



# ENROLLMENT APPLICATION

**STEP 1:** Fill out the Registration Packet

## **STEP 2:** Get your Documents

### Required Documents

- Child's Birth Certificate
- Child's Immunization Records
- Proof of Residence for Parent/Guardian  
Example: Deed, Lease, Driver's License, Current Utility bill, credit card statement, property tax bill, vehicle registration, a piece of mail sent by the state or federal government

### Optional Documents

- Last Report Card from Current School or progress report
- Custody Order/Court Order
- Foster Care Documentation

## **MEDICAL & DENTAL FORMS**

Required for K, 6<sup>th</sup> and 11<sup>th</sup> grade.

Available upon request if needed.

## **STEP 3:** Make your Appointment (15 Min)

Contact Mrs. Trudy Wagner, Student Data Coordinator

Phone : 570-398-5253

Email: [twagner@jsasd.org](mailto:twagner@jsasd.org)

My Appointment:

Date:

---

Time:

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# Jersey Shore Area School District

175 A&P Drive, Jersey Shore, PA 17740

## New Student Registration Form

Office Use Only:  
 \_\_\_\_\_ Immunization (on file)  
 \_\_\_\_\_ Birth Certificate (on file)  
 \_\_\_\_\_ Proof of Residency (on file)  
 Student # \_\_\_\_\_

Form

**1**

Registration Date \_\_\_\_\_ Grade \_\_\_\_\_  SH  MS  JS Elem  Avis Elem  Sall Elem

Student Name \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Sex: M F Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthplace \_\_\_\_\_ Home Phone# (\_\_\_\_) \_\_\_\_\_  
 Month Date Year City State Unlisted? Y N

**Home Address**

House Number \_\_\_\_\_ Apartment Number \_\_\_\_\_  
 Street Name \_\_\_\_\_  
 PO Box \_\_\_\_\_ Borough/Township \_\_\_\_\_  
 City \_\_\_\_\_ Zip Code \_\_\_\_\_

**Ethnicity – Please check:**

American Indian/Alaskan Native  
 Asian  
 Black/African American  
 Hispanic or Latino  
 Native Hawaiian/Pacific Islander  
 White  
 Other

Did the child ever attend school in this district? Y N  
 Which School? \_\_\_\_\_ Grades? \_\_\_\_\_

**Was the child in any of the following programs at his/her previous school?**  
 Yes  No

**If yes, please check all that apply:**

ESL  Gifted  Title I  Speech  Hearing Impaired  
 Alternative Education  Special Education (IEP, NoREP, ER, 504 Attached)

**Who has legal custody of student?**

Both Parents  Mother  Father  Child Care Agency  
 Guardian  Other \_\_\_\_\_

**Adults who reside with child at above address:**

Mother/Father  Mother  Mother/Stepfather  Father  Father/Stepmother  Other \_\_\_\_\_

**Father**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Place of Employment \_\_\_\_\_  
 Primary Phone (\_\_\_\_) \_\_\_\_\_  
 Secondary Phone (\_\_\_\_) \_\_\_\_\_  
 Work Phone (\_\_\_\_) \_\_\_\_\_ Ext \_\_\_\_\_  
 Email \_\_\_\_\_

**Mother**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Place of Employment \_\_\_\_\_  
 Primary Phone (\_\_\_\_) \_\_\_\_\_  
 Secondary Phone (\_\_\_\_) \_\_\_\_\_  
 Work Phone (\_\_\_\_) \_\_\_\_\_ Ext \_\_\_\_\_  
 Email \_\_\_\_\_

**Step Parent/Guardian**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Place of Employment \_\_\_\_\_  
 Primary Phone (\_\_\_\_) \_\_\_\_\_  
 Secondary Phone (\_\_\_\_) \_\_\_\_\_  
 Work Phone (\_\_\_\_) \_\_\_\_\_ Ext \_\_\_\_\_  
 Email \_\_\_\_\_

NAME OF ALL CHILDREN AT CHILD'S ADDRESS	RELATIONSHIP TO CHILD	AGE	SCHOOL	GRADE

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Transportation Dept Use:**  Eligible  Not Eligible  Calendar Attached

Start Date: \_\_\_\_\_ AM: Bus# \_\_\_\_\_ Time: \_\_\_\_\_ Stop: \_\_\_\_\_  
 PM: Bus# \_\_\_\_\_ Time: \_\_\_\_\_ Stop: \_\_\_\_\_

Notification: (Initial & Date)  
 Bus Co \_\_\_\_\_ Email or Phone \_\_\_\_\_ School \_\_\_\_\_ Email or Phone \_\_\_\_\_ Parent \_\_\_\_\_ Email or Phone \_\_\_\_\_  
 Additional Info \_\_\_\_\_



**Jersey Shore Area School District**  
175 A&P Drive, Jersey Shore, PA 17740

Form

**2**

**Request for Pupil Records**

Date \_\_\_\_\_

Name of School \_\_\_\_\_

School Address \_\_\_\_\_

School Phone # \_\_\_\_\_ School Fax # \_\_\_\_\_

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

The student identified above has enrolled in our district and will start on: \_\_\_\_\_

They will attend \_\_\_\_\_

We are requesting his/her:

- Cumulative Records, including current schedule, Future Ready PA Index Artifacts, grades, test scores, attendance and last date of attendance in your school.
- Discipline Log
- Health Record
- Current Individual Education Program, ReEvaluation Report, Notice of Recommended Educational Placement, plus Initial Evaluation Report, 504
- Psychological Reports
- Any information regarding special needs

\_\_\_\_\_  
Parent Signature, if available

\_\_\_\_\_  
Date

According to the Final Regulation—Family Education Rights and Privacy Act (FERPA), it is no longer necessary to obtain written consent to release school records to other school systems.



**Jersey Shore Area School District**  
175 A&P Drive, Jersey Shore, PA 17740

Form  
**3**

*Home Language Survey*

Date \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

What was the student's first language?     English     Other \_\_\_\_\_

Does the student speak a language other than English?     Yes     No  
(Do not include languages learned in school.)

What language(s) is/are spoken in your home? \_\_\_\_\_

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.



**Jersey Shore Area School District**  
175 A&P Drive, Jersey Shore, PA 17740

Form  
**4**

**House Bill 26/Safe School Initiative**

**Parental Affirmation**

“Prior to admission to any school entity, the parent, guardian or other person having control of the student shall upon registration, provide a sworn statement of affirmation stating whether the pupil was suspended or expelled from any public or private school in this or any other state for an act or offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property.”

Student Name \_\_\_\_\_

- Has never been suspended
- Has been suspended for the following reason(s):
  - Weapon
  - Alcohol
  - Drugs
  - Violence to persons
  - Violence to property
  - Other \_\_\_\_\_

\_\_\_\_\_ Total number of suspensions for this student

- Has never been expelled
- Has been expelled for the following reason(s):
  - Weapon
  - Alcohol
  - Drugs
  - Violence to persons
  - Violence to property
  - Other \_\_\_\_\_

Date(s) of expulsion \_\_\_\_\_

I affirm the above information to be accurate and further understand that any willful false statement on this form or attachments shall be a misdemeanor of the third degree. This statement is also made subject to penalties provided by 18 Pa.C.S., sect. 4904, relating to unsworn falsification to authorities.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Official

\_\_\_\_\_  
Date



**Jersey Shore Area School District**  
175 A&P Drive, Jersey Shore, PA 17740

Form  
**5**

**Child Custody Information**

**Parental Affirmation**

Student Name \_\_\_\_\_

- Child lives with both natural parents. **Stop here, sign and date the bottom of the form.**
- Child does not live with both natural parents. **Continue.**

The following information is needed if your child does not reside with both natural parents due to separation or divorce. The parent with whom the child resides will be considered the custodial parent; however, the non-custodial parent has access to the child's records in the absence of a court order forbidding it.

Name of custodial parent with whom the child resides: \_\_\_\_\_

Name of non-custodial parent: \_\_\_\_\_

Address (if known): \_\_\_\_\_  
\_\_\_\_\_

Do you, as custodial parent, have legal custody through a court order?

- Yes (If yes, a copy of the court order should be supplied to the school office to be kept on file.)
- No
- Pending

If there is a court order, does it limit the non-custodial parent access to school records?

- Yes (If yes, a copy of the court order **MUST** be supplied to the school office to be kept on file.)
- No

May the child be released from school to the non-custodial parent?

- Yes
- No (If no, a copy of the court order **MUST** be supplied to the school office to be kept on file.)

Are the students restricted from a change in enrollment or residence due to a custody order?

- Yes (If yes, a copy of the court order **MUST** be supplied to the school office to be kept on file.)
- No

I affirm the above information to be accurate and will notify the school whenever any of this information should change or be modified.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



## MEDIA RELEASE EXEMPTION FORM

### Opt-Out Form

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Building \_\_\_\_\_

The Jersey Shore Area School District is committed to protecting the privacy of all students and their families. The following is provided to offer you as a parent the right to remove your child from being photographed, videotaped, or recorded for the local news media; publicity or for internal purposes, such as newsletters, school and district presentations; the district website; and school or school district managed sites such as JSASD Facebook, JSASD Twitter, JSASD Instagram, etc.

\_\_\_\_\_ I **DO NOT** give my permission for my child to be photographed (still or motion) and/or tape recorded (audio or video) by employees of the Jersey Shore Area School District, its education partner organizations (clubs, booster organizations, home and school association) and/or agents of the media.

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Signature

Parent permission is given while your student attends the Jersey Shore Area School District unless consent is denied using this form.



# Jersey Shore Area School District

LEARNING | GROWING | SUCCEEDING

## Acknowledgement of District Policy #206

I acknowledge and understand that Policy #206 states:

"The Superintendent periodically shall review existing attendance areas and recommend to the Board changes that may be justified by considerations of safe student transportation and travel, convenience of access to schools, financial and administrative efficiency, and effectiveness of the instructional program, including equalizing class sizes.

The Superintendent or designee may assign a student to a school other than the one designated for the attendance area when such exception is justified by circumstances and is in the educational interest of the student.

The Superintendent or designee shall assign incoming transfer students to schools, grades, and classes that afford each student the greatest likelihood of realizing his/her educational potential and academic goals."

I further acknowledge and understand that this may mean that my child is not guaranteed to attend any one district school.

The full policy can be found on the Board Docs page of the District website or you may request a copy by calling Trudy Wagner, Student Data Coordinator, at 570-398-5253.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# EMERGENCY/STUDENT INFORMATION CHANGE FORM

Student Name \_\_\_\_\_  
Last First Middle

**Primary Parent Contact** \_\_\_\_\_ **Prim Phone** \_\_\_\_\_  
Relationship to child \_\_\_\_\_ **Work Phone** \_\_\_\_\_  
House Number \_\_\_\_\_ Apartment Number \_\_\_\_\_ **Sec Phone** \_\_\_\_\_  
Street Name \_\_\_\_\_  
PO Box \_\_\_\_\_ Borough/Township \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Email Address \_\_\_\_\_  
Additional Adult at this address \_\_\_\_\_  
Place of employment \_\_\_\_\_

**Secondary Parent Contact** \_\_\_\_\_ **Prim Phone** \_\_\_\_\_  
Relationship to child \_\_\_\_\_ **Work Phone** \_\_\_\_\_  
House Number \_\_\_\_\_ Apartment Number \_\_\_\_\_ **Sec Phone** \_\_\_\_\_  
Street Name \_\_\_\_\_  
PO Box \_\_\_\_\_ Borough/Township \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Email Address \_\_\_\_\_  
Additional Adult at this address \_\_\_\_\_  
Place of employment \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_ **Prim Phone** \_\_\_\_\_  
Relationship to child \_\_\_\_\_ **Work Phone** \_\_\_\_\_  
**Sec Phone** \_\_\_\_\_

**Parents:**  Married  Divorced  Separated  Single  
**Child lives with:**  Both  Mother  Father  Guardian

<b>Sisters/Brothers:</b>	Grade	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

Additional relatives/friends who are permitted to come for your child:  
**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_  
**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

*When the primary parent's address has changed, then proof of residency should be submitted with this form to the child's school.*

***In case of an emergency, your child will be released to any person listed on this form.***

**Parents Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

<input type="checkbox"/> SH	<input type="checkbox"/> MS	<input type="checkbox"/> JSE	<input type="checkbox"/> AV	<input type="checkbox"/> SALL
<b>Office Use:</b> Student Number _____	GR _____			
Submitted by _____	Date _____			

**Jersey Shore Area School District  
Authorization for First Aid/Emergency Care**

Date \_\_\_\_\_ Grade \_\_\_\_\_ Homeroom \_\_\_\_\_ Birth Date \_\_\_\_\_

Student Name \_\_\_\_\_ Phone \_\_\_\_\_  
Last First Middle

Home Address \_\_\_\_\_ Email \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Place \_\_\_\_\_ Wk# \_\_\_\_\_

Cell# \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Place \_\_\_\_\_ Wk# \_\_\_\_\_

Cell# \_\_\_\_\_

Child lives with: (please circle) Both Parents Father Mother Guardian Other \_\_\_\_\_

If school is unable to reach either of the above, please list 2 relatives or friends who you give the authority to advise and/or pick up your child if sick or injured:

Name/Relationship \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name/Relationship \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**First Person to Contact** \_\_\_\_\_

**EMERGENCY TREATMENT**

List any conditions your child may have, of which the school nurse should be aware: (Ex. Asthma, Seizure Disorder, Depression, Allergies, etc.)

**BEE STING REACTION:**

Does your child have an allergy to bees which requires emergency medication? Yes No

If yes, please list medication used when stung: \_\_\_\_\_

**PERMISSION TO EXCHANGE INFORMATION:**

My child's health and/or medical information may be shared with school staff as needed so that in an emergency the staff can act in the best interest of my child.

\_\_\_\_\_  
Signature Parent/Guardian

**EMERGENCY TREATMENT:**

If emergency treatment is required, the school authorities will use their judgment in sending the child to the nearest hospital

**Acetaminophen (Tylenol), Ibuprofen (Advil), Antacid (Tums):**

Non-prescription medications that may be given in a non-emergency situation are Ibuprofen (Such as Advil®/Motrin®), Acetaminophen (such as Tylenol®), Antacids (such as Tums®) in accordance with the treatment protocol established by the school physician. Acetaminophen/Ibuprofen dosage is based on age and weight of the child. When health situations arise for administering these medications **and** the parent/guardian have signed the permission below for their administration, these will be offered to students. The authorization will be in effect the current school year unless revoked by the parents/guardian in writing to the School Nurse.

**Tylenol/Advil/Tums need to be supplied by the parent/guardian if taking often OR if Children's dosage (liquid/chewable) is needed.**

I agree that the District and its employees are not to be held liable for giving medicine in accordance with this Authorization. I agree to hold harmless and indemnify the Jersey Shore Area School District and all of its employees against any and all claims, damages, expenses, attorney's fees, suits, cause or causes of action which may be brought against the District or its employees in connection with giving such medicine.

\_\_\_\_\_  
Signature Parent/Guardian



## Jersey Shore Area School District

175 A&P Drive, Jersey Shore, PA 17740

Form

9

### Medical Forms Cover Letter

In order to get to know your child and complete his/her registration, certain medical forms are necessary. Attached are the following forms that need to be completed for registration:

- Health History (Form A)
- Medical Screening Acknowledgement (Form B)
- Private Physician's Form of Physical Examination (Form C)

Upon entering into school in **grades K or 1 and in grades 6 and 11**, all students are required by the Pennsylvania State Health Department to have a physical exam. If your child will be seen by your family health care provider, please have the enclosed Commonwealth of Pennsylvania Department of Health Form #H511.336 (JSASD Med. Form C) completed and returned to the school as soon as possible. **The exam must be performed within one year of the start of the school year.**

- Private Dentist's Form of Dental Examination (Form D)

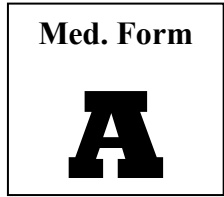
Upon entering into school in **grades K or 1 and in grades 3 and 7**, all students are required by the Pennsylvania State Health Department to have a dental exam. If your child will be seen by your family dentist, please have the enclosed Commonwealth of Pennsylvania Department of Health Form #H514.027 (JSASD Med. Form D) completed and returned to the school as soon as possible. **The exam must be performed within one year of the start of the school year.**

Please return the completed form(s) to the nurse at your child's school. If you have any questions please contact the school nurse and/or if you prefer to have the form faxed, use the appropriate numbers below:

Senior High	Judy Morlock RN/CSN	Ph: 570-398-7170	Fax: 570-398-5612
Middle School	Judy Morlock RN/CSN	Ph: 570-398-7400	Fax: 570-398-5618
JS ES	Hillary Leonard RN/CSN	Ph: 570-398-7120	Fax: 570-398-5624
Avis ES	Hillary Leonard RN/CSN	Ph: 570-753-5220	Fax: 570-753-3469



**Jersey Shore Area School District**  
 175 A&P Drive, Jersey Shore, PA 17740



**Health History**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Please check all that apply

**Does your child have:**

- Cleft Palate/Lip Yes No
- Frequent Sore Throats Yes No
- Frequent Earaches Yes No
- Frequent Colds Yes No
- Allergies Yes No
- Speech Difficulties Yes No
- Chronic Cough Yes No
- Emotional Problems Yes No
- Bedwetting/Wetting Yes No
- Frequent Nightmares Yes No
- Poor Eating Habits Yes No
- Stomach Problems Yes No
- Bowel Problems Yes No
- HIV/AIDS Yes No
- Behavioral Problems Yes No
- Vision Problems Yes No

**Has your child had:**

- Broken Bones Yes No
- Tonsils Removed Yes No
- Head Injury(unconscious) Yes No
- Difficult Sleeping Yes No
- Convulsions Yes No
- Epileptic Seizures Yes No
- Chicken Pox Yes No
- Measles (Regular/10 Day) Yes No
- Measles (German/3 Day) Yes No
- Mumps Yes No
- Scarlet Fever Yes No
- Whooping Cough Yes No
- Rheumatic Fever Yes No

If yes, month/year: \_\_\_\_\_

Explain all Yes answers: \_\_\_\_\_

Abnormal Birth History: \_\_\_\_\_

List all operations: \_\_\_\_\_

List all major illnesses: \_\_\_\_\_

List all current daily medications, include dose: \_\_\_\_\_

List all as needed medications, include dose: \_\_\_\_\_

Is your child presently under medical treatment (if yes, explain): \_\_\_\_\_

**Family History**

(Please check those that apply to your family)

- Allergies
- Epilepsy
- Tuberculosis
- Heart Disease
- Kidney Disease
- Asthma
- Deafness
- Diabetes
- Psychiatric Depression

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_



## Jersey Shore Area School District

175 A&P Drive, Jersey Shore, PA 17740

Med. Form

# B

### Medical Screening Acknowledgment

In order to eliminate the need to send home numerous permission slips for the various phases of our school health programs, we are offering this form as an overall coverage for this program.

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

I understand my child will participate in the following Pennsylvania State mandated health programs:

- Annual Vision Screening, Grades K-12
- Annual Height and Weight Screening, Grades K-12
- Hearing Screening, Grades, K, 1, 2, 3, 7, and 11
- Scoliosis Screening, Grades 6, and 7
- Physical examinations upon entry into school (Grades K or 1) and Grades 6 and 11\*

If you have any questions regarding the school health program, please feel free to call your school nurse.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

\*You may have the routine school health examination performed by your family physician at your expense. A private physician's form is enclosed in this packet. If your child is to be examined by the school physician, you will be informed when and where the exam will occur. If you wish to attend, contact the school nurse.



# Jersey Shore Area School District

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## Permission to Give Prescription Medication at School

\*The administration of prescription medication in school is permitted with a **written doctor's order and parent permission.**

\***Over the counter medication such as cold and cough medicine, must have a doctor's order and medication stored in nurse office.**

\***Sign permission on emergency card for nurse to administer Acetaminophen, Ibuprofen, Tums**

\*All prescription medication must be in the original bottle properly labeled.

\***With doctor's permission a student may carry their Inhaler and/or EpiPen.**

Student Name \_\_\_\_\_

Medication	Dosage	Time	Route	Duration

Diagnosis \_\_\_\_\_

Side Effects \_\_\_\_\_

\_\_\_\_\_  
Physician's Name Printed

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Physician's Phone Number

\_\_\_\_\_  
Date

### Parent Permission

I give permission for my child to receive \_\_\_\_\_ at school as directed by the doctor.  
(Medication Name)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Name / Grade / Teacher

I agree that the District and its employees are not to be held liable for giving medicine in accordance with this Authorization. I agree to hold harmless and indemnify the Jersey Shore Area School District and all of its employees against any and all claims, damages, expenses, attorney's fees, suits, cause or causes of action which may be brought against the District or its employees in connection with giving such medicine.

School	Phone	Fax	School	Phone	Fax
Jersey Shore Elementary	570-398-7120	570-398-5624	Jersey Shore Middle School	570-398-7400	570-398-5618
Avis Elementary	570-753-5220	570-753-3460	Jersey Shore High School	570-398-7170	570-398-5612
Salladasburg Elementary	570.398.2931	570.398.5066			