



# Hampton Township School District

## Student Registration

### Grades 6 thru 12

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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
- 5. Current Grades/Transcript (if available)

- 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: \_\_\_\_\_

### STUDENT INFORMATION

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  FemaleBirth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
( mm/ dd /yyyy)

optional	What is your ethnicity? <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
	and What is your race? <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> 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  UnsureThe Student's parent/guardian is an active duty member of a branch of the United States Armed Forces (Army, Navy, Air Force, Marine Corp, and Coast Guard) including full-time National Guard?  Yes  No

### FORMER SCHOOL

Name of Former School: \_\_\_\_\_ Grade: \_\_\_\_\_

School District: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Has student previously been a Hampton Resident?  Yes  NoHas 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: Enrollment, Transportation, Spec. Ed, Health, Tech Services, Library, Food Service/Census, ESL, Asst. Supt. (Homebound or Home-Schooled only)*

# 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:** \_\_\_\_\_

(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:

<u>Name of School:</u>	<u>State</u>	<u>Dates Attended</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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**  
**Secondary**

In order for your child to have the best possible educational experience, the school nurse needs to be aware of any 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**

*OFFICE STAFF: Please attach official copy of immunizations to this document.*

**HEALTH HISTORY**

1. Does the child have any trouble with ears or hearing? No  Yes   
If yes, please explain. \_\_\_\_\_

2. Does the child have 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 a high fever? No  Yes   
Please explain \_\_\_\_\_

5. Does the child frequently complain of headaches? No  Yes   
If yes, please explain \_\_\_\_\_

6. Has there ever been any trouble with the child's blood (blood disorder)? No  Yes   
If yes, please explain \_\_\_\_\_

7. Does the child have any skin problems? No  Yes   
If yes, please explain \_\_\_\_\_

8. Does the child have 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 explain \_\_\_\_\_

3. Is the child being followed by the doctor for a chronic health problem?  
(i.e., heart disease, diabetes, other)? No  Yes   
If yes, please explain \_\_\_\_\_

4. Is the child routinely taking any medications (other than vitamins)? No  Yes   
If yes, name of medication \_\_\_\_\_  
Reason for medication \_\_\_\_\_

5. Does the child have any allergies (i.e. 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 you wish to share?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_  
**Signature of Parent / Guardian** **Date**