CENTENNIAL
SCHOOL DISTRICT

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

<table>
<thead>
<tr>
<th>Other Children Living in the Household</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
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</tbody>
</table>

Section 2: Parent/Guardian Information

Child resides with: □ Both Parents □ Mother □ Father □ Foster □ Other: ________________

<table>
<thead>
<tr>
<th>Parent/Guardian (enrolling student)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guardian Type: □ Mother □ Stepmother □ Foster</td>
</tr>
<tr>
<td>□ Father □ Stepfather □ Other: ________________</td>
</tr>
</tbody>
</table>

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: ______________________________________________________________

<table>
<thead>
<tr>
<th>Parent/Guardian (other)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Custodial Parent/Guardian □ Yes □ No</td>
</tr>
</tbody>
</table>

Guardian Type: □ Mother □ Stepmother □ Foster |
| □ Father □ Stepfather □ Other: ________________ |

Name: ______________________________________________________________

Last                                                                    First                                                                    Middle

Address:

E-mail Address:

Phone Number (home):                                               Phone Number (mobile):
## Emergency Contact(s) (other than parents/guardians)

Include At Least 2 Emergency Contacts

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Phone Number</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
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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

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone Number</th>
<th>Date of Last Exam</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Physician

Dentist

Health History

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

□ Animals ____________________________        □ Environment ____________________________
□ Food ________________________________       □ Insect bites/stings ______________________
□ Latex ________________________________       □ Medicine ______________________________
□ Other ________________________________

Disease/Disorder or Illness (check all that apply)

□ Asthma/Breathing Disorders        □ Behavioral Disorder
□ Bleeding/Clotting Disorder        □ Bone/Joint/Muscular Disorder
□ Convulsions/Epilepsy/Seizure      □ Developmental Disorder
□ Diabetes                         □ Dietary Restriction
□ Eating Disorder                  □ Endocrine Disorder
□ Headaches/Migraines              □ Hearing Problem
□ Hepatitis or Liver Problem       □ Hypertension
□ Mobility Limitation              □ 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
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.

<table>
<thead>
<tr>
<th>Listing of all medications/supplements:</th>
<th>What this medicine/supplement is used for:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

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: ____________
**CENTENNIAL SCHOOL DISTRICT**

**ADMINISTRATIVE REGULATION**

**APPROVED:** May 10, 2016

**REVISED:**

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200-AR-4. CHILDCARE ARRANGEMENTS FORM

Student Name: __________________________________ Birth Date: ________________ Grade: ___________

Student’s Home School: ☐ Davis Elementary   ☐ McDonald Elementary   ☐ Willow Dale Elementary

**Parent/Guardian Information:**

| Name: _____________________________________ | Name: _____________________________________ |
| Address: ___________________________________ | Address: ___________________________________ |
| Number Street | 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**

<table>
<thead>
<tr>
<th>Before School Care</th>
<th>After School Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Approved</td>
<td>☐ Approved</td>
</tr>
<tr>
<td>☐ Denied</td>
<td>☐ Denied</td>
</tr>
<tr>
<td>Bus # ______________</td>
<td>Bus # ______________</td>
</tr>
</tbody>
</table>

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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

May 10, 2016
CENTENNIAL SCHOOL DISTRICT

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  ________________________________

Page 1 of 1
CENTENNIAL SCHOOL DISTRICT

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: _________________________________________________________________

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.
   ____________________________________________________________________________
   ____________________________________________________________________________

May 10, 2016
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 ____________________________
200-AR-8. RESIDENCY INVESTIGATIONS

Purpose

The District shall enroll school age students eligible to attend District schools, in accordance with Board policy, Applicable Law and administrative regulations. The District of residence is defined as the School District in which a student's parents/guardians reside.

The District reserves the right to conduct an investigation to determine if an enrolled student and his/her parents/guardians reside within the boundaries of the School District.

Procedure For Conducting Investigation

The building Principal will monitor the building’s student enrollment data to determine continued eligibility for attendance in the District.

When a validity of residency question arises, the Principal will compile all relevant information and submit the information in writing to the Assistant Superintendent.

Complaints from the public regarding residency concerns shall be referred to the Assistant Superintendent.

The Assistant Superintendent will determine whether to conduct further investigation and, if so, the nature and scope of the investigation.

The Assistant Superintendent may verify information with other schools, governmental agencies, and other public or private agencies to determine the legitimacy of a claimed residence.

The Assistant Superintendent may also conduct a home/school visit and/or contact a private investigator or collaborate with the Warminster Police Department.

If the investigation indicates that the residency is not valid, the Assistant Superintendent will notify the parents/guardians with a written notice of the District’s determination. The notice to disenroll must:

1. Be sent via regular and certified mail
2. Inform the parent/guardian of the Administration’s determination and of their right to request an informal hearing regarding that decision, in writing, within seven (7) calendar days of the notice.

3. Inform the parent/guardian that if an informal hearing is not requested within seven (7) calendar days of the notice, the student will be removed from the rolls.

If the parent/guardian submits a written request for an informal hearing to the Assistant Superintendent within seven (7) calendar days, then the Assistant Superintendent will schedule a meeting with the parent/guardian within five (5) business days.

At the informal hearing, the basis of the conclusion that the residency is not valid will be reviewed, and any other facts presented will be considered.

If, after the informal hearing, the parent/guardian is unable to establish the student’s continued eligibility or if the student is not voluntarily withdrawn from the District, the parent/guardian will be notified, in writing, of the District’s decision at that time. The notice shall contain the following:

1. The District’s decision as to the issue of residency.

2. Notification of their right to request a hearing before the Board of School Directors on the issue of residency.

3. That the parent/guardian must request the Board hearing, in writing, to the Assistant Superintendent within three (3) business days.

4. Notification that if the matter is not appealed within three (3) business days of the notice, then the student will be removed from the rolls.

If the parent/guardian submits a written appeal to the Assistant Superintendent within three (3) calendar days, then the Assistant Superintendent will schedule the hearing within fifteen (15) business days of the notice.

The Assistant Superintendent will notify the parents/guardians in writing of the final determination by the Board of School Directors. If the decision requires disenrollment, it will be effective immediately.

In addition to these removal proceedings, the District may file criminal charges and/or institute civil proceedings for the recovery of non-resident tuition and investigation costs as appropriate.