

Cambria Heights School District
Elementary School
~ Student Entry Form ~

Student Information

This information is required by the PA Dept. of Education PIMS System

Last Name First Name Middle Name (not initial) Suffix

Entering Cambria Heights from what School District (name & address) _____

Current Grade Gender Date of Birth Place of Birth Birth Certificate Number

With Whom Does Student Live? Mother Father Both Parents Foster Other

If other or Foster Name and Relationship to Student If Student is in Foster Care ~ District of Residence of Parent

Student PO Box Student Street Address Student City and Zip Code Home Phone Number

Fathers Name (last, first) Mother's Name (last, first)

Father's Street Address (if different from student) Father's Home Phone Mother's Street Address (if different from student) Mother's Home Phone

Father's City, State and Zip Code Father's Cell Phone Mother's City, State and Zip Code Mother's Cell Phone

Does your child have a custody order in place? _____ If so, please provide the office with a copy.

Does your child have an IEP for one of the following disabilities? No _____ Yes _____ If yes, please check appropriate selection below:

Autism _____ Hearing Impairment _____ Gifted _____ Emotional Disturbance _____ Specific Learning Disability _____
Visual Impairment _____ Orthopedic Impairment _____ Speech/Language Impairment _____ Multiple Disabilities _____

Does your child have a 504 Plan? No _____ Yes _____

Are student's parent(s)/Guardian active duty or (full-time reserve or National Guard) members? No _____ Yes _____

Ethnicity: (Must choose one) _____ Hispanic _____ Non-Hispanic

Race: _____ Hispanic (use if Ethnicity is Hispanic) If student is Non-Hispanic choose from the following:
_____ Black or African American _____ White _____ American Indian/Alaskan Native
_____ Multi-Racial (not including Hispanic) _____ Asian _____ Native Hawaiian or Pacific Islander

Signature of Parent/Guardian Date Preferred Automated Emergency Notification System - Phone Number

OFFICE USE ONLY:

Route Registration form to:

Signature of Building Principal Date

Building Office - Original
Special Education Office _____
Nurses Office _____
Guidance Office _____
Scheduling _____

HomeRoom: _____ PA Secure ID: _____ CHES ID: _____

Proof of Residency _____

Building Code: 7347 ELL: No _____ Yes _____ Homeless: No _____ Yes: _____

Cambria Heights School
Emergency Contract/Permission Form (Please Print)

Student Name _____ Grade _____ Homeroom _____

Gender _____ Birthdate _____ ID# _____ Telephone _____

Home Address _____

***Please list contacts in order to be called** (example – Contact 1 – Primary contact (Mother or Father)

In case of emergency, illness or accident to your child during school hours, the school may contact:

Contact 1 _____ Relationship _____

Home Phone _____ Cell Phone _____ Work Phone _____

Contact 2 _____ Relationship _____

Home Phone _____ Cell Phone _____ Work Phone _____

Contact 3 _____ Relationship _____

Home Phone _____ Cell Phone _____ Work Phone _____

Contact 4 _____ Relationship _____

Home Phone _____ Cell Phone _____ Work Phone _____

Contact 5 _____ Relationship _____

Home Phone _____ Cell Phone _____ Work Phone _____

Emergency Information:

Doctor _____ Telephone _____

Dentist _____ Telephone _____

Health Information:

List of Chronic Conditions (add any if needed):

List any **NEW** Medical Conditions, Allergies, and serious injuries since last year:

List **All** Prescription Medication(s), including dosage:

Does your child require any prescription medication during school hours? Yes _____ No _____

Please list medications: _____

I give permission for my child to be administered the following by school health personnel:

Tylenol: Yes _____ No _____ (please initial one)	Antacid: Yes _____ No _____ (initial one)
Advil: Yes _____ No _____ (please initial one)	Cepacol Loz: Yes _____ No _____ (initial one)

This information will be shared with Cambria Heights Staff

Signature of Parent/Guardian _____ Date _____

Cambria Heights School District

Student Residency Questionnaire

The McKinney-Vento, as amended by the No Child Left Behind Act of 2001, defines homelessness and outlines the rights of homeless students. Your responses to these questions will help staff determine what residency documents are necessary for enrollment of your child(ren). Thank you for your cooperation.

1. Student name: _____ Birth Date: _____

2. Person completing form: _____

Relationship to child: _____

3. In what type of setting is the student living now: Please check one box below:

Section A	Section B
<p><input type="checkbox"/> In an emergency or transitional shelter</p> <p><input type="checkbox"/> Sharing the housing of other persons due to loss of housing, economic hardship, or similar reason</p> <p><input type="checkbox"/> In a motel, hotel, campsites, or cars due to a lack of alternative adequate accommodations</p> <p><input type="checkbox"/> In a car, park, public spaces, abandoned building, substandard housing, bus, or train stations, or similar settings</p> <p><input type="checkbox"/> Other places not designed for, or ordinarily used as regular sleeping accommodations for human beings</p>	<p><input type="checkbox"/> None of the choices in Section A apply to my family.</p> <p>STOP</p> <p>IF YOU CHECKED THIS SECTION, YOU DO NOT NEED TO COMPLETE THE REMAINDER OF THIS FORM. PLEASE SUBMIT THIS FORM TO SCHOOL PERSONNEL.</p>
CONTINUE TO QUESTION 4 IF YOU CHECKED ANY BOX IN SECTION A	

4. Contact number for person completing the form: _____

5. Address where the student is now living: _____

6. The student lives with: Check all that apply

☐ Parent(s) or legal guardian

☐ Relative, friend(s), or other adults

☐ Alone

☐ Other: _____

7. School student attended last: _____
Address of school: _____

Telephone number of school: _____
Contact person at school (if known): _____

8. Does the student have an IEP or a Chapter 15/504 agreement?

____ NO

____ YES, please explain _____

The staff person who is helping you register will contact the Homeless Liaison/Homeless Coordinator to review the information provided. If homelessness is verified, additional information will follow to assist your child(ren). You will be contacted by the Homeless Liaison or Homeless Coordinator with additional information.

Signature of Parent/Legal Guardian:

Date: _____

NOTE TO STAFF: All forms with a checked box in **Section A** are to be faxed or given **immediately** to the Homeless Liaison to eliminate any delay.

CH Homeless Liaison
Eric Nagel
(814) 344-8506 ext. 1016

Regional Homeless Coordinator
Andrea Sheesley, IU28
(724) 463-5300 ext. 1235



HOME LANGUAGE SURVEY

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.

Student Information (Parents/Guardians should complete this section):

Child's first name: _____

Child's family name: _____

Child's Date of Birth: _____
(Month/Day/Year)

Questions for Parents or Guardians

1. Is a language other than English spoken in the child's home? ☐ No ☐ Yes (language) _____
2. Does your child communicate in a language other than English? ☐ No ☐ Yes (language) _____
3. What is the language that your child first learned to speak? _____

Parent/Guardian Signature: _____ Date: _____

Interpreter Provided ☐ No ☐ Yes

Cambria Heights School District

Transportation Information

Student Name: _____ Grade: _____

Address: _____

Parent or Guardian: _____

Home Phone Number: _____

Cell Phone Number: _____

Emergency Contact: _____

Siblings and their transportation information:

Exact house location, description (color, type)

Nearest School Bus Stop: _____

Comments: _____



Cambria Heights School District

Information for Permanent Health Record Registration

Please complete registration form and return to the school nurse

Student's Last Name, First Name _____ Date of Birth _____

CHILD'S MEDICAL HISTORY –Does your child have or has he/she ever had any of the following:

	Yes	No	Comments or Details
Allergies			
Asthma			
Cardiac (Heart)			
Diabetes			
Gastrointestinal Disorder			
Hearing Disorder			
Neuromuscular Disorder			
Orthopedic Condition			
Respiratory Illness			
Seizure Disorder			
Skin Disorder			
Vision Disorder			
Other(s)			

Is your child at present under medical treatment?	Yes		No	
Does your child have any physical/ gym restrictions?	Yes		No	
Is your child on a doctor prescribed special diet?	Yes		No	
Is your child on any medication at the present time?	Yes		No	

List any medications your child takes regularly _____

****IF MEDICATION IS TO BE TAKEN DURING SCHOOL HOURS, PLEASE HAVE THE SPECIAL MEDICAL FORM COMPLETED**

List any Medical Conditions that Cambria Heights would need to know in order to provide for the safety of your child.

****Note:** This information will be shared with the teacher(s) or other staff if an emergency occurs or the nurse determines that it's necessary.

Date _____ Parent/Guardian's Signature _____

Please return a copy of your child's Immunizations with these forms PRIOR to registration.