



Hampton Township School District

Student Registration Grades K thru 5

Welcome and thank you for your interest in the Hampton Township School District. This enrollment packet provides you with information to start the process for registering a child for school. Please complete the attached forms and bring them with you, along with the required items listed below.

REGISTRATION CHECKLIST

- ☐ 1. Complete Forms (attached)
- ☐ 2. Present Birth Certificate
- ☐ 3. Present a Copy of Immunization Record/Dates from Physician
- ☐ 4. Present Proof of Hampton Residency
 - a) One of the following:
 - Closing Papers
 - Lease Agreement
 - Rent Receipt, or
 - Residency Form

AND

- b) One of the following:
 - Utility Bill
 - Driver's License
 - Cable Bill
 - Paid Wage Tax Receipt
 - Guardianship Form or Court Order, etc.

(These items must have the same address as those listed under "a.")

Hampton Township School District

STUDENT REGISTRATION

Student ID: _____

Name student prefers to be called: _____

Legal Last Name First Full Middle Generation

Permanent Home Address - Number/Street City State Zip

() - () - () -
Primary Phone 1 Home, Cell or Work Phone 2 Home, Cell or Work Phone 3 Home, Cell or Work

Email: _____

☐ Male ☐ Female

Date of Birth: / /
(mm) (dd) (yyyy)

optional

What is your ethnicity? ☐ Hispanic or Latino
☐ Not Hispanic or Latino
and
What is your race? ☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White

STUDENT LIVES WITH: (Please list & circle all that apply)

Father or Stepfather: Dr. Mr. _____

Mother or Stepmother: Dr. Mrs. Ms. Miss _____

Legal Guardian(s): _____ Relation to Student: _____

Address: _____ Phone: _____

Foster Parent(s): _____

Address: _____ Phone: _____

To comply with the McKinney-Vento Act, Title X, Part C of the No Child Left Behind Act, your truthful and accurate answers help the District identify services that the student may be eligible to receive. The child being enrolled currently lives in...

- (check, if applicable): ☐ an emergency or transitional shelter ☐ shared housing of other persons
☐ a motel, hotel, campsite or car due to lack of alternative adequate accommodations
☐ a place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings
☐ none of the above

Does the living arrangement checked above result from a loss of housing or economic hardship? ☐ Yes ☐ No ☐ Unsure

Is the student's parent/guardian an active duty member of a branch of the United States Armed Forces (Army, Navy, Air Force, Marine Corps, and Coast Guard) including full-time National Guard? ☐ Yes ☐ No Branch: _____

FORMER SCHOOL OR PRESCHOOL

Name of Former School: _____ Grade: _____

School District: _____ County: _____ State: _____

Has student previously been a Hampton Resident? ☐ Yes ☐ No

Has student previously been enrolled at a Hampton school? ☐ Yes ☐ No

If YES, what: Year: _____ Grade: _____ School: _____

ADDITIONAL INFORMATION:

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

Hampton Township School District

STUDENT REGISTRATION

Office Use Only

STUDENT NAME: _____ **Student ID:** _____

SCHOOL OF ENTRY:

- ☐ Central Elementary Entry Date: _____ Entry Code: _____
☐ Poff Elementary Homeroom: _____ Grade: _____
☐ Wyland Elementary
☐ Middle School HR Teacher (Elementary): _____ Locker: _____
☐ High School

1. Birth Certificate #: _____ Baptismal/Hospital Certificate #: _____
Birth City: _____ Visa/Passport #: _____
Birth State: _____
Birth Country: _____

2. ☐ Hampton Resident - Proof of Residency: 1. _____ 2. _____
☐ Non-resident: _____ Tuition - Current Address: _____
Expected Date to move into Hampton: _____

- ☐ Foster Child (provide letter from placing agency verifying placement) Date Received: _____
Placing Agency/Address: _____

3. McKinney-Vento Act ☐ Not Covered ☐ Covered ☐ Follow-up Required

4. Immunization Records: ☐ Complete ☐ Incomplete (reason): _____

5. Home Language Survey: ☐ Complete ☐ Incomplete (reason): _____

6. IEP: ☐ Yes ☐ No Gifted: ☐ Yes ☐ No Chapter 15/504 Plan: ☐ Yes ☐ No

7. Custody Issue: ☐ Yes ☐ No If YES, Legal Documentation Received: ☐ Yes ☐ No _____
Notarized Documents Received: ☐ Yes ☐ No _____

8. Transportation Letter _____ Bus Stop _____ AM or PM

ADDITIONAL INFORMATION:

Signature of School Registrar: _____

Distribute copies to the following departments/secretaries:

Student Accounting, Transportation, Spec. Ed, Health, Food Service, ESL, Asst. Supt. (Homebound or Home-Schooled only)

(1/8/18)

Hampton Township School District

STUDENT CENSUS

Student ID: _____

STUDENT NAME*Legal Last Name**First**Full Middle**Generation**Permanent Home Address - Number/Street**City**State**Zip***STUDENT HOUSEHOLD INFORMATION****List all Persons in Household - 18 & over:**

First Name	Last Name	Gender	Relation to Student	Employed (list employer); Other – Retired; Home worker; Unemployed; Student	Phone

List all Persons in Household - Under 18:

First Name	Middle Name	Last Name	Gender	Date of Birth M/D/Y	Relation to Student	School/Grade
				/ /		
				/ /		
				/ /		
				/ /		
				/ /		

Parents are: ☐ Married ☐ Divorced ☐ Separated ☐ Deceased: Mother Father

1. Custodial Parent(s): _____

Address: _____

Primary Phone: _____ Phone 2: _____ Phone 3: _____

Email: _____

2. Custody Issue: ☐ Yes ☐ No

If YES, please provide legal documentation, and any other Notarized Forms.

NOTE: All correspondence regarding this student will be mailed to the custodial parent/guardian at the above address.**In the case of joint-custody or another address, please complete this section:**Should Non-Custodial Parent Receive School Mailings? ☐ Yes ☐ No

If YES, please list Name: _____

Address: _____

Primary Phone: _____ Phone #2: _____ Phone #3: _____

Email Address: _____ Relation to Student: _____

SIGNATURE OF**PARENT/GUARDIAN:** _____ **DATE:** _____

Distribute copies to the following departments/secretaries: Student Accounting, Spec. Ed, Health, Food Service, ESL, Asst. Supt. (Homebound or Home Schooled only)

(1/8/18)

Hampton Township School District

HOME LANGUAGE SURVEY*

The Office of Civil Rights (OCR) requires that school districts/charter schools/full day AVTS 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.

School: _____

Date: _____

Student's Name: _____

Grade: _____

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

2. Does the student speak a language(s) other than English?
(Do not include languages learned in school.)

☐ Yes ☐ No

If yes, specify the language(s): _____

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

4. Has the student attended any United States school in any 3 years during his/her lifetime?
☐ Yes ☐ No

If yes, complete the following:

Name of School:	State	Dates Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Parent/Guardian Signature: _____

*The school district/charter school/full day AVTS 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/full day AVTS 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/full day AVTS 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/full day AVTS in the future.

HEALTH SERVICE DEPARTMENT

Student Health History - Primary

In order for your child to have the best possible educational experience, the school nurse needs to be aware of your child's health needs. Please complete this form carefully. All health information is confidential and will be shared only as necessary.

Student's Name _____ Birth Date _____

IMMUNIZATIONS

(FOR SCHOOL NURSE TO COMPLETE)

<u>DPT</u>	1 _____	2 _____	3 _____	4 _____	5 _____
<u>OPV</u>	1 _____	2 _____	3 _____	4 _____	5 _____
<u>(9 day)Measles</u>	_____			<u>Hepatitis B</u>	1 _____
<u>Mumps</u>	_____				2 _____
<u>(3 day)Rubella</u>	_____				3 _____
<u>MMR Booster</u>	_____				
<u>Varivax</u>	1 _____	<u>OR</u>	<u>Chickenpox</u>	_____	
	2 _____		<u>Disease</u>	_____	
			age and date	_____	

DEVELOPMENTAL HISTORY

1. Were there any health problems during the pregnancy?

No ☐ Yes ☐

If yes, please explain _____

2. Was the baby born on its due date?

No ☐ Yes ☐

If not, how early or late? _____

3. What was the baby's birth weight? _____

4. Did the baby have any trouble in the hospital?

No ☐ Yes ☐

If yes, please explain _____

5. Were there any special problems during the first year?

No ☐ Yes ☐

If yes, please explain _____

6. At what age did the child sit alone without support?

7. At what age did the child walk alone? _____

8. At what age did the child begin to say two or three words together?

9. Any problems with toileting? No ☐ Yes ☐

If yes, please explain _____

Student's Name _____ **HEALTH HISTORY continued**

1. Has the child had any trouble with ears or hearing?

No ☐ Yes ☐

If yes, please explain _____

2. Has the child had any trouble with eyes or vision?

No ☐ Yes ☐

If yes, please explain. _____

3. Has a doctor ever said the child had a heart murmur?

No ☐ Yes ☐

If yes, are there any activity restrictions? No ☐ Yes ☐

Please explain _____

4. Has the child ever had a seizure or convulsion?

No ☐ Yes ☐

If yes, was it due to high fever? No ☐ Yes ☐

Please explain _____

5. Does the child frequently complain of headaches? No ☐ Yes ☐

If yes, please explain _____

6. Does the child frequently complain of stomachaches?

No ☐ Yes ☐

If yes, please explain _____

7. Has there ever been any trouble with the child's blood (blood disorder)?

No ☐ Yes ☐

If yes, please explain _____

8. Does the child have any problem with urination?

No ☐ Yes ☐

If yes, please explain _____

9. Does the child have any skin problems?

No ☐ Yes ☐

If yes, please explain _____

10. Has the child ever had asthma? No ☐ Yes ☐

If yes, please explain _____

MEDICAL HISTORY

1. Has the child ever been in the hospital or had an operation?

No ☐ Yes ☐

If yes, when? _____

For what reason? _____

2. Has the child ever had any serious illnesses, accidents, or broken bones?

No ☐ Yes ☐

If yes, when? _____

Please describe _____

3. Is the child being followed by the doctor for a chronic health problem?

No ☐ Yes ☐

If yes, please explain _____

4. Is the child routinely taking any medications?

No ☐ Yes ☐

If yes, name of medication _____

Reason for medication _____

5. Does the child have any allergies (such as medicine, food, insect, etc.)?

No ☐ Yes ☐

If yes, please explain _____

6. Does the child have any restrictions to physical activity?

No ☐ Yes ☐

If yes, please explain _____

7. Does the child have any developmental delays, speech delays or learning disabilities?

No ☐ Yes ☐

If yes, please explain _____

Any additional information? _____

Signature of Parent / Guardian

Date



HAMPTON TOWNSHIP SCHOOL DISTRICT
Affidavit for Registration of a Transfer Student

In accordance with the Commonwealth of Pennsylvania Act 26 of 1995, I swear and attest that
(print student name) _____, who is seeking admission
to the Hampton Township School District as a transfer student,

_____ **has not been** previously suspended, expelled or have any action pending at any private
or public school in any commonwealth or other state in the United States of America for offenses
involving: (1) weapons, (2) alcohol or drugs, or (3) willful violent acts committed against persons or
property.

OR

_____ **has been** previously suspended, expelled or have any action pending at any private or
public school in any commonwealth or other state in the United States of America for offenses
involving: (1) weapons, (2) alcohol or drugs, or (3) willful violent acts committed against persons or
property.

Please indicate:

School Action	Offense	Date	Disciplinary
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I understand that this affidavit shall be maintained in the student's records as prescribed by law and that
the statements made herein are true and accurate. I further understand that any willful false statement
shall be subject to prosecution as a misdemeanor under the Commonwealth of Pennsylvania Act 26 of
1995.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Phone: 412-492-6379 Phone: 412-492-6356 Phone: 412-492-6320 Phone: 412-492-6335 Phone: 412-492-6345
Fax: 412-486-7050 Fax: 412-487-7544 Fax: 412-486-1144 Fax: 724-443-4429 Fax: 412-486-6718