

BERLIN BROTHERSVALLEY SCHOOL DISTRICT

1025 Main Street, Berlin, PA 15530 814-267-4621 Fax:814-267-6060

Enrollment Form

REGISTRATION DATE: _____

OFFICIAL START DATE: _____

Student Information

Student Name:

Last First Middle Suffix

Address:

Street Address Apartment/Unit #

City State ZIP Code

Mailing Address:

(Only if different) _____
Street Address City State ZIP Code

Home Phone: _____ Birth Date: _____ Gender: F M Current Grade: _____

Race: (✓ all that apply) White Black Hispanic Asian American Indian/Alaskan Native Hawaiian/Pacific Islander Multiracial

Residency: (Provide Proof of Residency) Resident Non-Resident: District of Residence _____

Emancipated Minor Foster Homeless: (If ✓, complete Student Residency Questionnaire, Pg.4)

Has Student previously attended Berlin Brothersvalley School District? Yes No If Yes, when: _____

City of Birth: _____ State: _____ Country: _____

Parent/Guardian Information

Student resides with: Both Parents Mother Father Other(Specify) _____

Legal Custody(if Applicable): Both Parents Mother Father Other(Provide Court Documents) _____

Mother/Guardian: _____
Home Phone: _____ Cell Phone: _____

Employment: _____
Work Phone: _____ Day Phone: _____

Address(if different) _____ Email: _____

Father/Guardian: _____
Home Phone: _____ Cell Phone: _____

Employment: _____
Work Phone: _____ Day Phone: _____

Address(if different) _____ Email: _____

School-Age Siblings in Household

NAME	DATE OF BIRTH	GRADE

SchoolMessenger – Notification System

SchoolMessenger is the District's notification system about school closings, emergencies, early dismissals, delays, etc.

The phone numbers notified will be: Father's Home & Cell, AND Mother's Home & Cell.

To Receive Text Messages: Text 'Y' to 67587

Emergency Contact Information

NAME	RELATIONSHIP	PHONE #

Previous School Information

Name of School: _____

Street Address: _____ **City:** _____ **State:** _____ **ZIP:** _____

School Phone #: _____ **Fax #:** _____ **Date Exited School:** _____

State Entry Date: _____ **9th Grade Entry Date:** _____ **IEP Student:** Yes No **504 Plan:** Yes No

Other information which may be helpful to staff: _____

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 is presently suspended or expelled from any public or private school of the Commonwealth or any other state for an action of offense involving a weapon, 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, or ___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 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:** _____

If this student has been or is presently suspended or expelled from another school, please complete:

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

Dates of suspension or expulsion: _____ Reason for suspension/expulsion (optional) _____
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.

Home Language Survey

The Office of Civil Rights requires that school districts identify limited English proficient (LEP) students in order to provide appropriate language instructional programs for them. Pennsylvania has selected the Home Language Survey for identification.

What is/was the student's first language?: _____

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

If Yes, specify the language(s): _____ What language(s) is/are spoken in your home?: _____

Has the student attended any other school in the United States during his/her lifetime?: Yes No If Yes, please specify:

Name of School	State	Dates Attended

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:** _____

Health Information

Student Name: _____
Last *First* *Middle* *Suffix*

If you have someone keeping your child after school, please indicate below:

Name: _____ Phone#: _____

Family Doctor: _____ Phone#: _____

Family Dentist: _____ Phone#: _____

Medical Insurance: _____ Policy#: _____ Group#: _____

Student's Health Condition(s)/Problem(s): _____

Daily Medications and Dosages: _____

Allergies: _____

If you do not want this information shared with faculty, please notify the School Nurse at 267-3941 or e-mail rritchey@bbsd.com.

I give permission 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 by a licensed nurse.

- 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 and 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 to 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 _____

For Office Use Only (School Official Completes)

Student Name: _____
Last *First* *Middle* *Suffix*

District Entry Date: _____ **Entry Code:** E01:Student enrolled in District **Student #** _____

Graduation Year: _____ **Repeating Last Year:** Yes No **PA Secure ID#:** _____

Homeroom Teacher: _____ **Homeroom #:** _____ **Locker #:** _____ **Combination:** _____

Bus Route #: _____ **Additional Information:** _____

Proof of Child's Age (copy attached):

Current Proofs of Residency (check all that apply/copies attached):

- Birth Certificate
- Baptismal Certificate
- School Record
- Hospital Record
- Passport
- Notarized Statement from Parent

- Tax Statement
- Mortgage Statement
- Vehicle Registration
- Official Public Assistance
- Driver's License/State ID
- Utility Bill

- Lease (Signed & Notarized)
- Social Security Letter/Document
- Voter Registration Card
- Bank Statement
- Credit Card Statement
- Other _____

Pennsylvania State Information (check all that apply):

- Free/Reduced Lunch Migrant ESL Special Education IEP 504 Plan Title I Homeless GIEP Foreign Ex.

*If Homeless is , please complete Student Residency Questionnaire below:

<p>SECTION A</p> <ul style="list-style-type: none"> <input type="checkbox"/> In an emergency or transitional shelter <input type="checkbox"/> Sharing the housing of other persons due to loss of housing, economic hardship, or similar reason <input type="checkbox"/> In a motel, hotel, campsites, or cars due to a lack of alternative adequate accommodations <input type="checkbox"/> In a car, park, public spaces, abandoned building, substandard housing, bus/train stations or similar <input type="checkbox"/> Other places not designed for, or ordinarily used as a regular sleeping accommodation for humans <input type="checkbox"/> Living without running water, heat or electric services 	<p>SECTION B</p> <p><input type="checkbox"/> None of the choices in Section A Apply.</p>
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Processed by: _____ **Date:** _____

Forms Sent To Appropriate Office

Enrollment Form Pages 1 and 2	Building Office, Secretary
Health Information Page 3	Rocky Ritchey, Nurse
"For Office Use Only" Page 4	Deborah Sprows, PIMS
Cafeteria Information Page 5	Cathy Berkebile, Food Services
Bus Registration Page 6	Lori Gindlesperger, Transportation

Cafeteria Information (School Official Completes)

Student Name: _____
Last First Middle Suffix

Grade: _____ **Birth Date:** _____ **Homerom Teacher:** _____ **Student #:** _____

Parents/Guardians: _____

Student's Address: _____
Street Address Apartment/Unit# City State ZIP

Home Phone #: _____ **Cell Phone #:** _____

Free and Reduce Lunch?: ___Yes ___No ___Applying

Bus Registration (School Official Completes)

This form needs completed for ALL students, including walkers.

Student Name: _____
Last First Middle Suffix

Grade: _____ **Student #:** _____ **Official Start Date:** _____

Parents/Guardians: _____

Home Address: _____
Street Address Apartment/Unit# City State ZIP

Home Phone #: _____ **Cell Phone #:** _____

Name(s) of School-Age Studentss in Household:	Grade:

Will student be picked up/dropped-off at home? Yes No If not, where? _____

Describe student's location: _____

Bus Route #: _____

Driver: _____