



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 FemaleDate of Birth: ____ / ____ / ____
(mm) (dd) (yyyy)

optional	What is your ethnicity?	Hispanic or Latino Not Hispanic or Latino
	and What is your race? (Choose all that apply)	American Indian or Alaska Native Native Hawaiian/Other Pacific Islander White <input type="checkbox"/> Black or African American Asian

STUDENT LIVES WITH: (Please check 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 NoHas student previously been enrolled at a Hampton school? Yes No

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

Does the student have an IEP, GIEP, Speech, Dart Early Intervention, and/or 504 Agreement?

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)*

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.

Does the student have a non-custodial parent or is there a joint-custody agreement? Yes No

If YES, please list Name: _____

Address: _____

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

Email Address: _____ Relation to Student: _____

Should Non-Custodial Parent Receive School Mailings? Yes No

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



Hampton Township School District

HOME LANGUAGE SURVEY

ALL newly registering students regardless of race, nationality, or language origin MUST complete this form. Federal law requires that all Local Education Agencies (LEAs) utilize a non-biased procedure for identifying which students are potential English Learners (ELs) in order to provide appropriate language instruction educational programs and services. Given this responsibility, LEAs have the right to ask for the information contained on this and other forms associated with the identification process.

Student Information (Parents/Guardians should complete this section):

Child's first name:

Child's family name:

Child's Date of Birth:

(Month/Day/Year)

Questions for Parents or Guardians

1. Is a language other than English spoken in the child's home? No Yes (language)
2. Does your child communicate in a language other than English? No Yes (language)
3. What is the language that your child first learned to speak?

Parent/Guardian Signature: _____ Date

Interpreter Provided No Yes

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 _____

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
---------------	---------	------	--------------

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



Hampton Township School District
Records Release Form

NAME OF SCHOOL TRANSFERRING FROM: _____

ADDRESS: _____

Please release the following records for the student named below:

- Transcript of Grades/Report Cards
- Attendance Records
- Health and Immunization Records
- Test Results (standardized testing, state testing, SAT's, ACT's, etc)
- Discipline Records
- IEP/GIEP/any Special Education Records/Diagnostic Evaluations including ER's and RR's 504's
- School Personnel Observations

Print Name of Student _____ Grade _____ Date of Birth _____

Parent/Guardian Signature _____ Date _____

Parental permission is no longer required when records are requested by authorized school personnel if parent signature is not available. (Family Educational Rights and Privacy Act, Final Rules on Education Records, Federal Register, June 17, 1976, Vol. 41, No. 118, Page 24673.) (34 CFR 99.31)

Please fax requested records to 412-487-6674 or send to:

Hampton High School Counseling Department 2929 McCully Road Allison Park PA 15101	Hampton Middle School Counseling Department 4589 School Drive Allison Park, PA 15101	Central Elementary Counseling Department 4100 Middle Road Allison Park, PA 15101	Poff Elementary Counseling Department 2990 Haberlein Rd. Gibsonia, PA 15044	Wyland Elementary Counseling Department 2284 Wyland Ave. Allison Park, PA 15101
Phone: 412-492-6379	Phone: 412-492-6356	Phone: 412-492-6320	Phone: 412-492-6335	Phone: 412-492-6345