



Greenwood School District

Pupil Registration

Office Use Only

Enrollment Date: _____

School _____ ID# _____

Grade _____ Home Room _____

Student's Last Name _____

First Name _____

Middle Name _____

Sex: M or F

Birthdate _____ / _____ / _____
Month Day Year

Birthplace:

City _____ State _____ Country _____

STUDENT'S PHYSICAL / MAILING ADDRESS

Street _____ Apt # _____

P.O. Box _____

City _____ PA Zip _____ — _____

Student's Home Telephone Number _____

Cell ____ (Y or N) Unlisted? ____ (Y or N)

The Pennsylvania Department of Education requires an applicant to identify a student's ethnicity based on the following. *Please circle one.*
01=American Indian/Alaskan Native (not-Hispanic)
03=Black or African American(not-Hispanic)
04=Hispanic (any race)
05= White (not--Hispanic)
06 = Multi-Racial (not--Hispanic)
09 = Asian (not Hispanic)
10 = Native Hawaiian or other Pacific Islander (not-Hispanic)

Township or Borough where you are now living:
____ Millerstown Borough ____ Liverpool Borough
____ Tuscarora Township ____ Liverpool Township
____ Greenwood Township (Perry County)
____ Greenwood Township (Juniata County)

Please use birth or most recent dates for questions below that are required by the PA Department of Education.

Date student entered the US? _____ Date the student entered PA _____

Did student ever attend school in this district? If so, which School? _____ Gr. _____ Yr. _____

Has student ever attended other schools in PA? If so, which school district? _____ Gr. _____ Yr. _____

Number of years (including this year) student attended school in US? _____

FAMILY INFORMATION

Father on Birth Certificate	Mother on Birth Certificate	Stepparent/Guardian
Name _____	Name _____	Name _____
Address _____ (if different than pupil)	Address _____ (if different than pupil)	Address _____ (if different than pupil)
Birthdate _____ / _____ / _____ Month Day Year	Birthdate _____ / _____ / _____ Month Day Year	Birthdate _____ / _____ / _____ Month Day Year
Home Phone (If different than pupil) _____	Home Phone (If different than pupil) _____	Home Phone (If different than pupil) _____
Cell Phone _____	Cell Phone _____	Cell Phone _____
Employer _____	Employer _____	Employer _____
Work Phone _____	Work Phone _____	Work Phone _____
Education _____	Education _____	Education _____
Occupation _____	Occupation _____	Occupation _____
Health _____	Health _____	Health _____
<i>If this child resides with you partially throughout the week, please identify when:</i> _____ _____ _____	<i>If this child resides with you partially throughout the week, please identify when:</i> _____ _____ _____	<i>If this child resides with you partially throughout the week, please identify when:</i> _____ _____ _____
Home E-Mail _____	Home E-Mail _____	Home E-Mail _____
Work E-mail _____	Work E-mail _____	Work E-mail _____

If student's parent is deceased, please indicate year of death: Mother _____ Father _____

**Student Lives with: Both Parents - Mother Only - Father Only - Mother & Stepfather - Father and Stepmother
Stepfather & Stepmother – Guardian – Child Care Agency – Other:** _____

Who has legal / physical custody of the student: _____ (provide any legal documents).

Is the non-custodial parent to receive school information? Yes No

Name of Other Residents at Pupil's Address	Relationship to Pupil	Date of Birth	School / Grade / Employer

EMERGENCY INFORMATION

CONTACT #1 (can be parent)	CONTACT #2 (can be parent)	**EMERGENCY CONTACT
Name	Name	Name
Relationship	Relationship	Home phone
Address	Address	Cell Phone
		Bus. Phone
Home Phone	Home Phone	Relationship
Cell Phone	Cell Phone	
Bus. Phone	Bus. Phone	

PHYSICIAN INFORMATION

****Contact to be used in case of an emergency when a parent cannot be reached.**

Has your child received regular education interventions? _____ Yes _____ No (If yes, please check all that apply.)
 _____ Math Interventions _____ Reading Interventions _____ ESL _____ 504 Plan _____ NOREP
 Other: _____

Does your child receive specialized services? _____ Yes _____ No (If yes, please check all that apply.)
 Special Education (IEP): _____ Emotional Support _____ Learning Support _____ Psychological
 _____ Life Skills _____ Speech/Language _____ Gifted
 _____ Other Services, please explain _____

Has your child received interventions/services that have been discontinued? _____ Type: _____
 Is your child limited in his/her physical ability? _____ Yes _____ No If yes, please explain _____

All information regarding proof of residency is complete and correct to the best of my knowledge. I understand that false information will result in the immediate removal of the student and will make me personally liable for the annual tuition rate.

Signature of Parent/Guardian _____ **Date** _____

* OFFICE USE ONLY *

VERIFICATION OF BIRTH	Former School:
Birth date presented: _____ Circle Form of verification: Baptismal / Church Certificate, Birth Certificate, Entry in family Bible, Hospital Certificate, Parent's Affidavit, Passport, Physician's Certificate, Previously verified school records, State Issued ID, Driver's license, Life insurance policy, Other non-official document, Other official Document _____	Address: _____
Signature of School Personnel _____ Date _____	Phone _____ Fax _____
	Release Signed By Parent _____ Date _____

NON-PARENT REGISTRATION

If pupil is not living with parents, list name of person with whom the student lives

Relationship: _____

_____ Preliminary application completed for anyone desiring to register other than their own child.

FOSTER PLACEMENT 1305

***Use District of Residence on Transfer Info Screen in PS.**

Agency Name: _____

Agency Address: _____

Case Worker: _____

Educational Rights: _____ District _____

_____ Placement letter forwarded to Child Accounting

Start Date _____

Entry/Re-entry Code _____ Date _____

School _____ Year of Graduation _____

Bus# _____ Time _____

Home Language Survey Completed? _____ Yes _____ No

Language/Country: _____ Homeless: Y N

Residency Verification _____ Immunizations Received _____



Greenwood School District

Request for Health and School Records

Date: _____

Name of School attended: _____

Address: _____

Phone/Fax: _____

Dear Sir/Madam:

Student's Name: _____

Grade: _____

Date of Birth: _____

Has registered at Greenwood Middle/High School on: _____

Expected Start date: _____

Please forward the follow records:

- ☐ Academic records
- ☐ Career Benchmark (Pieces of evidence)
- ☐ Health and Dental records
- ☐ Personal Health History
- ☐ Disciplinary (Safe School) records – ACT 26
- ☐ Special Education records including: IEP, NOREP, ER, Psychological reports
- ☐ This student has indicated receiving support services in your district. In order to begin services at Greenwood, please forward related paperwork as soon as possible.
- ☐ Other available school records.

Please send to: Guidance office:

Kellie Gothel, secretary
kgothel@greenwoodsd.org
Greenwood Middle/High School
405 East Sunbury Street
Millerstown, PA 17062
717-589-3116 phone / 717-589-1016 fax

Thank you.

Signature of Parent/Guardian (if available) _____

GREENWOOD SCHOOL DISTRICT

405 E. Sunbury St., Millerstown, Pennsylvania 17062

NICHOLAS GUARENTE
SUPERINTENDENT

LORI BRYNER
BUSINESS MANAGER

(717) 589-3117
FAX (717) 589-1017
<https://www.greenwoodsd.org>



NICK WILSON
H.S. PRINCIPAL
(717) 589-3116

ADAM SHEAFFER
ASST. H.S. PRINCIPAL/A.D.
(717) 589-3116

JEFF KUHN
ELEM. PRINCIPAL
(717) 589-3115

HOME LANGUAGE SURVEY*

The Civil Right Act of 1964, Title VI-Language Minority Compliance Procedures, requires that school districts/charter schools identify limited English Proficient (LEP) students. Pennsylvania Department of Education has selected the home language survey as the method for the identification.

School:

Date:

Student's Name:

Grade:

1. What was the student's first language?
2. Does the student speak a language other than English?
(Do not include languages learned in school)
3. What language(s) is/are spoken in your home?

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

Parent/Guardian Signature:

*The school district/charter school has the responsibility under the 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 district as well as from students who enroll in the school district/charter school in the future.



Greenwood School District

PARENTAL REGISTRATION STATEMENT

Student Name _____
Date of Birth _____ Grade _____
Parent or Guardian Name _____
Address: _____
Telephone Number(s): _____

Pennsylvania School Code 13-1304A 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 a 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."

Please complete the following:

I hereby swear or affirm that my child:

was ____ was not ____ previously suspended or expelled,

is ____ is not ____ 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 IS 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:

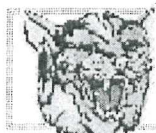
Dates of suspension or expulsion: _____

(Please provide additional schools and dates of expulsion or suspension on back of this sheet.)

Reason for suspension/expulsion (optional)

Date: _____ Signature of Parent/guardian: _____

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. (24 P.S. 13-1317-2)



Greenwood School District

Student / Family Residence Questionnaire

Your child may be eligible for additional educational services through Title 1 Part A, Title 1 Part C – Migrant and/or Federal McKinney-Vento Assistance Act. Eligibility can be determined by completing this questionnaire.

1. Presently, are you and/or your family living in any of the following situations? Check all that apply.
- ☐ Staying in a shelter (family shelter, domestic violence shelter, youth shelter) or FEMA trailer
 - ☐ Waiting for foster care placement
 - ☐ Sharing the housing of others due to loss of housing, economic hardship, or similar reason
 - ☐ Living in a car, park, campground, abandoned building or other inadequate accommodations
 - ☐ Temporarily living in a motel or hotel due to loss of housing, economic hardship or similar reason
 - ☐ Living alone as a minor student without an adult (unaccompanied youth)

If you checked any box above, please complete the remainder of this form and submit it to school personnel. If you did not check any box above, you do not need to complete the remainder of this form.

2. If you checked any box above, please list **all** children currently living with you. Only **one** form needed per family.

First Name	M.I.	Last Name	M/F	Birth Date	Grade	School Name

The undersigned parent/guardian certifies that the information provided above is accurate.

Print Parent/Guardian Name

Signature

Date

(Area Code) Phone Number

Address

Your children have the right to:

- Continue to attend school in the school attended before you became displaced (school or origin)
- Receive transportation to the school of origin
- Enroll in school without giving a permanent address and attend classes while the school arranges for a school transfer, immunization records or other documents required for enrollment.
- Receive the same special programs and services, if needed, as provided to all other children served in these programs.
- Have enrollment disputes quickly addressed.

The McKinney-Vento Homeless Education Assistance Act ensures the educational rights above for the students who are experiencing homelessness. The McKinney-Vento School Liaison for Greenwood School District is Dr. Nicholas Guarente, Superintendent and can be reached at (717) 589-3117 ext. 1004. If you wish to have a copy of this document, please ask the staff person helping you today.

Printed name of staff member assisting with this _____

GREENWOOD SCHOOL CENSUS DATA

Last Name

First

Middle

Enumerator

Head of Household

Date of Census

Address

Boro or Township

Telephone

First Names		M/F	DATE OF BIRTH					Address and Place of Employment	Occupation & Title
			Mo.	Day	Yr.	Age	Grade		
Husband									
Wife									
Child									
Child									
Child									
Child or others									
Child or others									
Child or others									

REMARKS:

PLEASE CHECK:

PERSONAL VISIT

PHONE

OTHERWISE

☐
☐
☐

PRIVATE PHYSICIAN'S REPORT OF
PHYSICAL EXAMINATION OF A PUPIL OF SCHOOL AGE

DATE _____ 20____

NAME OF SCHOOL _____ GRADE _____ HOMEROOM _____

NAME OF CHILD			DATE OF BIRTH	SEX
Last	First	Middle		<input type="checkbox"/> M <input type="checkbox"/> F

ADDRESS

No. and Street	City or Post Office	Borough or Township	County	State	Zip Code
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MEDICAL HISTORY
IMMUNIZATIONS AND TESTS

VACCINE	Enter Month, Day, and Year each immunization was given DOSES			BOOSTERS & DATES	
Diphtheria and Tetanus (Circle): DTaP, DTP, DT, TD	1 / /	2 / /	3 / /	4 / /	5 / /
Polio (Circle): OPV, IPV	1 / /	2 / /	3 / /	4 / /	5 / /
Measles, Mumps, Rubella	1 / /	2 / /			
Hepatitis B	1 / /	2 / /	3 / /		
HIB	1 / /	2 / /	3 / /		
Varicella	1 / /	2 / /	Varicella Disease or Lab Evidence Date: _____		
Other: _____					

- ☐ MEDICAL EXEMPTION The physical condition of the above named child is such that immunization would endanger life or health
- ☐ RELIGIOUS EXEMPTION (Includes a strong moral or ethical conviction similar to a religious belief and requires a written statement from the parent/guardian)

If Applicable:

Tuberculin Tests Date Applied	Arm	Device	Antigen	Manufacturer	Signature
Date Read	Results (mm)		Signature		

Follow-Up of significant tuberculin tests:

Parent/Guardian notified of significant findings on _____.

Result of Diagnostic Studies: _____

Preventive Anti-Tuberculosis – Chemotherapy ordered. ☐ No ☐ Yes _____
Date _____

Significant Medical Conditions (√)
If Yes, Explain

	Yes	No	
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	_____
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cardiac	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chemical Dependency	<input type="checkbox"/>	<input type="checkbox"/>	_____
Drugs	<input type="checkbox"/>	<input type="checkbox"/>	_____
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diabetes Mellitus	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gastrointestinal Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hearing Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	_____
Neuromuscular Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____
Orthopedic Condition	<input type="checkbox"/>	<input type="checkbox"/>	_____
Respiratory Illness	<input type="checkbox"/>	<input type="checkbox"/>	_____
Seizure Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____
Skin Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vision Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____

Are there any special medical problems or chronic diseases which require restriction of activity, medication or which might affect his/her education? If so, specify _____

Report of Physical Examination (√)

	Normal	Abnormal	Not Examined	Comments
▪ Height (inches)				
▪ Weight (pounds) BMI				
▪ Pulse ()				
▪ Blood Pressure				
▪ Hair/Scalp				
▪ Skin				
▪ Eyes/Vision				
▪ Ears/Hearing				
▪ Nose and Throat				
▪ Teeth and Gingiva				
▪ Lymph Glands				
▪ Heart – Murmur, etc				
▪ Lung – Adventitious Finding				
▪ Abdomen				
▪ Genitourinary				
▪ Neuromuscular System				
▪ Extremities				
▪ Spine (Presence of Scoliosis)				

Date of Examination

Signature of Examiner

PRINT Name of Examiner

Address

Telephone Number