

BERLIN BROTHERSVALLEY SCHOOL DISTRICT

Enrollment Form

STUDENT INFORMATION (PARENT/GUARDIAN COMPLETES PAGES 1-4)

REGISTRATION DATE: _____ OFFICIAL START DATE: _____

Last Name:		First Name:		Middle Name:	Suffix:
Birthday: ____ - ____ - ____ - ____ (MM - DD - YYYY)		Gender: F M	Current Grade Level:	Home Phone:	
Address:			Mailing Address (if different):		
City:	State:	ZIP Code:	District of Residence:		
Hispanic or Latino? <input type="checkbox"/> Yes or <input type="checkbox"/> No	Race: (check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hispanic				

PARENT/GUARDIAN INFORMATION

Father Last Name:		Father First Name:		Father's Home Phone:	
Father's Employer:		Father's Work Phone:		Father's Cell Phone:	
Address: (if different than student)				Father's Day Phone:	
City:	State:	ZIP Code:			
Mother Last Name:		Mother First Name:		Mother's Home Phone:	
Mother's Employer:		Mother's Work Phone:		Mother's Cell Phone:	
Address: (if different than student)				Mother's Day Phone:	
City:	State:	ZIP Code:			
Email #1:	Email #2:	Email #3:			
Guardian Last Name:		Guardian First Name:		Guardian Middle Name:	
Guardian Relationship:		Guardian's Day Phone:		Guardian's Cell Phone:	

LEGAL CUSTODY

Who has legal custody of student? Both Parents Father Mother Other: _____

Please explain any custody agreements the school should know about:

Provide court documents with custody and guardian information.

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STUDENT'S NAME:

BIRTHDATE:

INFORMATION FOR MEDICAL EMERGENCIES

Persons designated below will be the ONLY persons (other than parents) contacted by the school in the event of an emergency.

Name:	Relationship:	Phone#
Name:	Relationship:	Phone#
Name:	Relationship:	Phone#
After school child care (if applicable):		Phone#
Family Doctor:		Phone #
Family Dentist:		Phone#
Medical Insurance:	Policy#	Group#

Allergies/Health Concerns:

Daily Medications/Dosages:

I **give my consent** to the staff of the Berlin Brothersvalley School District to transport or to make arrangements for the transportation of my child to emergency medical care. Hospital Preference: _____

(Signature of Parent/Guardian)

(Date)

Consent for Medications and Treatments:

The following are standing orders for medications and treatments available for your child at school. These will be administered under the supervision of the school nurse, principal or designee.

- Tylenol (acetaminophen) 80-650 mg every 4 hours as needed for headaches, menstrual cramps, pain, toothaches, or oral temperature of 100 degrees F or above (dosage at the discretion of the nurse depending upon student's age & size)
- Advil (ibuprofen) 200 mg. (1or 2 tablets) for **students ages 12 or older** every 4 to 6 hours as needed for pain, menstrual cramps, orthopedic injuries and severe headaches (dosage at the discretion of the nurse depending upon the student's age and size)
- Extra Strength antacid (1 or 2 tablets) for an upset stomach (dosage at the discretion of the nurse depending upon student's age and size.)
- Non-prescription cold and cough medications, as requested and provided by parent or guardian, in the original container, and with written consent.
- Cough drops, mouthwash, Chloraseptic throat spray, or salt water gargle for sore throats or cough
- Caladryl, Calagel or Calamine lotion for insect bites, stings, rashes or skin irritations
- Campho-Phenique for mouth ulcers or irritated gums
- Blistex or Campho-Phenique for cold sores (fever blisters)
- Anbesol for toothaches
- Hydrogen peroxide or Betadine for cleansing wounds
- Alcohol 70% for insect bites or stings, cleansing skin or pierced ear irritations
- Solarcaine Spray with Aloe for minor burns and sunburn
- Ice and/or cold water for recent injuries, burns, insect bites or stings, headaches, injuries and localized infections
- Cotton for earaches
- Dry dressing and triple antibiotic ointment for abrasions, lacerations and wounds
- Benadryl Liquid (diphenhydramine) 12.5 mg. /5ml. (2 or 3 teaspoons) as needed for minor allergic reactions (dosage at discretion of the nurse depending upon the student's age and size)
- EpiPen, Jr., or EpiPen for severe allergic reactions
- Naloxone 4mg in 0.1mL intranasal spray to student suspected of opioid overdose. May repeat every 2 -3 minutes, if available, until the person responds or emergency medical help is received.

I **give my consent** for the above medications and treatment to be administered to my child as his/her condition warrants by a licensed nurse.

(Signature of Parent/Guardian)

(Date)

I **do NOT** give my consent for any of the above medications and treatments.

(Signature of Parent/Guardian)

(Date)

BERLIN BROTHERSVALLEY SCHOOL DISTRICT

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STUDENT'S NAME:

BIRTHDATE:

PREVIOUS SCHOOL INFORMATION

Name of School:

Address:

Phone:

Fax:

City:

State:

ZIP Code:

Was student ever enrolled in a Pennsylvania Public School? Yes No

If yes, State Entry Date:

Repeating Last Year: Yes No

I. E. P. Student: Yes No If yes, what Type:

Special Programs/Needs:

SCHOOLMESSENGER – EMERGENCY CONTACT INFORMATION

SchoolMessenger is the district's notification system about school closings, emergencies, early dismissals, transportation delays, special events and any other type of information pertaining to Berlin Brothersvalley.

The following phone numbers will be notified through SchoolMessenger:

Home Phone, Father's Home Phone, Father's Cell Phone, Mother's Home Phone and Mother's Cell Phone.

To Receive Text Messages: Text 'Y' to 68453.

Berlin Brothersvalley does not charge for text messages, however it does not pay for charges that may be incurred by you.

Name(s) of all school-age students in household:

Grade:

1. _____
2. _____
3. _____
4. _____

Pennsylvania School Code 13-1304-A

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 suspended or expelled from any public or private school of the Commonwealth or any state for an act of offense involving weapons, alcohol, or drugs, or the 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 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 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.

Signature of Parent/Guardian:

Date:

*Name of school from which student was suspended or expelled; reason for suspension/expulsion; and dates of suspension/expulsion

*Any willful 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.

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STUDENT'S NAME:

BIRTHDATE:

CAFETERIA INFORMATION

Free and Reduced Lunch Program: Yes No Applying

PDE Home Language Survey

1. What is/was the student's first language?

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

If yes specify the language(s): _____

3. What language(s) is/are spoken in your home?

4. 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

_____	_____	_____
_____	_____	_____
_____	_____	_____

PARENT/GUARDIAN SIGNATURE

By signing this form, I am verifying that we are residents of the Berlin Brothersvalley School District, Berlin, PA. I understand that I may be required to present proof of residence to the school district if requested at anytime during my student's enrollment. I acknowledge the information provided is accurate.

Parent/Guardian Signature:

Relationship to Student:

Date:

BERLIN BROTHERSVALLEY SCHOOL DISTRICT INFORMATION

(SCHOOL OFFICIAL COMPLETES)

Advisor/Homeroom Teacher:

Homeroom #

Student ID #

Grad. Year:

Locker #

Combination #

Bus Information:

Additional Information:

BERLIN BROTHERSVALLEY SCHOOL DISTRICT

STUDENT'S NAME: _____

BIRTHDATE: _____

PENNSYLVANIA – ENROLLMENT INFORMATION

(SCHOOL OFFICIAL COMPLETES)

Repeating Last Year: Yes No

Foreign Exchange Student: Yes No

Grade 9 Entry Date: _____

District Entry Date: _____

School Entry Date: _____

State Entry Date: _____

Primary Language spoken in home: English Other: _____

Country of Birth: U.S. Other: _____

If Other Country,
U.S. Entry Date: _____

City of Birth: _____

State of Birth: _____

Birth Date Verification Code (Please Check One):

- 1003 Baptismal or Church Certificate
- 1004 Birth Certificate
- 1005 Entry in Family Bible
- 1006 Hospital Certificate
- 1007 Parents Affidavit
- 1008 Passport
- 1009 Physician's Certificate
- 1010 Previously verified school records
- 1011 State-issued ID
- 1012 Driver's License
- 2382 Life Insurance Policy
- 3424 Other non-official document
- 3423 Other official document

- Please attach a copy of the Birth Date Verification Form.
- If the student has a guardian, please attach Verification of Guardianship.

Pennsylvania State Information (If Applicable):

- Econ. Disadv. Migrant ESL (ELL) Special Education
- IEP 504 Plan Title I Homeless HSTW GIEP

Enrollment (Please Check one):

- Regular Tuition Home School
- Foster Loco Parentis Cyber

Entry Code:

E1- Student who was enrolled in district.

PA Residence Code: (Please Check One)

- PA Resident
- Other (Specify) _____

PA Secure ID # _____

PA Grade Code: (Please Check One)

- Grade 1-12
- 5-year-old Kindergarten
- Unspecified Elem.
- Unspecified Secondary

SCHOOL DISTRICT SIGNATURES

Preparer's Signature: _____

Date: _____

Principal's Signature: _____

Date: _____

Rec'd in Building Office: _____

Date: _____

Rec'd in Admin Office: _____

Date: _____

BERLIN BROTHERSVALLEY SCHOOL DISTRICT

Enrollment Form

(SCHOOL OFFICIAL COMPLETES)

**Cafeteria Information
(Please give this form to Cathy Berkebile)**

First:	Last:	Middle:
Grade:	Birth Date:	Student ID#:
Parent/Guardian Name:		
Student Address:		
Telephone:		
Cell Phone:		
Homeroom Teacher:		
Free and Reduced Lunch: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Applying		

BERLIN BROTHERSVALLEY SCHOOL DISTRICT

Enrollment Form

(SCHOOL OFFICIAL COMPLETES)

McIlwain Bus Lines Registration

**This form needs completed for ALL Students, including walkers.
(Please give this form to Lori Gindlesperger)**

First:	Last:	Middle:
Grade:		Student ID#:
Name(s) of siblings:		Grade:
-----		-----
-----		-----
-----		-----
-----		-----
-----		-----
Parent Names:		
Home Address:		
Home Phone:	Cell Phone:	
Please Describe where you live:		
Will you be picked up/dropped off at home? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If not, where?		
Bus Route #: _____		
Driver: _____		

Berlin Brothersvalley School District
Permission to Photograph

From time to time we will be using pictures of Berlin Brothersvalley students in class, on field trips, and at play for school publications and press releases. For privacy reasons student names will not be used on the website.

Berlin Brothersvalley School District has my permission to use photographs of my child/children for the school website, and other school related publications, as well as in press releases or media coverage.

Student Name (print) _____

Parent Name (print) _____

Parent Signature _____