PA 15317
Phone: 724-745-4475
Fax: 724-873-5228

☐ **Wylandville Elementary School**
1254 Rt. 519, Eighty-Four, PA 15330
Phone: 724-222-2507
Fax: 724-225-5971

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HOME LANGUAGE SURVEY

The Office of Civil Rights (OCR) requires that school districts/charter schools identify limited English proficient (LEP) students in order to provide appropriate language instructional programs for them. Pennsylvania has selected the Home Language Survey as the method for the identification.

Student's Name: _____

What is/was the student's first language? _____

Does the student speak a language(s) other than English? (*Does not include languages learned in school)* ☐ Yes ☐ No

If yes, specify the language(s): _____

What language(s) is/are spoken in your home (home language)? _____

Was the student born in the United States? ☐ Yes ☐ No

Has the student attended any other school in the United States during his/her lifetime? ☐ Yes ☐ No

Name of School	State	Dates Attended

In what language would you prefer to have district communications (language of correspondence)?: _____

Person (if other than parent/guardian) completing this form: _____

Parent/Guardian Signature: _____

**The school district/charter school has the responsibility under federal law to serve students who are limited English proficient and need English instructional services. Given this responsibility, the school district/charter school has the right to ask for the information it needs to identify English Language Learners (ELLs). As part of the responsibility to locate and identify ELLs, the school district/charter school may conduct screenings or ask for related information about students who are already enrolled in the school as well as from students who enroll in the school district/charter school in the future.*

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HEALTH SURVEY

Student's Name: _____ Date of Birth: _____ ☐ Male ☐ Female

Phone: _____ Grade: _____ School: _____

Physician's name: _____ Phone: _____ Date of last exam: _____

Dentist's name: _____ Phone: _____ Date of last exam: _____

Part I: Student Health Status (please use back of form if needed)

Health History (complete the checklist by indicating any past or present conditions and explain below)

☐ ADD/ADHD	☐ Depression	☐ Hospitalizations/surgeries	☐ Seizures, tics or tremors
☐ Arthritis/joints	☐ Developmental delays	☐ Learning problems	☐ Serious illnesses
☐ Asthma	☐ Diabetes	☐ Menstrual problems	☐ Skin problems
☐ Autism	☐ Fainting	☐ Mental health issues	☐ Stomach problems
☐ Birth defects	☐ Head injury/concussion	☐ Migraines	☐ Surgeries
☐ Blood disorder	☐ Hearing problems	☐ Nose bleeds	☐ Urinary problems
☐ Bowel problems	☐ Heart problems	☐ Physical limitations	☐ Vision problems (glasses/contacts)
☐ Cancer	☐ Hepatitis	☐ Relationship issues	☐ Other

Explain:_____

Allergies ☐ **YES** (indicate below) ☐ No known allergies

	Name/Type	Reaction	Treatment
☐ Medication	_____	_____	_____
☐ Environmental	_____	_____	_____
☐ Food	_____	_____	_____
☐ Insects	_____	_____	_____
☐ Other	_____	_____	_____

Part II: Medications (please use back of form if needed)

☐ My child has asthma ☐ Mild ☐ Moderate ☐ Severe Inhaler prescribed? ☐ Yes ☐ No

☐ My child has allergies ☐ Mild ☐ Moderate ☐ Severe EpiPen prescribed? ☐ Yes ☐ No

☐ My child is diabetic ☐ Insulin dependent ☐ Non-insulin dependent Is glucometer and/or care needed at school? ☐ Yes ☐ No

☐ My child has a seizure disorder Describe type and medications taken: _____

Does your child take any prescribed or over the counter medications? ☐ Yes ☐ No

If yes, list dosage, frequency and reason: _____

Part III: Consents and Signature

- I understand that, to provide the safest possible environment and most complete educational program for my child, the school needs to be informed of *any* health or medical conditions that may affect my child's school day or impact their learning.
- I understand that medications of any kind are **not** allowed on school grounds without the proper medical authorization on file. If my child needs medication administered during the day, I will complete a separate authorization form and file it with the school nurse.
- I understand that for the safety of my child, or to provide for their educational program, the school nurse may need to share information with appropriate school staff. This will be done in a confidential manner. If I *do not* wish the information contained on this form to be shared, I will make my request in writing and file it with the school nurse.

By my signature, I verify that the information provided on this form is true and correct to the best of my knowledge.

Parent/Guardian Signature: _____ Date: _____

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IMMUNIZATIONS *(Free immunizations available at the PA Dept of Health Immunization Clinic – 724.223.4540)*

- The PA Department of Health is changing school immunization regulations beginning August 2017. The regulations are intended to ensure that children attending school in the Commonwealth are adequately protected against potential outbreaks of vaccine preventable diseases. PA school immunization requirements can be found in 28 PA Code CH23 or www.dontwaitvaccinate.pa.gov.

- **Starting with the 2017-2018 school year, the provisional period for students not having all immunizations completed is *five* days from the first day of school.** Parents ***must*** provide a written plan from their doctor if they cannot receive the necessary vaccines in that time frame. Students can be excluded from school if the plan is not followed or if immunizations are incomplete within the provisional time frame.

Immunizations Required for Children in *ALL* Grades (K-12):	Children in 7th through 12th Grade *ADDITIONAL* Immunization Requirements:
• 4 doses of tetanus, diphtheria and acellular pertussis* (1 dose on or after the 4th birthday)	• 2 doses meningococcal conjugate vaccine (MCV)
• 4 doses of polio (4th dose on or after the 4th birthday and at least 6 months after previous dose is given)	o First dose is given at 11-15 years of age; a second dose is required at 16 or entry into 12th grade
• 2 doses of measles, mumps and rubella**	o If the dose was given at 16 years of age or older, only one dose is required
• 3 doses of hepatitis B	• 1 dose of tetanus, diphtheria, acellular pertussis (Tdap)
• 2 doses of varicella (chickenpox	
*Usually given as DTap or DTP or DT or Td	
**Usually given as MMR	

Exemptions to the school laws for immunizations are:

- Medical reasons
- Religious beliefs
- Philosophical/strong moral or ethical conviction

If a student will NOT be receiving immunizations due to an exemption listed above, a written, signed and dated statement must be submitted to the school nurse.

PRESENT UPON REGISTRATION:

Name _____ Birthdate _____

Address _____ Parent or guardian _____

_____ Telephone _____

Race/ethnicity: ☐ White ☐ Black ☐ Asian or Pacific Islander ☐ American Indian or Alaskan Native

Hispanic origin: ☐ Yes ☐ No

Please circle present grade. K 1 2 3 4 5 6 7 8 9 10 11 12 Other _____

PENNSYLVANIA DEPARTMENT OF HEALTH – CERTIFICATE OF IMMUNIZATION

VACCINE Circle appropriate item	Enter month, day, and year when immunization doses listed below were given.				
Diphtheria, tetanus and acellular pertussis (DTaP, DTP, Td or DT)	1 / /	2 / /	3 / /	4 / /	5 / /
Tetanus, diphtheria and acellular pertussis (Tdap)	1 / /	2 / /	3 / /	4 / /	5 / /
Polio (OPV or IPV)	1 / /	2 / /	3 / /	4 / /	5 / /
Hepatitis B	1 / /	2 / /	3 / /	4 / /	5 / /
Measles - mumps - rubella (MMR)	1 / /	2 / /	or Measles serology Date		Titer
Varicella (vaccine or disease)	1 / /	2 / /	Rubella serology Date		Titer
Meningococcal (MCV)	1 / /	2 / /			
Other	1 / /	2 / /	Mumps disease diagnosed by a physician: Date		

Physician's signature: _____ Date: _____