



Hampton Township School District

Student Registration

Grades 6 thru 12

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. Thoroughly read and then 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
 - Cable Bill
 - Paid Wage Tax Receipt
 - Guardianship Form or Court Order, etc.

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

- 5. Current Grades/Transcript (If available)

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
	and	Not Hispanic or Latino
	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
		<input type="checkbox"/> 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 _____

ADDITIONAL INFORMATION:

Signature of School Registrar: _____

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)

Student's Name _____

HEALTH HISTORY

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

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



**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

