



Lewisburg Area School District
PO Box 351
Lewisburg, PA 17837
DISTRICT REGISTRATION FORM



Student's Name: _____
 (Last) (First) (Middle)

Address: _____ Birthdate: _____ Grade: _____
 (Street) (City) (State) (Zip)

Home Phone: _____ Township: ___ Lewisburg Boro ___ East Buffalo ___ Kelly ___ Union

Sex: ___ Student Resides with: ___ Both Parents ___ Father ___ Mother ___ Other (Specify Below)

Is the Student Homeless? ___ Yes ___ No (If Yes, Fill Out and Submit Homeless Student Intake Form)

Father's Name: _____ Occupation: _____

Place of Employment: _____ Phone Number: _____

Mother's Name: _____ Occupation: _____

Place of Employment: _____ Phone Number: _____

Father's Email: _____ Mother's Email: _____

Emergency Contact Person: _____ Phone Number: _____

Relation of Contact Person (to student) _____ Family Doctor: _____

Doctor's Phone Number: _____ Other Emergency Information (Specify Below): _____

School Last Attended: _____

Address of School: _____
 (Street) (City) (State) (Zip)

Phone Number: _____

Other Members of Household: (Include All Children and Adult Members)

| | | | | | |
|-----------|------------|-----|---------------|-------|--------|
| Last Name | First Name | Sex | Date of Birth | Grade | School |
|-----------|------------|-----|---------------|-------|--------|

| | | | | | |
|-------|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

Parent Signature: _____ Date: _____

| | | | | | |
|---|------------------|-------------------|-----------------|--|--|
| FOR OFFICE USE ONLY | | | | | |
| Student ID: _____ | Homeroom: _____ | Grade: _____ | Race: _____ | | |
| Entry Date: _____ | Entry Day: _____ | Entry Code: _____ | | | |
| Bus # _____ | Run # _____ | Stop # _____ | Est. Time _____ | | |
| Individual Educational Program: ___ Gifted ___ Learning Support | | | | | |

Lewisburg Area School District

STEVEN C. SKALKA, Ed.D.
Superintendent

CATHY S. MOSER, M.Ed.
Assistant Superintendent

JOHN R. FAIRCHILD
Director of Administrative Services

CENTRAL ADMINISTRATIVE OFFICE
1951 WASHINGTON AVENUE, DEPT. C.O.
PO BOX 351
LEWISBURG, PENNSYLVANIA 17837-0351
Telephone 570.523.3220
FAX 570.524.9313



REQUEST FOR RELEASE OF PUPIL RECORDS

The student indicated below has enrolled in the Lewisburg Area School District

Name _____ Birthdate _____

Date entered _____ Grade _____

PLEASE FORWARD THE FOLLOWING RECORDS:

_____ PA SECURE ID #

_____ HEALTH RECORDS

_____ SCHOLASTIC RECORDS

_____ DENTAL RECORDS

_____ STANDARDIZED TEST

_____ IMMUNIZATIONS RECORDS

_____ BIRTH CERTIFICATE

_____ DISCIPLINE RECORDS

Parent Signature: _____

****Please fax immunizations, standardized test results upon the receipt of this request.**

_____ PSYCHOLOGICAL EVAL RESULTS /RE-EVAL

_____ IEP/GIEP/504

**If student has an IEP/504/GIEP please contact Jackie Kline @
570-522-3261 or email documents to: kline_j@lasd.us**

Special Ed Department FAX: 570-522-3279

Joy Rager Smith

Registration
Lewisburg Area School District

**Lewisburg Area School District
Supplementary Registration Form**

The supplementary registration form has been developed so that school district personal may have immediate information concerning individuals who are permitted:

1. to have access to your child's school record,
2. to have the right of access to confer with your child during school hours and,
3. to have the right to take your child from school during the school day.

Prompt completion and return of this form will help to assure your rights and your child's rights to privacy regarding School records and will help to ascertain the rights of others, if any, to access your child at school.

You are asked to keep your child's principal informed regarding any changes in registration which may occur during the school year.

You are asked to complete the following items for your child's safety and protection and so your rights and the rights of others may be upheld. Please mark all that apply.

* Legal, full name of child _____

____ I am one of two parents of this child who reside in the home.

Name of other parent: (natural or adoptive) _____

____ I am single parent. Name of other natural parent (optional): _____

Comment: _____

____ * I am custodial parent for this child. Name of non custodial parent: _____

Comment: _____

____ * I have joint custody of this child with:

Name of other parent: _____

Address of other parent: _____

Comment: _____

____ * I am legal guardian of this child.

Comment: _____

____ * I am foster parent of this child.

Name of parent (s) of child: _____

Address of parent (s) of child: _____

* Starred items require a copy of legal documentation to verify information or to establish stated relationship and rights or prohibition of the rights of others to converse with the child in school or to take the child from school.

Signature: _____ Date: _____

Comments: _____

Prompt completion and return of this form will help to assure your rights and your child's rights to privacy Regarding school records and will help to ascertain the rights of others, if any, to access to your child at school.

You are asked to keep your child's school principal informed regarding any changes in registration which may occur during the school year. Please contact your child's school principal should you have any questions regarding any of the information in this packet.

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Home Language Survey

(This is used for assessment and placement purposes. Obtaining this information is required by law in the U.S.A.)

Name of Student:

| | |
|-------------|------------|
| Family Name | Given Name |
|-------------|------------|

Completed years in school _____ Age _____

1. Which language did your child learn when he or she first began to talk? _____
2. What language does your child most frequently use at home? _____
3. What language do you use most frequently to speak to your child? _____
4. What language is most often spoken by the adults at home? _____
5. What is the country of birth for your child? _____
6. What date or school year did your child first start school in the United States? _____
7. How many years has your child attended school in the United States? _____

Signature of parent/guardian: _____

Student Name _____ Date _____

**1. Has your child been receiving any of the following services?
Please Check any and all that apply**

- _____ Remedial/Title 1 Reading
- _____ Remedial/Title 1 Math
- _____ Instructional Support Team or other pre-referral system
- _____ Counseling
 - _____ In School
 - _____ Private Agency

What was the purpose of the counseling? _____

_____ Special Education Services

Please note area of Disability _____

- _____ Learning Support Program
- _____ Emotional Support Program
- _____ Life Skills Support
- _____ Other: Please note type _____

_____ Related Services

- _____ Speech Therapy
- _____ Social Worker Support
- _____ Physical Therapy
- _____ Occupational Therapy
- _____ Vision Therapy
- _____ Hearing Therapy
- _____ Other: Please note type _____

_____ 504 Service Agreement:

Please note area of Disability _____

_____ Gifted/Enrichment Support

_____ Has your child ever been enrolled previously in the Lewisburg Area School District?

If so, when (year) _____ what grade? _____

Lewisburg Area School District

March 27, 2017

Dear Parent/Guardian:

Recently, you registered your child to attend Lewisburg Area School District. The Pennsylvania Department of Health recently updated the school immunization law. The new law no longer permits a provisional period for new students. Upon review, we have determined that your child will need additional immunizations before he/she may start school on August 23, 2017.

The school nurse must have a record indicating that your child had the immunization(s) listed below. If the school does not receive a written record of the immunizations, **your child may not attend school.**

Please contact your child's health care provider to schedule an appointment as soon as possible (Note: although a physical examination is not required to be completed before school starts, students in kindergarten, 6th and 11th need a physical examination to fulfill the state requirement). Updated vaccine records may be brought and given to registration or faxed to the appropriate school buildings: Kelly 570-522-3296; Linntown School 570-522-3330; Middle School 570-522-3331; High School 570-524-9484.

We appreciate your prompt attention to this matter so that your child is not excluded from school in the fall.

Sincerely,

The Lewisburg Area School Nurses

If you have any questions please call the school nurse for the building your child is in.

The following immunization(s) are required before your child may attend school. The required immunizations are indicated with a before the immunization.

DTaP, DTP

MMR

Polio

Varicella

Hepatitis

Meningococcal (7th grade & 12th Grade).

Tdap (7th grade)

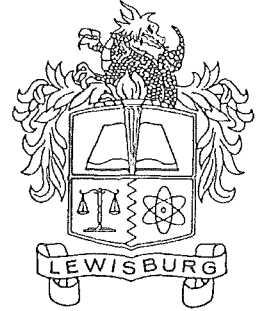
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The Nature and Purpose of This Health Record

I understand that the information I give to the School Nurse is important for the school staff to understand and help the health and education of my child.

I understand that the information will be kept confidential by the School health staff. It will be shared with other professionals in the school and in other institutions only when the School Nurse and/or School Physician believe that it is the best interest of my child's health and education

Copies of the health record will be sent to other agencies whom request it only with my written consent.

Child's name _____

- A. Pennsylvania State Law Requirements:
- B. Dental examinations in kindergarten, third and seventh grades.
- C. Health Screenings:
 - Growth (height & weight)-yearly
 - Vision-yearly
 - Hearing- kindergarten through third, seventh and eleventh grades.
 - Scoliosis-sixth grade (done during the physical examination) and seventh grade by the school nurse.

I understand that I will be informed of any abnormal results of examinations and screenings given to my child.

I give my permission for the following:

Health history

Screening tests for: growth, vision, and hearing.

Signature of Parent/Guardian: _____ Date _____

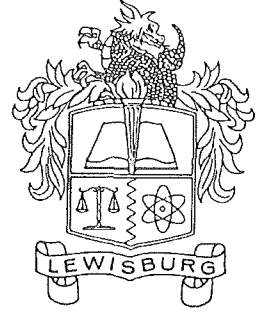
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Parental Registration Statement

Student Name _____
Date of Birth _____
Parent or Guardian Name _____
Address _____
Telephone Number _____

Pennsylvania School Code § 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 or is presently suspended or expelled from any public or private school of this Commonwealth or any other state for an act of offense involving weapons, alcohol or drugs, or willful infliction of injury to another person or for any act of violence committed on school property."

Please complete the following:

I hereby swear or affirm that my child was _____ was not _____ previously suspended or expelled, or is _____ is not _____ presently suspended or expelled from any public or private school of this Commonwealth or any 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. §13-1304-A (b) and 18 Pa C.S.A. § 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:

Name of the school from which student was suspended or expelled:

Dates of suspension or expulsion: _____
(Please provide additional schools and dates of expulsion or suspension on back of this sheet.)

Reason for suspension/expulsion (optional) _____

Signature of Parent or Guardian, _____ Date: _____

Any false statement made above shall be a misdemeanor of the third degree.
This form shall be maintained as part of the student's disciplinary record.

Lewisburg Area School District

Student Name _____

In compliance with new federal guidelines on ethnic reporting we are requesting that you answer the following two questions concerning the race/ethnicity of your son/daughter. (If you decline to answer these questions, a racial category will be assigned by the LASD).

1) Is your child Hispanic/Latino?

(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Yes

No

2) Please select one or more races from the following list:

American Indian or Alaska Native

A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.

Asian

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American

A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander

A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White

A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

LEWISBURG AREA SCHOOL DISTRICT
HEALTH UPDATE FORM (TO BE COMPLETED BY PARENT/GUARDIAN)

Name _____ DOB _____ Teacher _____ Grade _____

List all medication allergies _____

List all food allergies _____

Has your child ever needed *emergency* treatment for an insect/bee sting? _____

Does your child need a Special Diet? _____

List any illnesses/health concerns of your child _____

Is your child under medical treatment for any of the above listed illnesses/health concerns?

Has your child been admitted to the hospital in the last year?

If yes, explain _____

List the year of any diseases, operation, or major injuries your child has had: _____

List any medications your child regularly takes at home. _____

List any medications your child will need to take at school. _____

Please specify the name and date of any immunizations your child has received in the past year.

10th & 11th grade students only: give *dates* if applicable:

Chickenpox disease _____ Varicella _____ Hepatitis B #1 _____ #2 _____ #3 _____

*The above health information is provided to ensure that my child will have a safe and healthy school experience. At times, this confidential information may need to be shared with others on a need to know basis. I give permission for this information to be shared if necessary with emergency/hospital personnel, chaperones during school sponsored trips, teachers, bus drivers, administration, counselors, playground/cafeeteria aides, coaches, and/or as needed with other school personnel involved with my child. (Please circle those whom may NOT receive this health information.)

MEDICATION PERMISSION

I give permission for my child, _____ to receive the following medications from the school nurse or other persons designated by a principal and trained by a school nurse, when indicated, in school. I release the Lewisburg Area School District and personnel from all liability in medicating my child. These non-prescription medications will be used for minor complaints and are NOT intended for continuous, frequent use. School personnel will administer these medications at their discretion and have the right to refuse to medicate.

Please check:

| | | | |
|---------------------------------|----------------|----------------------------|----------------|
| Acetaminophen (generic Tylenol) | Yes ___ No ___ | Throat Lozenges (generic) | Yes ___ No ___ |
| Ibuprofen (generic Advil) | Yes ___ No ___ | Anbesol (or generic brand) | Yes ___ No ___ |
| Antacid (generic Tums) | Yes ___ No ___ | Hydrocortisone Cream 1% | Yes ___ No ___ |
| Cough Drops (generic) | Yes ___ No ___ | Triple Antibiotic Ointment | Yes ___ No ___ |

Signature of parent/guardian _____

Date _____

Emergency Form
Lewisburg Area School District

Please update and/or complete the information below and return it to your child's homeroom teacher. All forms MUST be returned and signed, even if there are no changes.

Student's Name: Homeroom: Grade: Bus Number:

Birthdate: Gender: Phone:

Mailing Address: City: State: Zip:

Mother: Father:

Mother's Address: Father's Address:

Mother's Phone: Father's Phone:

Mother's E-mail: Father's E-mail:

Mother's Cell: Father's Cell:

Mother's Employer: Father's Employer:

Mother's Day Phone: Father's Day Phone:

Student lives with (circle one): Mother Father Both Other (list) _____

If the school must contact a parent, please indicate first contact choice:

In the event of an emergency or illness, the parent/guardian(s) will be contacted first. Please list several other contacts who may act on your behalf, discuss your child's health issues with school personnel, and/or may take your child home in the event that we are unable to contact you.

Contact #1 Name: Phone: Relationship:

Contact #2 Name: Phone: Relationship:

Contact #3 Name: Phone: Relationship:

Siblings: (List names, ages, and grade in school)

Elementary Only:

Before school program:

After school program:

Family Healthcare Provider/Physician:

Phone:

Medical Insurance Company:

Policy #:

Hospital of choice:

The above information can be shared in emergency situations, during school-sponsored trips, or as needed with school personnel involved with my child. I give permission for the staff of Lewisburg Area School District to transport or to make arrangements for the transportation of my child to emergency care and to sign for permission for treatment declared medically and immediately necessary by a physician in the event that the persons above cannot be reached.

Parent/Guardian Signature _____ Date _____