

# 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 \_\_\_\_\_

Student's parent/guardian is active duty military  Emancipated Minor  Foster  Homeless: (If ✓, complete 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:** \_\_\_\_\_ **9<sup>th</sup> 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 is the dominant language 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 [ritchey@bbsd.com](mailto:ritchey@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 \_\_\_\_\_

## State Reporting Information

**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):

<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Baptismal Certificate <input type="checkbox"/> School Record <input type="checkbox"/> Hospital Record <input type="checkbox"/> Passport <input type="checkbox"/> Notarized Statement from Parent	<input type="checkbox"/> Tax Statement <input type="checkbox"/> Mortgage Statement <input type="checkbox"/> Vehicle Registration <input type="checkbox"/> Official Public Assistance <input type="checkbox"/> Driver's License/State ID <input type="checkbox"/> Utility Bill	<input type="checkbox"/> Lease (Signed & Notarized) <input type="checkbox"/> Social Security Letter/Document <input type="checkbox"/> Voter Registration Card <input type="checkbox"/> Bank Statement <input type="checkbox"/> Credit Card Statement <input type="checkbox"/> Other _____
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**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><b>SECTION A</b></p> <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><b>SECTION B</b></p> <input type="checkbox"/> None of the choices in Section A Apply.
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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

Student Name: \_\_\_\_\_  
*Last* *First* *Middle* *Suffix*

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

*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:** \_\_\_\_\_