



ANNVILLE-CLEONA SCHOOL DISTRICT



STUDENT ENTRY FORM

TO BE COMPLETED BY THE SCHOOL

Student I.D. # _____

School Year _____

District Entry/Reentry Date _____

Current Grade Level _____

NEW STUDENT

State Entry Date: (YYYY-MM-DD) _____

RE-ENROLL

Expected Graduation (MM/YY) _____

Birth Certificate / Proof of Age Documentation

Copy of ID/Driver's License

Immunization Records

2 Proofs of Residency

Utility Bill within the past 45 days (in the name of parent/guardian)

AND Signed Lease/Rental Agreement (in the name of parent/guardian)

OR Sales Agreement/Mortgage (in the name of parent/guardian)

Student's Full Legal Name _____

(As stated on birth certificate)

First Name

(Full) Middle Name

Last Name

Suffix

Street Address _____

Address

City

State

Zip

Student Home Phone # _____

DOB ____ / ____ / ____

Has student previously attended the Annville-Cleona School District? YES NO

Gender

M

F

Grade _____

Ethnicity:

Hispanic/Latino

Not Hispanic/Latino

Race:

White

African American

American Indian/Alaska Native

Native Hawaiian/Pacific Islander

Hispanic

Asian

School District Transferring From: _____

Building: _____

Did student ever attend school outside of PA? YES NO

If yes, what date did student first attend school in PA? ____

In school listed above, student participated in:

Speech

Reading Assistance

ELD

Gifted Program

504 Plan

Free & Reduced Lunch

CTC

Special Education - List areas of service provided: _____

PARENT/GUARDIAN INFORMATION

Guardianship: Both Parents Joint/Shared Father Mother Guardian _____
Student Lives with: Both Parents Joint/Shared Father Mother Guardian Other

CHILD CUSTODY POLICY

If child custody arrangements are part of your family structure, please be aware of our policies in this area:

- All custody orders are the parent/guardian’s responsibility to provide to the Annville-Cleona School District.
- In the absence of a custody order, the school assumes shared custody which allows both parents to be involved in their child’s education; both parents, regardless of custody arrangements, have access to their child’s records unless a court order specifically prohibits access.
- The parent of record is the parent with whom the child resides.
- The parent of record must live in the Annville-Cleona School District.
- Enforcement of custody order is a police responsibility, not one for the school.

COMPLETE IF PARENTS ARE DIVORCED/SEPARATED:

Is there a custody agreement available? *Yes No
**If YES, parent/guardian MUST provide a copy, otherwise we are unable to abide by its contents.*
Legal custody is granted to: _____

FOSTER CHILD: YES NO If Yes, Placement Agency: _____
Originating District of Residence: _____ Building of Residence: _____

SIBLINGS AND/OR ANY OTHER CHILDREN UNDER THE AGE OF 18 RESIDING IN THE HOME

First Name	Last Name	DOB	Gender	Age	Grade	School

PRIMARY CONTACT: The student MUST reside with this parent/guardian: Full-time Part-time

Contact #1 -Parent/guardian: _____ Relationship: _____
First Last

Email _____ Employer _____
 Street Address _____
(If different than student)

Primary Phone _____ Cell Home Work Other Secondary Phone _____ Cell Home Work Other
 Parent/guardian is an active member of a branch of the armed forces Yes No

The student resides with this parent/guardian: Full-time Part-time

Contact #2 -Parent/guardian: _____ Relationship: _____
First Last

Email _____ Employer _____
 Street Address _____
(If different than student)

Primary Phone _____ Cell Home Work Other Secondary Phone _____ Cell Home Work Other
 Parent/guardian is an active member of a branch of the armed forces Yes No

The student resides with this parent/guardian: Full-time Part-time N/A

Contact #3 -Parent/guardian: _____ Relationship: _____
First Last

Email _____ Employer _____
 Street Address _____
(If different than student)

Primary Phone _____ Cell Home Work Other Secondary Phone _____ Cell Home Work Other
 Parent/guardian is an active member of a branch of the armed forces Yes No N/A

Contact #4 -Parent/guardian: _____ Relationship: _____
First Last

Email _____ Employer _____
 Street Address _____
(If different than student)

Primary Phone _____ Cell Home Work Other Secondary Phone _____ Cell Home Work Other
 Parent/guardian is an active member of a branch of the armed forces Yes No N/A

Contact #5: _____ Relationship: _____
First Last

Email _____ Employer _____
 Street Address _____
(If different than student)

Primary Phone _____ Cell Home Work Other Secondary Phone _____ Cell Home Work Other

Contact #6: _____ Relationship: _____
First Last

Email _____ Employer _____
 Street Address _____
(If different than student)

Primary Phone _____ Cell Home Work Other Secondary Phone _____ Cell Home Work Other

PARENTAL REGISTRATION STATEMENT

Pennsylvania School Code Section 13-1304-A states in part "Prior to admission to any school entity, the parent, guardian, or other person having control or charge of a student shall, upon registration, provide a sworn statement or affirmation stating whether the pupil was previously suspended or expelled from any public or private school of this Commonwealth 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."

I hereby swear or affirm that my child (check one) WAS / WAS NOT previously suspended or expelled, or (check one) IS / IS NOT presently suspended or expelled from any public or private school of this Commonwealth 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. I make this statement subject to the penalties of 24 P.S. Section 13-1304-A(b) and 18 Pa C.S.A. Section 4904; relating to unsworn falsification to authorities, and the facts contained herein are true and correct to the best of my knowledge, information and belief.

If this student has been or is presently suspended or expelled from another school, please complete the following:
Name of the school from which student was suspended or expelled: _____
Dates of (please circle) suspension or expulsion: _____
Reason for suspension or expulsion (optional): _____
(Please provide additional schools and dates of expulsion or suspension on the back of this sheet if necessary.)

I ASSERT THAT THE FACTS SET FORTH HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF. I UNDERSTAND THAT IT IS A SUMMARY CRIMINAL OFFENSE TO KNOWINGLY PROVIDE FALSE INFORMATION IN THIS SWORN STATEMENT FOR THE PURPOSE OF ENROLLING A CHILD IN THE DISTRICT'S SCHOOLS.

I further certify that I will notify the Annville-Cleona School District immediately in the event that the facts set forth herein shall no longer be correct or shall change. I also certify that I will cooperate with and be responsive to requests for information or investigation concerning the continuing validity of this sworn document.

_____ *Parent/Guardian Signature* _____ *Date*

To be completed by the school:
Scanned/sent to the Assistant Superintendent if YES

Date: _____ *Initials:* _____



**ANNVILLE-CLEONA SCHOOL DISTRICT
HOME LANGUAGE SURVEY**



Student's Full Legal Name _____
(As stated on birth certificate) **First Name** **(Full) Middle Name** **Last Name** **Suffix**

Mailing Address _____
 Address **City** **State** **Zip**

Student Home Phone # _____ **DOB** ____ / ____ / ____ **Gender** **M** **F**

Grade _____

Parent/Guardian Name _____
 First Name **Last Name** **Suffix**

Questions for Parent/Guardian:

1. Is a language other than English spoken in the child's home? No Yes

 If YES, what language? _____

2. Does your child communicate in a language other than English? No Yes

 If YES, what language? _____

3. What is the language that your child first learned to speak? _____

Parent/Guardian Signature: _____ Date: _____

Interpreter Provided: No Yes

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.

Signature of Custodial Parent

Date



**ANNVILLE-CLEONA SCHOOL DISTRICT
NIGHTTIME RESIDENCY QUESTIONNAIRE**

Student First Name: _____ M.I.: _____ Last Name: _____

DOB: _____ Grade: _____ Male Female

Parent(s)/Legal Guardian(s): _____ Contact #: _____

Address: _____

City/State/Zip: _____

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.

1. Is your current address a temporary living arrangement? YES NO

If you answered **NO**, you may stop here.

2. Is this temporary living arrangement due to loss of housing or economic hardship? YES NO

If you answered **NO**, you may stop here.

If you answered **YES** to the above questions, please complete the remainder of this form.

Student's Living Situation? (Check all that may apply)

In a motel or hotel _____ (name of motel/hotel)

In a shelter _____ (name of shelter)

In a car, trailer, or campsite, *temporarily due to inadequate housing*
_____ (name of campsite)

Temporarily in another family's house or apartment

Moving from place to place

Other places not designed for, or ordinarily used as a regular sleeping accommodation for human beings
(explain)

Living alone, without any adult (*unaccompanied youth*)

Presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.002(3)(d).

Signature of Parent/Legal Guardian: _____

Date: _____



ANNVILLE-CLEONA SCHOOL DISTRICT



RESIDENCY AFFIDAVIT

I/We attest that all information provided here is correct and current. I/We understand that if residency should change, for any reason, it is the responsibility of the resident to notify the Annville-Cleona School District and amend the residency affidavit. Any false statements can and will be punishable by law.

I/We, _____ currently reside at _____ Address Phone: _____

(2) PROOFS OF RESIDENCY – Must provide two of the following documents to show name and street address of homeowner or lessee:

- Utility bill within the past 45 days
Property tax bill
Signed lease/rental agreement
Check stub from wages, public assistance, or social security
Sales agreement/mortgage

Homeowner Verification

Homeowner Name _____ Telephone # _____
Approval has been granted for _____ to reside with _____ student & parent(s)/guardian(s) at the address identified above. Homeowner's signature _____ Date _____

Landlord Verification *If renting

Landlord Name _____ Telephone # _____
Approval has been granted for _____ to reside with _____ student & parent(s)/guardian(s) at the address identified above. Lessee's signature _____ Date _____ Landlord's signature _____ Date _____

Through my/our notarized signatures, I/we grant the Annville-Cleona School District permission to investigate the above information as presented in this affidavit for confirmation and factual accuracy. 24 P.S. § 13-1302 Guidelines

NOTARY SIGNATURE _____

Sworn to and subscribed before me this _____ day of _____, 20_____

NOTARY DATE _____

Signature of Parent(s)/Guardian(s) _____ Date _____



**ANNVILLE-CLEONA SCHOOL DISTRICT
STUDENT HEALTH HISTORY**



Student's Full Legal Name _____
(As stated on birth certificate) **First Name** **(Full) Middle Name** **Last Name** **Suffix**

Mailing Address _____
 Address **City** **State** **Zip**

Student Home Phone # _____ **DOB** ____ / ____ / ____ **Gender** M F

Physical examinations are required **for ENTRANCE INTO SCHOOL, GRADE SIX, and GRADE ELEVEN.**

Check one: _____ I will have my child examined by my family physician
 _____ I wish to have my child examined by the school physician

Dental examinations are required **for ENTRANCE INTO SCHOOL, GRADE THREE, and GRADE SEVEN.**

Check one: _____ I will have my child examined by my family dentist
 _____ I wish to have my child examined by the school dentist

Immunizations records provided: **YES** **NO** **Comments:** _____

Does your child wear glasses and/or contact lenses? **YES** **NO** **Comments:** _____

Does your child have a history of recurrent ear infections/tubes? **YES** **NO** **Comments:** _____

Please list any allergies (food, medication, bee stings, seasonal, etc): _____

Please list any medical conditions or health concerns (asthma, diabetes, seizures, etc): _____

Is your child under medical treatment? If yes, please explain _____

Has your child had any serious accidents/injuries? If yes, please explain _____

Hospitalizations (list dates/reasons): _____

Mental health/emotional concerns: _____

List current medications (please explain): _____

Consent Form for Administration of OTC Medication at School

I give permission for the following medication(s) to be administered to my child by the school nurse: **(please initial for permission)**

- | | | |
|---------------------------------|--|---------------------------|
| _____ Acetaminophen (Tylenol) | _____ Antacid (Tums) | _____ Bacitracin ointment |
| _____ Ibuprofen (Advil, Motrin) | _____ Antihistamine (Benadryl/ Caladryl) | |
| _____ Anesthetic Oral Gel | _____ Hydrocortisone ointment | |

Please refer to the medication policy information on the district's website (acschools.org) for guidelines of administration within school. For the safety of your child, medications will not be given without permission. In addition, I permit the school nurse to discuss medical conditions and/or allergies with those faculty/staff members of Annville Cleona School District and contracted transportation & cafeteria staff who may need to know this information for the safety and education of my child.

 Signature of Parent/Guardian Date



**ANNVILLE-CLEONA SCHOOL DISTRICT
HEALTH SERVICES CONSENT FORM**



Consent Form for Administration of Prescription Medication at School

Student's Full Legal Name _____
(As stated on birth certificate) **First Name** **(Full) Middle Name** **Last Name** **Suffix**

Student Home Phone # _____ **DOB** ____ / ____ / ____ **Gender** M F

- 1. Medication** _____ **Diagnosis** _____ **Dosage** _____ **Time(s)** _____
- 2. Medication** _____ **Diagnosis** _____ **Dosage** _____ **Time(s)** _____
- 3. Medication** _____ **Diagnosis** _____ **Dosage** _____ **Time(s)** _____

List any other medication(s) currently taken at home, including dosage and time schedule: _____

Other comments, special considerations/restrictions: _____

Parent/Guardian Consent for Medication Administration at School

I, parent/guardian of _____, give permission for my child to receive the above medication(s) during school hours. I also give the school nurse permission to contact the physician listed below to keep him/her informed of any side effects or concerns regarding medication administration. In the event of an emergency, the school may transport my child to nearest designated hospital.

Parent/Guardian Signature _____ **Date** _____

Annville-Cleona School District Medication Policy

1. Medication must be transported to and from the school nurse office by an adult in its **original container with a label** that includes: child's name, instructions for administration, content identification and physician's name-unless authorized to self-carry/administer epi pen/inhaler. (Refer to next page of form)
2. Medication order forms must be updated annually by parent/guardian and physician and medication is to be claimed within one week beyond the end of the school year.

Medication Order by Authorized Healthcare Provider

Physician's Signature _____ **Date** _____

Physician's Name (print) _____ **Phone#** _____ **FAX#** _____

***Medical order may be faxed to the student's assigned building nurse to be attached to the medical form.**

Fax Numbers:

Annville-Cleona Middle/Secondary School	Leslie Attig, CSN	717-867-7712
Annville Elementary School	Andrea Speraw, CSN	717- 867-7624
Cleona Elementary School	Angela Moyer, LPN	717-867-7644

EMERGENCY MEDICATIONS ADMINISTRATION (EPIPEN AND INHALERS only):

FOR PHYSICIAN USE ONLY - Initial the appropriate option:

_____ It is my professional opinion that this student _____ is **BOTH** capable and responsible of carrying and self-administering during school hours/field trips/related school activities. The school nurse should be consulted if the student is having a health related complaint and/or uses his/her medication(s):

Auto injectable epinephrine (0.15mg or 0.3mg) **Inhaled asthma medication**

_____ It is my professional opinion that this student _____ should NOT carry his/her medication at school or school related activities. The medication should be kept with the nurse and supervised with administration.

Physician's Signature _____ Date: _____

Physician's Name (Print) _____ Phone _____ FAX _____

**PARENT/GUARDIAN CONSENT
FOR SELF-ADMINISTRATION OF MEDICATION**

I hereby consent for my child, _____ to self-administer the following medication(s) during the regular school day or when attending school related activities:

Auto-injectable epinephrine **Inhaled asthma medication**

*I also consent to disclose identifiable health information by the health care provider to the school nurse or other personnel designated by Annville Cleona School District.

*I acknowledge that I have an obligation to notify the school if my child's medication, dosage, frequency of administration or reason for administration changes during school year.

*I understand and hereby acknowledge that neither the School District nor any employee of the School District shall be liable or responsible for the benefits or consequences of the prescribed medication or for ensuring that the medication is taken. As such, I hereby release the School District and its employees from any and all liability of any nature whatsoever related to the self-administration of the medicine.

Date

Signature of Parent/ Guardian

Date

Reviewed by School Nurse



**ANNVILLE-CLEONA SCHOOL DISTRICT
PHOTOGRAPHY RELEASE FORM**



From time to time, students are photographed during various classroom and school events and photos are submitted to the local media and/or may appear on the district's website or official school district social media accounts. We would like your permission to photograph your child and use his/her photograph while in the instructional/educational setting to promote the various educational opportunities that are taking place within our school district.

Only sign this form if you **DO NOT** want your child's photograph to be published.

I _____ (parent/guardian)

DO NOT give permission for my child _____ to be published in school district social media or on the school district website during this school year.

Parent name: _____

Parent Signature: _____ Date: _____

Student name: _____

Teacher name: _____ Grade : _____



**ANNVILLE-CLEONA SCHOOL DISTRICT
REQUEST FOR RECORDS**



DATE: _____

NAME OF STUDENT: _____ DATE OF BIRTH: _____

GRADE: _____

PREVIOUS SCHOOL DISTRICT: _____

BUILDING: _____

SCHOOL ADDRESS: _____

SCHOOL PHONE#: _____

The above-named student enrolled in the Annville-Cleona School District on _____.

We request that you e-mail the following info to the appropriate email address below:

- All previous year academic records
- Current year schedule, grades and attendance record
- 504 Plans
- Special Education information and Gifted Education information (via IEP Writer)
- Summary of Discipline Records (as per 24PS 12-130S.a)
- Health/Dental/Immunization Records
- Psychological Reports
- PSSA/Keystone Results
- PA Secure ID
- Any other pertinent educational historical information

Grade K-2:

CE_records@acschools.org
Mrs. Angela Love, principal
fax:717-867-7644
Phone:717-867-7640

Grades 3-6:

AE_records@acschools.org
Mr. Ross Hopple, principal
fax:717-867-7624
phone:717-867-7620

Grades 7-12:

MSHS_records@acschools.org
Dr. Krista Antonis, principal
fax:717-867-7712
phone:717-867-7700

According to the Final Regulations-Family Educational Rights and Privacy Act dated June 17, 1976, it is not necessary to obtain written consent to release records between schools. Therefore, we are requesting all records, including health information for the above student.



TRANSPORTATION CHANGE REQUEST

The school district will arrange for transportation for students from their legal district residence to and from school. The school district will permit special transportation arrangements to and from school only under the following conditions:

- 1. No new bus stops or bus routes will be created.
2. Requests for special transportation must be submitted on this form a minimum of five (5) days prior to the requested starting date for special transportation.
3. The special transportation arrangements must be for every day during the school week (Monday-Friday) with one constant stop in the a.m. and one constant stop in the p.m.
4. Arrangements will be contingent upon availability of bus seating.
5. If a new student to an assigned area needs bus seating that is currently being used under a special transportation arrangement, the special transportation student must relinquish his/her seating to the new student.
6. For the beginning of the school year, requests must be submitted on this form by July 15. If submitted after August 1, the request will not be acted on until after the first five (5) days of the school year. Therefore, transportation during that week will be provided to and from the student's legal residence.
7. The school bus driver shall NOT accept notes for transportation changes written directly to them by parents. All transportation change requests must go through the transportation office.

Name of Student _____ Grade _____

Home Address _____

Phone _____ Emergency/Work Phone _____ First Date of Change _____

Please mark the appropriate box(es):

REQUEST FOR AM (pick-up) CHANGE: Transportation request from (address) _____ Person responsible for student at this address: _____ Phone number at this address: _____

REQUEST FOR PM (drop-off) CHANGE: Transportation request from (address) _____ Person responsible for student at this address: _____ Phone number at this address: _____

REQUEST FOR AM KINDERGARTEN DISMISSAL (drop-off) CHANGE: Transportation request from (address) _____ Person responsible for student at this address: _____ Phone number at this address: _____

REQUEST FOR PM KINDERGARTEN ARRIVAL (pick-up) CHANGE: Transportation request from (address) _____ Person responsible for student at this address: _____ Phone number at this address: _____

Student will be a walker/parent transport.

Signature of parent/guardian

Date

Office Use Only

Bus # AM _____ K-AM (dismissal) _____ K-PM (arrival) _____ Bus # PM _____

Date form received _____ Approved YES or NO _____ Date _____

Authorized By _____