



**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

Please Describe

Medical Alerts, Serious Illness or Disabilities

Emergency Contact: _____ **Phone No. (Day):** _____

Physician: _____ **Phone No.:** _____

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

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

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**
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

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
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*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)?

Asthma	Y	N	Chicken Pox	Y	N
Allergies	Y	N	Eyes/Vision	Y	N
Diabetes	Y	N	Ears/Hearing	Y	N
Seizures	Y	N	Mouth/Dental	Y	N
Emotional/Behavioral	Y	N	Stomach/Bowels	Y	N
Premature Birth	Y	N	Kidney/Bladder	Y	N
Serious Injury/Illness	Y	N	Bone/Muscle	Y	N
Arthritis	Y	N	Heart/Lungs	Y	N
Frequent Headaches	Y	N	Skin	Y	N
Surgery	Y	N	Developmental Delay	Y	N

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