Kindergarten Registration Appointment Materials

2018-2019 Age Eligibility – a child must be five years of age on or before August 31, 2018. There are no exceptions to this eligibility cutoff date.

Use this checklist to prepare the required documents necessary for registration.

☐ **Proof of Child's Age**
Birth Certificate, Baptismal Certificate, or Valid Passport

☐ **Immunization Records**

☐ **Proof of Residency**
Property Deed or Current Rental Lease and

☐ **Proof of Residency - Supporting Documents (choose 2 from the following list)**
- ☐ *Current Utility Bill*
- ☐ *Current Credit Card Bill*
- ☐ *Current Bank Statement*
- ☐ *Current Mortgage Statement*
- ☐ *Current Vehicle Registration*
- ☐ *Welfare Card*
- ☐ *Property Tax Bill*

☐ **Central Bucks Registration Form and Home Language Survey**

☐ **Central Bucks Health History Form**

☐ **Parent/Guardian Picture Identification**

Central Bucks School District

Registration Application

Official Use

School Year_____

School_____

Date_____

Signature_____

Student Name_____ _____ _____
(Last) (First) (Middle)

Address _____ **Grade** _____ **Date of Birth**_____

_____ **Gender** ☐ **Male** ☐ **Female**

Student Resides with: ☐ **Both Parents (same address)** ☐ **Mother** ☐ **Father** ☐ **Stepparent** ☐ **Guardian/Other***

Residency: ☐ **Resident** ☐ **Foster (1305)** ☐ **Shelter (1306)** ☐ **Guardianship*** **(1302)**

☐ **Own** ☐ **Rent** ☐ **Reside with District Resident**

If both parents reside separately please provide a copy of court order/custody agreement.

Parent/Guardian Name:_____ **Parent/Guardian Name:**_____
(Circle) ***(Circle)***

Address_____**Address**_____

_____ _____

Phone:_____ **Phone:**_____
(Home) **(Home)**

_____ _____
(Cell) **(Cell)**

_____ _____
(Work) **(Work)**

Email:_____ **Email:**_____
Member of Active Military ☐ **Member of Active Military** ☐

* ***If person registering student is other than the biological parents additional documentation is required.***

Guardian Relationship to Student: ☐ **Foster Placement** **Agency Name:**_____

☐ **Stepparent** ☐ **Grandparent** ☐ **Relative** ☐ **Family Friend**

☐ **Court Order Placement** **Date**_____ ☐ **1302** **Date**_____

Please list two <u>local</u> emergency contacts in the event parent/guardian(s) cannot be reached:

1. _____ **Phone (1)**_____ **(2)**_____

2._____ **Phone (1)**_____ **(2)**_____

Central Bucks School District
Student Survey

Student Name_____ **Nickname**_____
Previous schools attended:

School Name	Address	Grades
_____	_____	_____
_____	_____	_____
_____	_____	_____

Birth City_____ **Birth State**_____ **Birth Country**_____

1st PA school enrollment date_____ **1st US School enrollment date**_____

Date entered US_____ **Special Education plans:** **504** ☐ **Yes** ☐ **No** **IEP** ☐ **Yes** ☐ **NO**
Federal Ethnicity ☐ **Hispanic** ☐ **Not Hispanic**
Federal Race (Check One or More): ☐ **White** ☐ **Black/African American** ☐ **Asian**
☐**Native Hawaiian/Pacific Islander** ☐ **American Indian or Alaska Native**

Home Language Survey:

What was the student's first language?_____

Does the student speak a language other than English? _____

What language is spoken in your home?_____

Has the student been enrolled in an ESL/ELL program in the US? ☐ **Yes** **Dates**_____ ☐ **NO**

Siblings/Others living in Household:

Names	Relationship to student	DOB	CB Student
_____	_____	_____	☐
_____	_____	_____	☐
_____	_____	_____	☐

If parents are divorced or separated are you providing the school district with a custody order? _____

By signing below I am allowing Central Bucks School District to register my child as a student. I also certify the information provided on this application is true and accurate and providing false or incomplete information/required registration documentation may delay enrollment.

X_____ **Date**_____
Parent/Guardian Signature

CENTRAL BUCKS SCHOOL DISTRICT

School _____ Date _____

Child's Name _____ Date of Birth _____

Parent's Name _____ Phone _____

Address _____

Please check all the appropriate areas below. You may make additional comments, if desired, on the back of this form.

YES	NO	HEARING
☐	☐	Child has history of ear infection(s). If so, approximate number _____
		Treated by Dr. _____
☐	☐	Child complains of frequent earaches.
☐	☐	Child has "draining ears" and some liquid other than wax has been noted more than once in the outer ear.
☐	☐	Child may have a hearing problem.
☐	☐	Child has a known hearing loss. If so, please describe: _____
		_____

YES	NO	SPEECH AND LANGUAGE
☐	☐	Child has difficulty making and using many sounds.
☐	☐	Child has difficulty making and using a few sounds.
		If possible, list examples: _____
		_____
☐	☐	Child talks very little.
☐	☐	Child speaks one or two words at a time and rarely uses complete sentences.
☐	☐	Child may have a voice problem: pitch, volume, rate, quality (hoarseness, harshness, nasality).
☐	☐	Child is not fluent; repeats, hesitates, prolongs sounds, or grimaces during speech.
☐	☐	Child may need help from the Speech/Language Therapist concerning his/her speech or language development.

Central Bucks School District
School Health Services Health History
(to be completed upon enrollment)

A copy of the student's current immunizations is required to register.

To Parents or Guardian: The following information is requested for our records.

Grade Entering _____ Date _____

Previous school attended _____ State _____

Address _____ City _____

Student's Name _____Home Phone _____
Last First Middle

Birthdate _____ Male☐ Female☐ Parent's Work Phone _____
Month/Day/Year

Mailing Address:_____
Street City/Town Zip

Father _____Mother _____
Last First Last First

Guardian_____ Relationship _____
Last First

Student's Physician _____ Date of last exam _____ Health Insurance_____

Student's Dentist _____Date of last exam _____ Dental Insurance_____

Are Community Services needed? Free Dental and Health Care?☐ Yes ☐No
Free/Reduced Lunch Program? ☐ Yes ☐No

A. Disease History/ Illnesses
Check any of the following and put a date next to all that apply.

Chicken Pox ☐ Lyme Disease ☐ Kidney Disease☐Bleeding Disorder☐
Pneumonia ☐Heart Disease ☐ Gastrointestinal☐Seizure Disorder☐
Diabetes☐ ADD ADHD ☐ Headaches☐Skin Disorder ☐
Please describe:

B. Health History Please check yes or no.

1. Does your child have frequent ear infections or trouble hearing? No ☐Yes ☐
2. Does your child have any trouble with eyes or vision ? No☐ Yes ☐
3. Has your child ever had a serious illness? No☐ Yes☐
4. Has your child ever had any surgery? No☐ Yes☐

Please describe if the answer was "yes" to any of the above questions

C. Allergy History

1. Does your child have any environmental allergies? No☐Yes☐
   Explain
2. Has your child ever had an allergic reaction to **any** medications? No☐Yes☐
   Please describe what happened.
3. Has your child had an allergic reaction to any foods? No☐ Yes☐

Please describe what happened.

4. Has your child ever had an adverse reaction to an insect sting? No ☐ Yes ☐
Please describe what happened.

5. Does your child have asthma ? No ☐ Yes ☐

A. What type of asthma (allergic, exercise induced, etc.)?

B. Your child's best Peak Flow reading

C. Please list any medication(s) your child takes for asthma and the frequency it is taken.

D. **Medication History**

Does your child take medication on a daily basis? No ☐ Yes ☐

Please list any medications taken and describe what the medication is for.

Has your child ever had a serious illness ? No ☐ Yes ☐
What and when ?

E. Social History

Have there been any changes in your family during the past year, such as:
1. Separation, divorce, or remarriage? No ☐ Yes ☐
2. Death or serious illness? No ☐ Yes ☐
3. Any other situation which may affect your son/daughter? No ☐ Yes ☐

If yes, please explain

F: Miscellaneous

Please list any condition your child may have which might limit his/her activities in school. Please include any other comments you think might be helpful.

Thank you for completing this form