ADMINISTRATIVE REGULATION

CENTENNIAL SCHOOL DISTRICT

APPROVED: May 10, 2016

REVISED:

200-AR-0. ENROLLMENT OF STUDENTS

Students are considered school age and are entitled to attend District schools from the time they are admitted to a public school until graduation from high school or **the end of the school year in which they turn** age twenty-one (21).

When a student of school age is presented to any District school for enrollment, school staff will require the following documentation:

1. Proof of the student's **age** – acceptable documentation includes one (1) of the following: birth certificate; baptismal certificate; transcript of the record of baptism duly certified and showing the date of birth; notarized statement from the parents/guardians indicating date of birth; **a valid passport; or a prior school record indicating the date of birth.**

2. Immunization record with dates or assurance from the former school District or a medical office that the required immunizations have been completed or a required series has begun, with a record to be sent. Written statements are required for religious and medical exemptions.

3. Proof of residency – acceptable documentation includes four (4) of the following: A mandatory proof is: a lease, agreement of sale, or mortgage statement; three (3) additional proofs are to include an electric bill, a telephone bill, a tax bill, a cable bill or a pay stub from an employer. The School District shall be flexible in verifying residency, and shall consider what information is reasonable in light of the family's situation.

4. Student discipline history form - attesting to whether the student has been or is suspended or expelled for offenses involving drugs or alcohol, weapons or violence as required by the Pennsylvania School Code.

School staff may ask for any of the following information, in addition to the required documentation, but will not require it as a condition of enrollment and will not delay a student's enrollment or attendance until the document(s) is provided:

1. **Picture identification**

2. **Health or physical examination records**

3. **Academic records**

4. **Attendance records.**

5. **Individualized Education Program or other special education records.**

School staff will not request any of the following information to verify enrollment or residency:

1. **Social security number**

2. **Reason for a student's placement if not living with natural parent**

3. **Visa of student or parent**

4. **Student's immigration status**

5. **Agency records**

6. **Court order or records relating to a dependency proceeding, except in limited circumstances that occur when a custody order, agreement or dependency is being relied upon as the basis for enrollment**

The District will normally enroll a school age, eligible student the next business day, but no later than five (5) business days after application.

Upon enrollment of a student, school staff will contact the student's former school for a copy of the student's **education records and** disciplinary record, if any. If the school is within Pennsylvania, the disciplinary record should be sent within ten (10) business days.

The District cannot deny or delay a student's enrollment based on the information contained in a disciplinary record or sworn statement. However, the District can provide alternative education services during the period of expulsion for a student currently expelled for a weapons offense. If a student has been expelled from the previous District for reasons other than a weapons offense, the District will review the student's prior performance and school record to determine the services and supports that will be provided upon enrollment in the District.

Health records must be transferred from all public and private schools, upon the request of the building principal or designee.

The District will administer the home language survey to all students enrolling in the District for the first time.

The registrar will report to the Superintendent the name of any student attempting to enroll who does not present the required documentation.

Students Enrolling Without Previous School Records

If a student is presented for enrollment without previous school records or if a private school withholds an enrolling student's records, the building principal may seek and accept information for student placement that appears reliable as proof of successfully completed coursework, such as report cards and sworn affidavits of previous school teachers.

If reliable information cannot be obtained, the building principal, in consultation with the appropriate staff, will promptly evaluate the student and determine the appropriate grade and/or courses for that student. The evaluation will consist of an interview and demonstration of the degree to which the student has achieved the academic standards established by the Board for District students.

The student and parents/guardians will be informed in writing of the results of the evaluation and the student's placement. The **Board's adopted policy and planned instruction** will be the criteria used by the school to determine a student's attainment of academic standards for high school graduation.

Change of Address

When a student or parent/guardian notifies the school of a change of address within the District's boundaries, the parent/guardian will be required to bring proof of residence to the school.

A new student registration form will be filled out with the student's name, date of birth, new address, telephone number, school attending and grade.

The documentation accepted as proof should be noted on the registration form, and a copy of the document retained.

Enrollment Complaints

When a dispute arises regarding enrollment of a student, the individual attempting to enroll the student may file a complaint by mail, email or telephone with the Assistant Superintendent.

The individual or the school District may send written follow-up to the Pennsylvania Department of Education, School Services Unit.

 © 2014 PSBA

CENTENNIAL SCHOOL DISTRICT

ADMINISTRATIVE REGULATION

APPROVED: May 10, 2016

REVISED:

200-AR-1. RESIDENCY CHECKLIST

Under the authority of Sections 1301 and 1302 of the Pennsylvania School Code, you are requested to submit the following required documents before the enrollment of a student can occur.
In order to verify residency, please provide Centennial School District with four (4) or more of the following:

Proof of Residency – Original Documents (a total of 4 forms are required)

Provide a copy of your *Property Deed/Mortgage Statement* or *Rental/Lease Agreement*

The following documents are acceptable for the additional three (3) proofs of residency:

- ☐ Property Tax Bill
- ☐ Homeowner's Insurance
- ☐ Driver's License
- ☐ Current Vehicle Registration Card
- ☐ Current Electric Bill
- ☐ Current TV Cable Bill
- ☐ Current Utility Bill
- ☐ Current Bank Statement
- ☐ Current Credit Card Bill
- ☐ Current Paycheck Stub with Name and Address
- ☐ Welfare Card
- ☐ Voter Registration Card

**All documentation must be current and in the name of parent/guardian registering the child.

Resident's Name _____ Date _____

Resident's Address _____

- ☐ Birth Certificate # _____ or receipt of order
- ☐ Immunization form
- ☐ Medical forms
- ☐ Dental forms

Kindergarten students must be 5 years old by August 31 of the year in which they are starting.

CENTENNIAL SCHOOL DISTRICT

ADMINISTRATIVE REGULATION

APPROVED: May 10, 2016

REVISED:

200-AR-2. STUDENT REGISTRATION INFORMATION FORM

Section 1: Student Information

Student Name: _____ Gender: ☐ Male ☐ Female
Last First Middle

Address: _____
Street City State Zip Code

Home Phone Number: _____ Type of Registration: ☐ New ☐ Re-enrollment

Birthdate: _____ Age: _____ Birth Certificate Number: _____

Place of Birth (City, State, and Country): _____

Race/Ethnicity:

Check all that apply.

☐ American Indian/Alaskan Native
☐ Black/African American/Non-Hispanic
☐ Native Hawaiian or Other Pacific Islander
☐ Asian
☐ Hispanic/Latino
☐ White/Non-Hispanic

Does your child speak a language other than English at home? ☐ Yes ☐ No

If YES, what is the primary home language? _____
What is the student's primary language? _____

If YES, was the student receiving English as a Second Language services when he/she left the previous school? ☐ Yes ☐ No

List the prior school(s) attended, including pre-school for Kindergarten registrants:

School Name: _____ Date Last Attended: _____

Address: _____ Phone Number: _____

School Name: _____ Date Last Attended: _____

Address: _____ Phone Number: _____

School Name: _____ Date Last Attended: _____

Address: _____ Phone Number: _____

★★ Please complete the Release of Records form. ★★

If YES is checked to any of the below, please provide documentation:

Is there a custodial agreement for the student? ☐ Yes ☐ No

Does the student have an Individual Education Plan (IEP), Gifted Individual Education Plan (GIEP), or 504 Plan? ☐ Yes ☐ No

Other Children Living in the Household

Name	Birthdate

Section 2: Parent/Guardian Information

Child resides with: ☐ Both Parents ☐ Mother ☐ Father ☐ Foster ☐ Other: _____

Parent/Guardian (enrolling student)	
Guardian Type: ☐ Mother ☐ Stepmother ☐ Foster ☐ Father ☐ Stepfather ☐ Other: _____	
Name: _____ Last First Middle	
Address:	
E-mail Address:	
Phone Number (home):	Phone Number (mobile):
Employer:	Occupation:
Employer's Address: _____ Street City State Zip Code Work Phone Number: _____	
Parent/Guardian (other)	
Custodial Parent/Guardian ☐ Yes ☐No	
Guardian Type: ☐ Mother ☐ Stepmother ☐ Foster ☐ Father ☐ Stepfather ☐ Other: _____	
Name: _____ Last First Middle	
Address:	
E-mail Address:	
Phone Number (home):	Phone Number (mobile):

Employer:	Occupation:

Emergency Contact(s) (other than parents/guardians) Include At Least 2 Emergency Contacts		
Full Name	Phone Number	Relationship

I certify that to the best of my knowledge, the above information is correct. I have received a copy of the Centennial School District's Public Awareness Notice.

Parent/Guardian Signature: _____ Date: _____

Relationship to the Student: _____ Date: _____

Section 3: Parent/Guardian Permissions

Do you give permission for the student's name and photograph to be printed or posted in any district publication, in print or on-line?

☐ Yes ☐ No Parent/Guardian Signature: _____

Do you give permission for the student to be videotaped or photographed as part of a school activity to be shown on the district cable channel or website?

☐ Yes ☐ No Parent/Guardian Signature: _____

Do you give permission for the student's name and photograph to be given to the news media in relation to a school event?

☐ Yes ☐ No Parent/Guardian Signature: _____

CENTENNIAL SCHOOL DISTRICT

ADMINISTRATIVE REGULATION

APPROVED: May 10, 2016

REVISED:

200-AR-3. SCHOOL HEALTH SERVICES HISTORY FORM
(To be completed by parent/guardian)

Student Name: _____ Birth Date: _____
Last First Middle

Student's Home School: ☐ *Davis Elementary* ☐ *McDonald Elementary* ☐ *Willow Dale Elementary*
☐ *Klinger Middle School* ☐ *Log College Middle School* ☐ *William Tennent High School*

Parent/Guardian Information

Name: _____
Address: _____
Street City State Zip Code
Home Phone # _____
Work Phone # _____
Mobile Phone # _____
E-mail Address: _____

Name: _____
Address: _____
Street City State Zip Code
Home Phone # _____
Work Phone # _____
Mobile Phone # _____
E-mail Address: _____

Physician Information

	Name	Phone Number	Date of Last Exam
Physician			
Dentist			

Health History

Allergies: Check all that apply and give more detailed information.

☐ Animals _____
☐ Food _____
☐ Latex _____
☐ Other _____
☐ Environment _____
☐ Insect bites/stings _____
☐ Medicine _____

Disease/Disorder or Illness (check all that apply)

☐ Asthma/Breathing Disorders
☐ Bleeding/Clotting Disorder
☐ Convulsions/Epilepsy/Seizure
☐ Diabetes
☐ Eating Disorder
☐ Headaches/Migraines
☐ Hepatitis or Liver Problem
☐ Mobility Limitation
☐ Behavioral Disorder
☐ Bone/Joint/Muscular Disorder
☐ Developmental Disorder
☐ Dietary Restriction
☐ Endocrine Disorder
☐ Hearing Problem
☐ Hypertension
☐ Psychological/Emotional Problem
☐ Bladder/Kidney/Urinary Disorder
☐ Cancer
☐ Dizziness or Fainting
☐ Digestive/Bowel Disorder
☐ Head or Spinal Injury
☐ Heart Defect or Disease
☐ Immune System Disorder
☐ Scoliosis

☐ Skin Condition ☐ Speech Disorder ☐ Surgery or Hospitalization
☐ Vision or Eye Disorder ☐ Other (explain)

Under Doctor's Care
(If YES, please add details – An action plan will need to be completed by the doctor to ensure a safe school environment for your child.)

Asthma	☐ Yes	☐ No	If yes, medications taken:
Severe Allergy	☐ Yes	☐ No	Describe allergic reaction: _____ Was an Epi-pen prescribed? ☐ Yes ☐ No
Type 1 Diabetes	☐ Yes	☐ No	
Type 2 Diabetes	☐ Yes	☐ No	
Seizures	☐ Yes	☐ No	Describe type: _____ Medications taken: _____

Medication History

☐ Yes ☐ No My child takes medication or supplements on a daily basis including homeopathic and nutritional supplements.

Listing of all medications/supplements:	What this medicine/supplement is used for:

Social History

Have there been any changes in your family during the past year, such as:

☐ Yes ☐ No Separation, divorce, and/or remarriage
☐ Yes ☐ No Death or serious illness
☐ Yes ☐ No Any other situation that may impact your son/daughter? If yes, explain:
_____
_____

Miscellaneous

Please list any condition and/or restrictions that may limit his/her activities.

☐ Not applicable
☐ Yes Condition/restriction: _____ Comments/explanation: _____

Consent to Share Information

The school nurse and/or health aide has my permission to share my child's confidential health information, on a need-to-know basis, with appropriate members of the educational staff and primary healthcare providers for use in meeting the educational and health needs of my student. The consent includes the sharing of personally identifiable health record information during immunization and communicable disease surveillance.

Parent/Guardian Signature: _____ Date: _____

School Year: _____
Principal's Approval_____
Date _____

No. 200-AR-4

CENTENNIAL SCHOOL DISTRICT

ADMINISTRATIVE REGULATION

APPROVED: May 10, 2016

REVISED:

200-AR-4. CHILDCARE ARRANGEMENTS FORM

Student Name: _____Birth Date: _____ Grade: _____
Last First Middle

Student's Home School: ☐ *Davis Elementary* ☐ *McDonald Elementary* ☐ *Willow Dale Elementary*

Parent/Guardian Information:

Name: _____	Name: _____
Address: _____ (Number Street)	Address: _____ (Number Street)
Township _____	Township _____
Home Phone # _____	Home Phone # _____
Work Phone # _____	Work Phone # _____
Mobile Phone # _____	Mobile Phone # _____
E-mail address: _____	E-mail address: _____

Before School Care

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday
Child Care Provider _____
Child Care Address _____
Child Care Phone # _____

After School Care

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday
Child Care Provider _____
Child Care Address _____
Child Care Phone # _____

PLEASE NOTE: THIS FORM IS VALID FOR THE CURRENT YEAR ONLY.

1. Submit this form to the building principal.
2. The building principal will forward it to the Transportation Department.
3. The Transportation Department will send a copy of this form notifying the parents/guardians and principal of acceptance or rejection.

Transportation Department Only

Before School Care	After School Care
☐ Approved	☐ Approved
☐ Denied	☐ Denied
Bus # _____	Bus # _____

CENTENNIAL SCHOOL DISTRICT

ADMINISTRATIVE REGULATION

APPROVED: May 10, 2016

REVISED:

200-AR-5. RELEASE OF STUDENT RECORDS FORM

To be completed by parent/guardian (please print)

Former School:

Name: _____

Address: _____

_____

Phone number: _____

Fax number: _____

To Whom It May Concern:

I am requesting that all student records (including, but not limited to academic, medical, special services, psychological, and/or psychiatric nature) of the identified student be released to Centennial School District.

Student Name: _____
Last First Middle

Date of Birth: _____
Month Day Year

I understand that the Centennial School District will keep such information confidential and will use the information for professional purposes only. Please send all records to:

☐ Davis Elementary
475 Maple Avenue
Southampton, PA 18966

☐ Klinger Middle School
1415 Second Street Pike
Southampton, PA 18966

☐ McDonald Elementary
666 Reeves Lane
Warminster, PA 18974

☐ Log College Middle School
730 Norristown Road
Warminster, PA 18974

☐ Willow Dale Elementary
720 Norristown Road
Warminster, PA 18974

☐ William Tennent High School
333 Centennial Road
Warminster, PA 18974

_____
Print Name

_____ _____
Signature Date

CENTENNIAL SCHOOL DISTRICT

ADMINISTRATIVE REGULATION

APPROVED: May 10, 2016

REVISED:

200-AR-6. STUDENT DISCIPLINE HISTORY FORM

STATEMENT OF ENROLLING STUDENT'S DISCIPLINARY HISTORY

NOTICE: Pennsylvania Act 26 of 1995, The Gun Free Schools Act, requires that the parent/guardian of a student transferring from one school district to another provide a sworn statement to the receiving school stating whether the student was previously suspended or expelled from any public or private school in any state for an offense involving (1) weapons, (2) alcohol, (3) drugs, (4) the willful infliction of injury to another person, or (5) any other act of violence committed on school property. The sworn statement will be maintained as part of the student's permanent disciplinary record. Parents or guardians who intentionally submit a false statement shall be subject to conviction of a misdemeanor of the third degree.

Name of Enrolling Student _____

Transferring From _____
Name of Previous School

Name of Parent/Guardian _____

Address _____
Street City

I swear that I am the parent/guardian of the child named above and that the following is an accurate and true statement of his/her disciplinary record for the offenses stated at the school from which he/she is transferring.

- ☐ The named child had no record at his/her last school of being suspended or expelled for any of the offenses listed above.
- ☐ The named child has a record at his /her school of being suspended or expelled for the following offenses of those listed above:

_____

_____

_____

_____

I understand that I am swearing that the above statement(s) is true and correct. I understand further that this statement will be made a part of the named student's permanent disciplinary record. I understand further that, if I intentionally submit a false statement. I shall be subject to conviction of a misdemeanor of the third degree (Id, Section 1304-A (B), Act 26 of 1995).

I hereby swear that this statement is true and accurate. Date: _____

_____ _____

Signature of Parent or Guardian Witness

CENTENNIAL SCHOOL DISTRICT

ADMINISTRATIVE REGULATION

APPROVED: May 10, 2016

REVISED:

200-AR-7. HOME LANGUAGE SURVEY

All students who register for school must complete this Home Language Survey. If the student speaks a language(s) other than English, the district must assess the student's English proficiency to determine whether the student qualifies for ESL services.

ESL Screening and Tracking Form

Student's Name: _____
Last First Middle

Date of Birth: _____ Age: _____ Registration Date: _____

Country of Birth: _____ Number of years in the United States: _____

Parent's Name: _____

Contact Information:

Home Telephone Number: _____ Cell Phone Number: _____

*****To be completed by the Parent/Guardian Registering the Student*****

1. Does the student speak English?
   ☐ YES ☐ NO

   What other language(s) does the student speak?

   _____

2. Was the student ever enrolled in the Centennial School District?
   ☐ YES ☐ NO
   If YES, list the dates of attendance and schools.

   _____

   _____

3. Has the student attended a United States school prior to this registration?

☐ YES ☐ NO

If YES, specify the school, state and dates attended.

_____

_____

4. What is the last grade the student completed?

Grade _____

5. Did the student receive ESL services in the previous school?

☐ YES ☐ NO

Parent/Guardian Signature:

_____

If a person other than the parent is completing this form, please provide the following contact information:

Contact Person's Name _____

Contact Person's Number _____