

# East Penn School District

Office of Student Registrar  
 Eyer Middle School  
 5616 Buckeye Road  
 Macungie, PA 18062  
 Phone: 484.519.3210

## Registration and Admission Procedures

Welcome to East Penn School District. You are registering your child in a district that is a leader in curriculum, instruction, assessment, and staff development. East Penn is a suburban school district located in Lehigh County, with administrative offices in Emmaus.

Registration of your child will be done at the East Penn School District Central Registration Office. This office is located at Eyer Middle School on Buckeye Road, Macungie. All registrations are by APPOINTMENT ONLY. Please call our Student Registrar, at 484.519.3210 to make an appointment. Please note that walk-ins will not be allowed. If you have any questions, please call the above number.

### IMPORTANT:

In order to establish and verify your residence within the East Penn School District, several documents need to be completed and approved. All procedures are in accordance with Sections 1301 and 1302 of the Pennsylvania School Code and Regulations 11.11 and 11.19 of the Pennsylvania State Board of Education.

**The East Penn School District requires proof of age, proof of guardianship, proof of immunizations, and two proofs of residency prior to the student's admission to our schools. Please complete a registration packet for each child you are enrolling.**

### Proof of Residency Requirements

- ☐ Property Deed, Agreement of Sale **OR** Lease Agreement

**AND** one of the following:

- ☐ Moving Permit
- ☐ Current Utility Bill
- ☐ Current Tax Bill/Receipt
- ☐ Current Bank Statement/Pay Stub
- ☐ Vehicle Registration Card
- ☐ Health Insurance Card/Insurance Statement

### For a certified copy of your Deed go to:

Lehigh County Government Center  
 Recorder of Deeds  
 455 West Hamilton St.  
 1<sup>st</sup> Floor, File Review Area  
 Allentown, PA 18101  
 610.782.3162

Monday thru Friday 8:00 a.m. to 4:00 p.m.

Cost is 25 cents per page plus \$1.50 for certification (payable in cash or check only).

Call Recorder of Deeds Office for information and cost for receiving a mailed certified copy.

# East Penn Household Registration Checklist

Checklist for \_\_\_\_\_  
(Student Name) (Grade) (School )

(Checklist to be completed by EPSD)

### Verification of Student Birth:

\_\_\_\_\_ **Original Birth Certificate or Passport**  
(may not apply to homeless, ESL, migrant)

\_\_\_\_\_ **Valid Photo ID (parent/guardian)**

\_\_\_\_\_ **1<sup>st</sup> Proof of Residency** – must be either  
 Agreement of Sale, Deed OR Rental Lease Agreement  
AND

\_\_\_\_\_ **2<sup>nd</sup> Proof of Residency** – one of the items below  
 Moving Permit  
 Current Utility Bill  
 Current Tax Bill/Receipt  
 Current Bank Statement/Pay Stub  
 Vehicle Registration Card  
 Health Insurance Card

\_\_\_\_\_ **Multiple Occupancy**  Yes  No If Yes, application obtained? \_\_\_\_\_

\_\_\_\_\_ **Immunization Records**  Yes  No

\_\_\_\_\_ **Educational Records Request**

\_\_\_\_\_ **Act 26 Documentation**

\_\_\_\_\_ **Related Resident Forms**

- Education of Children Residing with an Adult other than Natural Parent - 1302  
OR
- Entrance Certificate for Child Placed in Home of Resident (foster) – 1305

EP ID # \_\_\_\_\_ PA SECURE ID # \_\_\_\_\_

# East Penn School District

STUDENT INFORMATION		(Please print)
* First Name		
* Middle Name		
* Last Name	* Generation Code (i.e. Jr., Sr., III)	
* Address		
* Gender		
* Grade		
* Date of Birth	* City, State, Country of Birth:	
* Race/Ethnicity	Part 1: Ethnicity (choose <b>one</b> ) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	Part 2: Race (choose <b>all</b> that apply) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White
* PA School Entry Date:		
* Name of former school:		
Address of former school:		
Kindergarten Request	<input type="checkbox"/> AM <input type="checkbox"/> PM	Reason: _____ (also submit in writing to building principal)
* Is this student a Migrant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
* Does this student currently have a 504 Plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
* Does this student currently have an IEP?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
* Does this student currently have a GIEP?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home Language Survey:		
1. * What is/was the student's first language?	_____	
2. Does this student speak a language(s) other than English? (do not include languages learned in school)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, complete the following: (list all years attended U.S. schools)		
<b>Name of School</b>	<b>State</b>	<b>Dates Attended</b>
5. * Initial U.S. entry date (Date entered U.S. or first enrolled in U.S. school)	_____	
Please note any special conditions you wish to call to the attention of the Professional Staff (including any parent deceased):		
_____		
_____		
_____ Parent/Guardian Signature		_____ Date
(Office Use Only) EP ID#:	(auto assigned by eSchoolPLUS)	* Homeroom:
* EP School Attending:	If different, EP attendance-area school:	
Registration Date:	* Entry Date:	* Entry Code:
Eligible for Transportation? <b>Yes / No</b>	* If yes, Bus #:	* Bus Stop:
* Enter into eSchoolPLUS		

# East Penn Household Registration Form

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

\*Home Phone: \_\_\_\_\_  Listed  Unlisted

* CUSTODIAL PARENT/ GUARDIAN (Resides)	
First Name	PO Box / Apt. #
Middle Name	Number/ Street
Last Name	City
Work Phone	State
Cell Phone	Zip Code
E-mail	Housing Development
Relationship	County

* CUSTODIAL PARENT/ GUARDIAN	
First Name	PO Box / Apt. #
Middle Name	Number/ Street
Last Name	City
Work Phone	State
Cell Phone	Zip Code
Home Phone	Housing Development
E-mail	County
Relationship	

* NON-CUSTODIAL PARENT / STEP-PARENT	
First Name	PO Box / Apt. #
Middle Name	Number/ Street
Last Name	City
Work Phone	State
Cell Phone	Zip Code
Home Phone	Housing Development
E-mail	County
Relationship	Permission to Access Student Info: ___Yes ___No

- **If guardian is other than mother or father, additional documents will be required.**
- **Limitation of contact/correspondence to non-custodial parent must be supported with legal document (Lehigh County court order).**

(Office Use Only): \_\_\_\_\_ On File \_\_\_\_\_ Requested \_\_\_\_\_ Not on File

\* Enter into eSchoolPLUS

EP ID # _____ (Office Use Only)
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# East Penn School District

Student Name: \_\_\_\_\_

First Name
Middle Name
Last Name

## Other Children Residing in Household

First Name	
Middle Name	
Last Name	
Gender	
Date of Birth	
Relationship	
First Name	
Middle Name	
Last Name	
Gender	
Date of Birth	
Relationship	
First Name	
Middle Name	
Last Name	
Gender	
Date of Birth	
Relationship	
First Name	
Middle Name	
Last Name	
Gender	
Date of Birth	
Relationship	
First Name	
Middle Name	
Last Name	
Gender	
Date of Birth	
Relationship	

EP ID # \_\_\_\_\_  
 (Office Use Only)

## East Penn School District CERTIFICATE OF MULTIPLE OCCUPANCY

(More than one family per household)

The homeowner/lessee must provide **TWO** current proofs of residency, as listed below, showing the East Penn School District address.

The multiple occupant must provide **TWO** forms of identification showing the East Penn School District address within 30 days of registration.

Examples of these proofs are:

**Homeowner/Lessee**

- Property Deed, Agreement of Sale **OR** Lease Agreement **AND** one of the following
  - Current Utility Bill
  - Tax Bill/Receipt
  - Current Bank Statement
  - Vehicle Registration Card
  - Health Insurance Card/Insurance Statement

**Multiple Occupant**

- ◆ Moving Permit
- ◆ Current Bank Statement
- ◆ Current Billing Statements
- ◆ Health Insurance Card/Insurance Statement
- ◆ Vehicle Registration for change of address

*This form is to be filled out by the East Penn Property Owner/ Lessee*

I certify that I am the legal owner or lessee of the property listed below, which is located in the East Penn School District. With this certificate, I am providing two current proofs of residence showing my East Penn School District address. I further swear that the parent(s)/guardian and child(ren) listed below are living on a permanent full-time basis at that address. I assume responsibility for notifying East Penn School District should the described circumstances change.

I am submitting this certificate and making the factual representations contained herein, for the purpose of enrolling the child into the East Penn School District. I understand that the School District is relying upon the facts stated in this certificate and the information I provide in support of this certificate. I understand that the facts as stated are subject to investigation at any time. Should it be determined that any statement made in this certificate is not true, either now or in the future, East Penn School District has the right to remove the student(s) from the East Penn Schools. Furthermore, I am aware that I shall then be liable to reimburse the School District at the tuition rate for the time the child(ren) was/were enrolled.

Name of Child(ren)

NOTE: Proofs of residency, as stated above, must be provided with this certificate showing the East Penn School District address.  
East Penn School District reserves the right to reverify Multiple Occupancy.

\_\_\_\_\_  
Signature of Property Owner/Lessee

\_\_\_\_\_  
Name of Parent(s)

\_\_\_\_\_  
Address of East Penn Property

\_\_\_\_\_  
Relationship of Property Owner to New Resident

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

On this day, the \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_, before me, the undersigned Notary Public, personally appeared \_\_\_\_\_, known to me (or satisfactorily proved) to be the person(s) whose name(s) is/are subscribed to me within instrument, and acknowledged that they executed the same for the purposes therein contained.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

\_\_\_\_\_  
NOTARY PUBLIC SIGNATURE

\_\_\_\_\_  
NOTARY SEAL



# East Penn School District

Office of Student Registrar  
Phone: 484.519.3210

## Educational Records Request

We/I hereby authorize:

Previous School Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

To release information from the records of:

Student: \_\_\_\_\_ Birthdate: \_\_\_\_\_

For the purpose of \_\_\_\_\_

**Please release all data that applies to the student including:**

Scholastic/Education Record	Team Action Plan (IST, SAP, etc.)	Medical History
Academic Evaluations	SAP Initiated D & A Evaluation	Psychiatric Evaluation
Developmental History/Social	Psychological Evaluation/ ER/ GWR	Immunization Records
Discharge Summary/Aftercare Plan	Notice of Recommended Ed. Placement (NOREP)	Individualized Education Program (IEP)
Section 504 Service Agreement	Notice of Recommended Assignment (NORA)	Gifted IEP (GIEP)
Other: _____		

**Please forward information to:**

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**IF THE STUDENT HAS AN INDIVIDUALIZED EDUCATION PROGRAM (IEP),  
GIFTED (GIEP) or SECTION 504 SERVICE AGREEMENT, please forward to:**

East Penn School District, Administrative Building  
Student Services Office  
Attention: Director of Special Education  
800 Pine Street, Emmaus, PA 18049  
Phone: 610.966.8354  
Fax: 610.965.1628

We/I have been told that in order to protect the limited confidentiality of records our/my agreement to obtain or release information is necessary and that this consent is limited for the purposes and to the person listed above and will be effective for one (1) year after the date of our/my signature(s), unless specified below. We/I also understand that this consent is revocable except to the extent that action has been taken in reliance thereon.

This consent shall be in effect from: \_\_\_\_\_ to \_\_\_\_\_.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**East Penn School District**

Emergency Contact/Health Information  
School Year: 2012/2013

Name of student: \_\_\_\_\_ ID #: \_\_\_\_\_

\_\_\_\_\_ Last First MI

Gender: M F

Street Address: \_\_\_\_\_

Grade/Homeroom: \_\_\_\_\_

\_\_\_\_\_

Birth Date: \_\_\_\_\_

\_\_\_\_\_

Emergency Contact(s) – If parents/guardians cannot be reached:

	<u>1<sup>st</sup> Contact</u>	<u>2<sup>nd</sup> Contact</u>	<u>3<sup>rd</sup> Contact</u>
First Name:	_____	_____	_____
Middle Name:	_____	_____	_____
Last Name:	_____	_____	_____
Relationship:	_____	_____	_____
Home Phone:	_____	_____	_____
Cell Phone:	_____	_____	_____
Work Phone:	_____	_____	_____

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Choice: \_\_\_\_\_

Medical Conditions/Allergies:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current Medications:

EPI PEN: \_\_\_\_ yes \_\_\_\_ no

Name of Medication	Dosage	Time given
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_



7. Where there any complications during pregnancy and/or labor / delivery? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If Yes, explain \_\_\_\_\_
8. Is your child under medical treatment at present? \_\_\_\_\_ Yes \_\_\_\_\_ No
9. Has your child had any serious accidents? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If Yes, explain \_\_\_\_\_
10. Describe briefly any traumatic events that your child has experienced (for example: death of close relative, divorce, family crisis, etc.)

**11 List Specific Allergies and Treatment**

**Health History**

Check below any of the following illnesses/conditions your child has had. Indicate approximate date of onset (first symptoms). Explain below, including treatment and health professionals involved.

Check		Check		Check	
	Arthritis		Ear Infections		Mono
	Asthma		Eczema		Mumps
	Bladder Infection		Headaches/Migraines		Pneumonia
	Blood Disorder		Heart Murmur		Polio
	Blood Pressure-High		Heart Problems		Rheumatic Fever
	Blood Pressure-Low		Hepatitis		Rubella (German Measles)
	Broken Bones		High Fever		Scarlet Fever
	Bronchitis		Hives		Seizures
	Cancer		Influenza		Thyroid Disease
	Chickenpox		Kidney disease		Tonsillitis
	Concussion		Malaria		Tuberculosis
	Diabetes		Measles		Typhoid
	Diphtheria		Meningitis		Whooping Cough
	Other:		Other:		Other

Please Explain: