



**EXCELLENCE  
TODAY  
FOR TOMORROW**

*For School Office Use Only*

**Grade** \_\_\_\_\_

**School Assigned** \_\_\_\_\_

**Home School** \_\_\_\_\_

**Date of Registration** \_\_\_\_\_

**Date of Entrance** \_\_\_\_\_

**RTM Student Identification No.** \_\_\_\_\_

**Entry Code** \_\_\_\_\_

## **Student Information Packet for**

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**Parent Information**

Mother's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ e-mail \_\_\_\_\_

Employer's Name \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell # \_\_\_\_\_

If applicable: Step-parent's Name \_\_\_\_\_ Business Phone \_\_\_\_\_

***\*If this address differs from the student's, can the district release information? \_\_\_Yes \_\_\_No***

Father's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ e-mail \_\_\_\_\_

Employer's Name \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell # \_\_\_\_\_

If applicable: Step-parent's Name \_\_\_\_\_ Business Phone \_\_\_\_\_

***\*If this address differs from the student's, can the district release information? \_\_\_Yes \_\_\_No***

**If the student is living with Guardian(s) other than parent, Please fill in this section**

Guardian(s) Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ e-mail \_\_\_\_\_

Employer's Name \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell # \_\_\_\_\_

***Please fill in primary household information as you would like it to appear in the Student Management System.***

***Ex: Jonathan & Janice Smith are parents & live with the student. They would fill in as follows so their names would fit:***

S	m	i	t	h							,	J	o	h	n	/	J	a	n	i	c	e		
Last Name(s)												First Name(s)												

**Please fill in primary household information:**

												,												
Last Name(s)												First Name(s)												

**Please Describe**

**Medical Alerts, Serious Illness or Disabilities**

**Emergency Contact:** \_\_\_\_\_ **Phone No. (Day):** \_\_\_\_\_

**Physician:** \_\_\_\_\_ **Phone No.:** \_\_\_\_\_

<b>Brothers (living in home)</b>	<b>Date of Birth</b>	<b>Grade/School</b>

<b>Sisters (living in home)</b>	<b>Date of Birth</b>	<b>Grade/School</b>

I DO HEREBY DECLARE THAT I AM A RESIDENT OF THE ROSE TREE MEDIA SCHOOL DISTRICT AND RESIDE AT THE ADDRESS LISTED ON THIS FORM. I understand that the district has the right to investigate the validity of this statement including using videotape surveillance.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**DO NOT WRITE BELOW THIS LINE – SCHOOL PERSONNEL ONLY**

Affidavit Needed: \_\_\_\_\_ Yes \_\_\_\_\_ No; Multiple Occupancy: \_\_\_\_\_ Yes \_\_\_\_\_ No

Proof of Identification Information: \_\_\_\_\_

Proof of Residency: \_\_\_\_\_ Landlord \_\_\_\_\_

Landlord's Phone Number \_\_\_\_\_



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## HOME LANGUAGE SURVEY\*

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

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

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

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

1. What is/was the student's first language? \_\_\_\_\_

2. Does the student speak a language(s) other than English?  
(Do not include languages learned in school.)

Yes  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?

Yes  No

If yes, complete the following:

NAME OF SCHOOL	STATE	DATES ATTENDED

Parent/Guardian signature: \_\_\_\_\_

\*The school district/charter school/full day AVTS has the responsibility under the federal law to serve students who are limited English proficient and need English instructional services. Given this responsibility, the school district/charter school/full day AVTS has the right to ask for the information it needs to identify English Language Learners (ELLs). As part of the responsibility to locate and identify ELLs, the school district/charter school/full day AVTS may conduct screenings or ask for related information about students who are already enrolled in the school as well as from students who enroll in the school district/charter school/full day AVTS in the future.



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# Parental Registration Statement

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

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

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

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 or is presently suspended or expelled from any public or private school of this Commonwealth or any other state for an act of 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.

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 the 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.

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

**Name of the school from which student was suspended or expelled:**

\_\_\_\_\_

**Dates of suspension or expulsion:**

\_\_\_\_\_

(Please provide additional schools and dates of expulsion or suspension on back of this sheet)

**Reason for suspension/expulsion (optional):**

\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

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.



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ROSE TREE MEDIA SCHOOL DISTRICT
308 North Olive Street
Media, Pennsylvania 19063
Telephone 610.627.6000
www.rtmsd.org

REQUEST FOR RELEASE OF INFORMATION FROM FILES

TO: \_\_\_\_\_
(Name of school student is transferring from)

\_\_\_\_\_
(Address of school student is transferring from)

On \_\_\_\_\_, \_\_\_\_\_ registered at Rose Tree Media School District.
(Date) (Student Name)

We are requesting the release of the following information:

- Official Administrative Record (name, address, birth date, grade level completed, grades, class standing, attendance record)
Standardized Achievement, Intelligence and Aptitude Test Scores
Teacher and Counselor Observations and Ratings
Record of Extracurricular Activities
Family Background Data
Special Education Data (psychological neurological, psychiatric, IEP, NOREP, etc.)
Health Background Data (Please include Health Chart)
Discipline Background Data and Files: (As required by Act 26 of 1995, SC 1317-2)

- A. Has student been suspended or expelled or is student currently under suspension or expulsion. Please explain.
B. Has student ever had an incident involving weapons, violence, drugs or alcohol? Please explain.

PLEASE SEND RECORDS TO:

- Glenwood Elementary School
Indian Lane Elementary School
Media Elementary School
Rose Tree Elementary School
Springton Lake Middle School
Penncrest High School
Office of Student Services

Signature of Parent or Guardian

Date



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**Rose Tree Media School District**  
308 North Olive Street  
Media, Pennsylvania 19063-2493  
Telephone 610.627.6000  
www.rtmsd.org

### REQUEST FOR DISCIPLINE RECORDS

24 PS §13-1305 A under Article XIII-A PUBLIC SCHOOL CODE - SAFE SCHOOLS –Title 24 Education requires the enrolling school to obtain a certified copy of the student’s disciplinary record from the sending school. **The sending school has 10 days from receipt of the request to comply.** Parent permission is not required.

On \_\_\_\_\_, \_\_\_\_\_ registered at Rose Tree Media School District.  
(Date) (Student Name)

We are requesting the discipline records as required by the law mentioned above within 10 days of receipt of this request.

#### PLEASE SEND RECORDS TO:

\_\_\_\_\_ **Glenwood Elementary School**  
122 S. Pennell Road  
Media, PA 19063

\_\_\_\_\_ **Indian Lane Elementary School**  
309 S. Old Middletown Road  
Media, PA 19063

\_\_\_\_\_ **Media Elementary School**  
120 E Front Street  
Media, PA 19063

\_\_\_\_\_ **Rose Tree Elementary School**  
1101 First Avenue  
Media, PA 19063

\_\_\_\_\_ **Springton Lake Middle School**  
1900 N. Providence Road  
Media, PA 19063

\_\_\_\_\_ **Penncrest High School**  
134 Barren Road  
Media, PA 19063  
Attention: Mrs. Espinosa

\_\_\_\_\_ **Office of Student Services**  
Rose Tree Media School District  
308 N. Olive Street  
Media, PA 19063

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date





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Rose Tree Media School District
308 North Olive Street
Media, Pennsylvania 19063-2493
Telephone 610.627.6000
www.rtmsd.org

Eleanor DiMarino-Linnen, Ph.D.
Superintendent

HEALTH HISTORY

The following information will assist the school nurse in the planning and care of your child. Any information you provide is confidential and will not be disclosed without your consent.

NAME OF CHILD \_\_\_\_\_

CHILD'S DATE OF BIRTH \_\_\_\_\_ CHILD'S GENDER \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

GUARDIAN'S NAME \_\_\_\_\_ RELATION TO CHILD \_\_\_\_\_

Has your child experienced difficulty with or had any of the following (if yes, explain below)?

Table with 6 columns: Condition, Y, N, Condition, Y, N. Rows include Asthma, Allergies, Diabetes, Seizures, Emotional/Behavioral, Premature Birth, Serious Injury/Illness, Arthritis, Frequent Headaches, Surgery, Chicken Pox, Eyes/Vision, Ears/Hearing, Mouth/Dental, Stomach/Bowels, Kidney/Bladder, Bone/Muscle, Heart/Lungs, Skin, Developmental Delay.

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Does your child have any medical conditions? \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Is your child currently on medication? (list any over the counter or prescription) \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Is there any other information you feel would be helpful in caring for your child? \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

\_\_\_\_\_  
Name of Person Completing this Health History      Relationship to Child      Date



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**Rose Tree Media School District**  
308 North Olive Street  
Media, Pennsylvania 19063-2493  
Telephone 610.627.6007  
Fax 610.565.5317  
[www.rtmsd.org](http://www.rtmsd.org)

*Eleanor DiMarino-Linnen, Ph.D.  
Superintendent of Schools*

## COVID Planning for Registration

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

Upon registration, parents are asked to select which method of instructional delivery they prefer during the covid crisis. Each option is described below. These options are being offered while full in-person instruction is not available. In addition, information related to access to the internet in the home is requested.

### Hybrid vs. Virtual Selection

Select One:

\_\_\_\_\_ Hybrid: Students will be assigned a cohort based on the first letter of the child's last name (Cohort A alphabet A - K, Cohort B alphabet L - Z). Cohort A would attend in-person on Monday, Wednesday, and every other Friday. Cohort B would attend in-person on Tuesday, Thursday, and every other Friday. When the students are not attending school in-person, they are expected to engage in asynchronous instruction and learning goals. This is the default option if virtual is not selected.

\_\_\_\_\_ Virtual: Students will attend all school activities in a virtual setting from home. There will be a combination of synchronous (live instruction) and asynchronous learning to occur. Students will be expected to attend classes as if they were in school, and attendance will be monitored.

\*Note that changes may be made to these models or offerings as the school year progresses.

### Home Internet Survey

\_\_\_\_\_ I have access to a stable internet connection.

\_\_\_\_\_ I have intermittent access to the internet.

\_\_\_\_\_ I do not have access to the internet.