

Fairfield Area School District

Fairfield, Pennsylvania

REGISTRATION CHECKLIST

This checklist is provided to assist you in the registration process. Please present the following items requested at the time of your registration.

YOUR CHILD WILL NOT BE REGISTERED UNTIL ALL INFORMATION REQUESTED IS RECEIVED BY THE DISTRICT.

- Completed Registration Form
- Completed Transportation Form
- Certified Copy of Birth Certificate
- Proof of Residency- copy of mortgage or lease agreements, utility bills (PS Code 1302 statement)
- Separation / Divorce Form
Custody, Guardianship, Court Placement or Foster Care documentation
- Home Language Survey Form
- Student Identification Form
- Residence Questionnaire
- Emergency/Medical Information Form
- **Record of Immunizations (shot record book, etc.)
- Required Screening/PA State Mandated School Health Services Form
- Physical Form completed by physician (grades K, 6 & 11)
- Dental Form completed by dentist (grades K, 3 & 7)
- Parental Registration Statement (grades 1-12 only)
(PS Code 1304A & 1305A statement)
- Record Release Form (grades 1-12 only)
- Copy of latest report card or transcript (grades 1-12 only)
- PIAA Transfer Form (grades 7-12 only)

*****Children of any grade level, K-12, must show proof of immunization before they can attend school in this Commonwealth of PA.***



Check if previously registered in Fairfield Area School District

Parent Signature _____

Date _____

FAIRFIELD AREA SCHOOL DISTRICT STUDENT REGISTRATION FORM

STUDENT INFORMATION

Student Legal Name (Last) _____ (First) _____ (Middle) _____ (Name used if other than legal name)		GENDER: <input type="checkbox"/> M <input type="checkbox"/> F	
Street Address (Include apartment number) _____		Date of Birth _____	Place of Birth _____
P.O. Box _____		Race: Please check only one	
City _____	Zip _____	White <input type="checkbox"/>	Black <input type="checkbox"/>
	Phone Number _____	Hispanic <input type="checkbox"/>	Asian <input type="checkbox"/>
		American Indian or Alaskan <input type="checkbox"/>	
Grade Placement Anticipated _____ Language spoken in home: _____			
Child Lives with: Both Parents <input type="checkbox"/>		Mother <input type="checkbox"/>	Father <input type="checkbox"/>
		Step-Parent <input type="checkbox"/>	Grandparents <input type="checkbox"/>
		Guardian <input type="checkbox"/>	Foster Parent <input type="checkbox"/>
Did child attend pre-school? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what pre-school _____			
If the child was placed in your custody by an agency, give name, contact, address, and phone number of agency. _____			
Are there custody papers pertaining to this student? If yes, please furnish a copy of the custody papers to the registrar.			
Last School Attended _____		Last Grade Attended _____	
Address _____		Was the child identified as exceptional? Hearing <input type="checkbox"/> Gifted <input type="checkbox"/> Speech <input type="checkbox"/> Learning Support <input type="checkbox"/>	
Does your child currently have an Individual Education Plan, Special Education placement or a 504 Plan? _____ If YES, in what State? _____			
Family Physician _____		Address _____	
		Physician Phone Number _____	

Fairfield Area School District

4840 Fairfield Road, Fairfield, PA 17320

717-642-8228

TRANSPORTATION

Name of Child:

Will the student use district transportation?

Yes No

Will the student need transportation from home address?

Yes No

If, No please list alternative site address:

AM Pick-up Location	
PM Drop off Location	

If you require transportation to an alternate site please list the following:

Babysitter/ Day Care Information:

Name	Address	Phone #

If you have any questions, please call the transportation department at 642-2028.

Students First



FAIRFIELD AREA SCHOOL DISTRICT

4840 Fairfield Road, Fairfield, PA 17320 (717) 642-8228 Fax (717) 642-2036

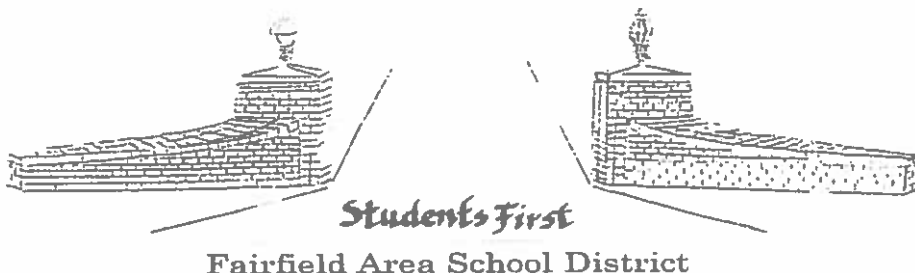
Dear Fairfield Resident:

According to Pennsylvania School Code 1302, a child can attend a school in the school district where his/her parent(s) / guardian(s) reside. In addition, when a resident of the school district keeps a child in his/her home, supporting the child gratis as if the child were his/her own, the child may also attend the district's schools. However, before the child can attend the district's schools, the resident must provide documentation to show dependency or guardianship or a sworn statement that:

**He/she is a resident of the district,
He/she is supporting the child gratis,
He/she assumes all personal obligations for the child relative to school requirements, and
He/she intends to keep and support the child continuously and not just through the school term.**

A form to verify dependency or guardianship must be completed by the resident and can be obtained in the Central Office where central registration is conducted. Upon completion, the resident is to return the form to the Superintendent. The resident will receive written notification to confirm his/her compliance with the School Code and the child's enrollment in the Fairfield Area School District. Written notice will also be sent should the documentation fail to adequately substantiate guardianship in which case the child will not be enrolled in the school district.

If you have any questions, please feel free to contact Ann Brown in the Superintendent's Office at Fairfield Area School District (717) 642-2003.





FAIRFIELD AREA SCHOOL DISTRICT

4840 Fairfield Road, Fairfield, PA 17320 (717) 642-8228 Fax (717) 642-2036

SEPARATION / DIVORCE

It is the intent of the **Fairfield Area School District** to remain neutral toward families split by divorce or separation. We do not want to take sides with one parent against the other where there may be possible conflict over children attending school in this district. If you have a court decree that establishes you as legal guardian, please provide a copy of such a document for attachment to the child's permanent record. We will refer to this as a legal base for working with the custodial parent.

In the absence of such a document, you must be aware that we cannot deny either parent access to his/her child. We cannot withhold information or refuse to communicate with the other parent.

If the status of your court decree changes you as legal guardian, we would need to be advised of the change. Please provide a copy of the revised document as soon as the change/changes occur.

I have read the above:

Parent Signature

Date

Name of Child

Name of School

Name of Child

Name of School

Name of Child

Name of School



Students First

Fairfield Area School District

FAIRFIELD AREA SCHOOL DISTRICT HOME LANGUAGE SURVEY

The Fairfield Area School District is committed to ensuring that all students, regardless of their ethnic origin, or home language, receive equal opportunity to access a high quality education and that parents/guardians receive understandable information from school. To assist the District in accomplishing these goals, please complete this HOME LANGUAGE SURVEY.

Child's name: _____

First Name

Middle Name

Last Name

- | | | |
|---|-----|----|
| 1. Was English the first language your child learned to speak?
If NO, what was the first language? _____ | YES | NO |
| 2. Does your family speak English at home?
If NO, what language is spoken in your home? _____ | YES | NO |
| 3. When your child was learning to speak English, did he/she often hear another language?
If YES, what was the other language? _____ | YES | NO |
| 4. We, the parents/guardians, need to have the written information that is sent home from school translated into another language.
If YES, which language? _____ | YES | NO |
| 5. We, the parents/guardians, need to have an interpreter at conferences and meetings.
If YES, which language? _____ | YES | NO |

=====

El distrito Escolar de Fairfield Area se obliga a que todos los estudiantes, sin importar su origen étnico, o su idioma, reciban igual oportunidad de tener una educación de alta calidad y que los padres/tutores reciban información entendible de la escuela. Para ayudar al Distrito a cumplir estas metas, por favor llene esta forma, CUESTIONARIO SOBRE EL IDIOMA MATERNO y devuelva el cuestionario con su hijo(a) tan pronto como le sea posible. Gracias.

- | | | |
|---|----|----|
| 1. ¿Fue Inglés el primer idioma que su hijo(a) aprendió?
Si contesta NO, ¿cuál es el primer idioma que aprendió primero?
_____ | SI | NO |
| 2. ¿Su familia habla Inglés en la casa?
Si contesta NO, ¿cuál idioma se habla en su casa?
_____ | SI | NO |
| 3. Cuando su hijo(a) estaba aprendiendo Inglés, ¿el/ella oía seguido otro idioma?
Si contestó SI ¿cuál idioma? _____ | SI | NO |
| 4. Nosotros, los padres/tutores, necesitamos tener información escrita que la escuela envía traducida en otro idioma.
Si contesta SI, ¿en cuál idioma? _____ | SI | NO |
| 5. Nosotros, los padres/tutores, necesitamos un intérprete en conferencias y juntas.
Si contesta SI, ¿en cuál idioma? _____ | SI | NO |



**FAIRFIELD AREA SCHOOL DISTRICT
HOME LANGUAGE SURVEY**

(continue)

Other students in your family.
Otros estudiantes en su familia

School/Grade
Escuela/Año escolar

Name of Parent/Guardian _____
(Nombre del Padre/Tutor)

Signature/Firma _____ Date/Fecha _____

**FAIRFIELD AREA SCHOOL DISTRICT
STUDENT IDENTIFICATION**

In order to complete records required by the Department of Education; please choose only one of the following racial/ethnic categories.

- AMERICAN INDIAN/ALASKAN NATIVE** - A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.

- ASIAN/PACIFIC ISLANDER** - A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or Pacific Islands. This includes people from China, Japan, Korea, the Philippine Islands, Samoa, India and Vietnam.

- BLACK (NON-HISPANIC)** - A person having origins in any of the black racial groups of Africa (except those of Hispanic origin).

- HISPANIC** - A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

- WHITE** - A person having origins in any of the original peoples of Europe, North Africa, or the Middle East (except those of Hispanic origin).

Student Name: _____

Grade: _____ **Building:** _____

Parent/Guardian Signature: _____

Fairfield Area School District STUDENT/FAMILY RESIDENCE QUESTIONNAIRE

Your child may be eligible for additional educational services through Title 1 Part A, Title 1 Part C-Migrant and/or Federal McKinney-Vento Assistance Act. Eligibility can be determined by completing this questionnaire.

Print Parent/Guardian Name	Signature	Date
(Area code) Phone Number	Street Address/City/State/Zip Code	

1. Presently, are you and/or your family living in any of the following situations? Check all that apply.

- Staying in a shelter (family shelter, domestic violence shelter, youth shelter) or FEMA trailer
- Waiting for foster care placement
- Sharing the housing of others due to loss of housing, economic hardship, or similar reason
- Living in a car, park, campground, abandoned building or other inadequate accommodations
- Temporarily living in a motel or hotel due to loss of housing, economic hardship or similar reason
- Living alone as a minor student without an adult (unaccompanied youth)

If you checked any box above, please complete the remainder of this form and submit it to school personnel.

*If you did not check any box above, you do **not** need to complete the remainder of this form but still need to submit it to school personnel.*

2. If you checked any box above, please list all children currently living with you. **ONLY ONE FORM NEEDED PER FAMILY.**

First	M.I.	Last	M/F	Birth Date	Grade	School Name

Signature above certifies that the information provided is accurate.

Your children have the right to:

- Continue to attend school in the school attended before you became displaced (school of origin)
- Receive transportation to the school of origin
- Enroll in school without giving a permanent address and attend classes while the school arranges for a school transfer, immunization records or other documents required to enroll
- Receive the same special programs and services, if needed, as provided to all other children served in these programs
- Have enrollment disputes quickly addressed

The McKinney Vento Homeless Education Assistance Act ensures the educational rights above for the students who are experiencing homelessness. The McKinney Vento School Liaison for Fairfield Area School District is the Elementary Principal and can be reached at 717-642-2016. If you wish to have a copy of this document, please ask the staff person helping you today.

Printed name of staff member assisting with this process: _____



EMERGENCY CARE INFORMATION

In the case of an emergency, the school staff will contact 911.
Every attempt will be made to contact a parent, a guardian or a designated emergency contact.
2019-2020

STUDENT INFORMATION

Last:	First:	Middle:	Date of Birth:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Grade:
			Bus # (AM)	Bus # (PM)	
<input type="checkbox"/> Student has medical alert information on file.					

PARENT/GUARDIAN CONTACT INFORMATION

This form is to be completed by the resident parent/guardian. The resident parent/guardian is the natural or adoptive parent or legal guardian with whom the student resides for a full calendar year.

Enrolling Parent/Guardian Last:	First:	Middle:	Telephone Home:
Street Address: (If providing PO Box, must also provide street address).			Apt. #
			Work:
			Cell:
City:	State:	Zip:	Language
Employer:			
Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other _____	Resides With <input type="checkbox"/> Yes	Email:	Are you a current military family? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refuse to Answer

Other Parent/Guardian Residing at Above Address Last:	First:	Middle:	Telephone Home:
Street Address: (If providing PO Box, must also provide street address).			Apt. #
			Work:
			Cell:
City:	State:	Zip:	Language
Employer:			
Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other _____	Email:		

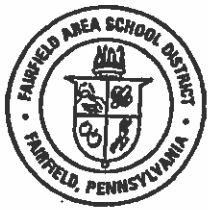
Other Parent/Guardian Last:	First:	Middle:	Telephone Home:
Street Address: (If providing PO Box, must also provide street address).			Apt. #
			Work:
			Cell:
City:	State:	Zip:	Language
Employer:			
Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other _____	Should contact receive mailings throughout the school year: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Email:			

Other Parent/Guardian Last:	First:	Middle:	Telephone Home:
Street Address: (If providing PO Box, must also provide street address).			Apt. #
			Work:
			Cell:
City:	State:	Zip:	Language
Employer:			
Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other _____	Should contact receive mailings throughout the school year: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Email:			

OTHER CONTACT INFORMATION

Please list at least two people we may call if the parent(s) or guardian(s) cannot be reached in the event of an emergency. By listing these individuals you are granting permission to pick your student up from school during the school day.

Name of Person	Relationship	Language	Telephone



FAIRFIELD AREA SCHOOL DISTRICT

4840 Fairfield Road, Fairfield, PA 17320 (717) 642-8228 Fax (717) 642-2064

Michael P. Adamek
Superintendent
adamekm@fairfield.k12.pa.us

Kristi D. Ebaugh, BSN, RN
District School Nurse
ebaughk@fairfield.k12.pa.us

Required Screenings/PA State Mandated School Health Services

The Pennsylvania School Health Law requires a variety of mandated screenings and immunizations. Necessary information and forms can be found on the district/school website by selecting the **Services** tab and then selecting the **School Health Office** tab. Medical and dental forms are available in each of the school offices or can be printed out.

What does this mean for my Kindergarten student?

Kindergarten students are required to have physical and dental examinations completed. As soon as possible, please have the providers complete these forms based on the most recent (5 year old exam) and return them to the school along with an updated immunization record. Please note the required immunizations for entrance.

- If your Kindergartener is in need of a physical or dental exam, our school doctor and dentist will visit during the 2019/2020 school year to complete the required assessments. (Note: The dental exam is a screening only- cleanings/treatments are not performed.)

Please select:

I will have/have had a private Physical Exam done for my Kindergartener, and will return the completed paperwork.

Date of appointment _____ Practice/Physician name _____

I will have/have had a private Dental Exam done for my Kindergartener, and will return the completed paperwork.

Date of appointment _____ Practice/Dentist name _____

OR

I give permission for the school doctor to examine my Kindergartener (date TBD).

I give permission for the school dentist to examine my Kindergartener (date TBD).

I would like to accompany my child during the school physical and/or dental exam. (You will be notified prior to the date).

As a reminder, **FAILURE TO HAVE A DOCUMENTED PHYSICAL EXAM/DENTAL EXAM FOR YOUR CHILD MAY RESULT IN THE CHILD'S EXCLUSION FROM SCHOOL.**

PLEASE RETURN THIS FORM with the registration packet.

Student Name

Teacher

Signature of Parent/Guardian

Date

*****Parent Signature required for School Physical and Dental Exam!!!*****

01/2019 GJ

Provision of School Health Services and Mandated School Health Services

School entities are to provide the following health services for students who attend or who should attend an elementary, grade or high school, either public or private, and children who are attending a kindergarten which is an integral part of a local school district. These requirements also apply to students who are home schooled.

SERVICE	Mandated School Health Services												Notes	
	K	1	2	3	4	5	6	7	8	9	10	11		12
School Nurse Services	X	X	X	X	X	X	X	X	X	X	X	X	X	
Maintenance of Health Record	X	X	X	X	X	X	X	X	X	X	X	X	X	
Immunization Assessment	X	X	X	X	X	X	X	X	X	X	X	X	X	
Medical Examination	*	*				X					X			* Required on original entry- K or 1st grade
Dental Examination	*	*		X			X							* Required on original entry- K or 1st grade
Growth Screen	X	X	X	X	X	X	X	X	X	X	X	X	X	
Hearing Screen	X	X	X	X			X				X			
Scoliosis Screen						X	X							6th grade physical may be used in lieu of 6th grade screen
Tuberculin Test	*	*						X						*Required on original entry- K or 1st grade. Unless approved to discontinue
Vision Screen-Far Visual Acuity Test	X	X	X	X	X	X	X	X	X	X	X	X	X	
Vision Screen-Near Visual Acuity Test	X	X	X	X	X	X	X	X	X	X	X	X	X	
Vision Screen-Convex Lens Test (Plus Lens)		X												1st grade students meeting criteria & new students (any grade) not previously screened
Vision Screen-Color Vision Test		*	*											*1st or 2nd grade & new students (any grade) not previously screened
Vision Screen-Stereo/Depth Perception Test		*	*											*1st or 2nd grade & new students (any grade) not previously screened

Don't Wait. Vaccinate.



SCHOOL VACCINATION INFORMATION FOR PARENTS

The Department of Health is changing school immunization regulations beginning in August 2017. The regulations are intended to ensure that children attending school in the commonwealth are adequately protected against potential outbreaks of vaccine preventable diseases.



A CHILD MUST HAVE REQUIRED VACCINES OR RISK EXCLUSION FROM SCHOOL.

A child must have the required medically-appropriate vaccines or a plan to complete those vaccines or risk exclusion from school. A child may still obtain medical, religious or philosophical exemption from meeting the immunization requirements. Talk to your child's pediatrician about the vaccines your child needs to attend school.



NEW VACCINATION REQUIREMENTS:

- combination form for diphtheria and tetanus;
- pertussis vaccination;
- combination form for measles, mumps and rubella; and
- meningococcal conjugate vaccine for entry into 12th grade, or in an ungraded school, in the school year the child turns 18.

For more information on the vaccines your child needs to attend school, visit dontwaitvaccinate.pa.gov or talk to your child's pediatrician.

dontwaitvaccinate.pa.gov



SCHOOL VACCINATION REQUIREMENTS FOR ATTENDANCE IN PENNSYLVANIA SCHOOLS

FOR ATTENDANCE IN ALL GRADES CHILDREN NEED THE FOLLOWING:



- 4 doses of tetanus, diphtheria, and acellular pertussis* (1 dose on or after the 4th birthday)
- 4 doses of polio (4th dose on or after 4th birthday and at least 6 months after previous dose given)**
- 2 doses of measles, mumps, rubella***
- 3 doses of hepatitis B
- 2 doses of varicella (chickenpox) or evidence of immunity

*Usually given as DTP or DTaP or if medically advisable, DT or Td

** A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose

***Usually given as MMR



ON THE FIRST DAY OF SCHOOL, unless the child has a medical or religious/philosophical exemption, a child must have had at least one dose of the above vaccinations or risk exclusion.

• If a child does not have all the doses listed above, needs additional doses, and the next dose is medically appropriate, the child must receive that dose within the first five days of school or risk exclusion. If the next dose is not the final dose of the series, the child must also provide a medical plan (red and white card) within the first five days of school for obtaining the required immunizations or risk exclusion.

• If a child does not have all the doses listed above, needs additional doses, and the next dose is not medically appropriate, the child must provide a medical plan (red and white card) within the first five days of school for obtaining the required immunizations or risk exclusion.

• The medical plan must be followed or risk exclusion.

FOR ATTENDANCE IN 7TH GRADE:

- 1 dose of tetanus, diphtheria, acellular pertussis (Tdap) on the first day of 7th grade.
- 1 dose of meningococcal conjugate vaccine (MCV) on the first day of 7th grade.

ON THE FIRST DAY OF 7TH GRADE, unless the child has a medical or religious/philosophical exemption, a child must have had the above vaccines or risk exclusion.

FOR ATTENDANCE IN 12TH GRADE:

- 1 dose of MCV on the first day of 12th grade. If one dose was given at 16 years of age or older, that shall count as the twelfth grade dose.

ON THE FIRST DAY OF 12TH GRADE, unless the child has a medical or religious/philosophical exemption, a child must have had the above vaccines or risk exclusion.

The vaccines required for entrance, 7th grade and 12th grade continue to be required in each succeeding school year.

These requirements allow for the following exemptions: medical reason, religious belief, or philosophical/strong moral or ethical conviction. Even if your child is exempt from immunizations, he or she may be excluded from school during an outbreak of vaccine preventable disease.

Pennsylvania's school immunization requirements can be found in 28 Pa.CODE CH.23 (School Immunization). Contact your healthcare provider or call 1-877-PA-HEALTH for more information.



pennsylvania
DEPARTMENT OF HEALTH

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH

**PRIVATE PHYSICIAN'S REPORT OF
PHYSICAL EXAMINATION OF A PUPIL OF SCHOOL AGE**

DATE _____ 20 ____

NAME OF SCHOOL _____ GRADE _____ HOMEROOM _____

NAME OF CHILD			DATE OF BIRTH	SEX <input type="checkbox"/> M <input type="checkbox"/> F
Last	First	Middle		

ADDRESS _____

No. and Street	City or Post Office	Borough or Township	County	State	Zip Code
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**MEDICAL HISTORY
IMMUNIZATIONS AND TESTS**

VACCINE	Enter Month, Day, And Year Each Immunization Was Given				
	DOSES				
Diphtheria and Tetanus (Circle): DTaP, DTP, DT, TD	1 / /	2 / /	3 / /	4 / /	5 / /
Polio (Circle): OPV, IPV	1 / /	2 / /	3 / /	4 / /	5 / /
Measles, Mumps, Rubella	1 / /	2 / /			
Hepatitis B	1 / /	2 / /	3 / /		
HIB	1 / /	2 / /	3 / /		
Varicella	1 / /	2 / /			Varicella Disease or Lab Evidence Date: _____
Other _____					

- MEDICAL EXEMPTION** The physical condition of the above named child is such that immunization would endanger life or health
- RELIGIOUS EXEMPTION** (Includes a strong moral or ethical conviction similar to a religious belief and requires a written statement from the parent/guardian)

If Applicable:

Tuberculin Tests Date Applied	Arm	Device	Antigen	Manufacturer	Signature
Date Read	Results (mm)		Signature		

Follow-Up of significant tuberculin tests:
Parent/Guardian notified of significant findings on _____ Date _____

Result of Diagnostic Studies: _____ Date _____

Preventive Anti-Tuberculosis - Chemotherapy ordered. No Yes _____ Date _____

Significant Medical Conditions

	Yes	No	If Yes, Explain
Allergies.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Asthma.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cardiac.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chemical Dependency.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Drugs.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Alcohol.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diabetes Mellitus.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gastrointestinal Disorder.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hearing Disorder.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hypertension.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Neuromuscular Disorder.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Orthopedic Condition.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Respiratory Illness.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Seizure Disorder.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Skin Disorder.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vision Disorder.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other (Specify).....	<input type="checkbox"/>	<input type="checkbox"/>	_____

Are there any special medical problems or chronic diseases which require restriction of activity, medication or which might affect his/her education? If so, specify _____

Report of Physical Examination

• Height (inches)				
• Weight (pounds) BMI				
• Pulse ()				
• Blood Pressure /				
• Hair/Scalp				
• Skin				
• Eyes/Vision				
• Ears/Hearing				
• Nose and Throat				
• Teeth and Gingiva				
• Lymph Glands				
• Heart — Murmur, etc.				
• Lung — Adventitious Findings				
• Abdomen				
• Genitourinary				
• Neuromuscular System				
• Extremities				
• Spine (Presence of Scoliosis)				

Date of Examination

Signature of Examiner

Print Name of Examiner

Address

Telephone Number

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH

**PRIVATE DENTIST REPORT OF
DENTAL EXAMINATION OF A PUPIL OF
SCHOOL AGE**

NAME OF SCHOOL _____ DATE _____ 20__

NAME OF CHILD	AGE	SEX <input type="checkbox"/> M <input type="checkbox"/> F	GRADE	SECTION/ROOM
_____ Last First Middle				

ADDRESS

No. and Street	City or Post Office	Borough or Township	County	State	Zip
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REPORT OF EXAMINATION

		TOOTH CHART																	
		RIGHT								LEFT									
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16		
UPPER					A	B	C	D	E	F	G	H	I	J				UPPER	
LOWER		32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	LOWER	
					T	S	R	Q	P	O	N	M	L	K					
	UPPER																		UPPER
	LOWER																		LOWER

Is The Child Under Treatment Yes No

Treatment Completed Yes No

Date of Dental Examination

Signature of Dental Examiner

Print Name of Dental Examiner

Address

FAIRFIELD AREA SCHOOL DISTRICT
PARENTAL REGISTRATION STATEMENT

Student Name		
Date of Birth	Grade	School
Parent or Guardian Name		
Address		
Telephone Number		
<p>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, or for the willful infliction of injury to another person or for any act of violence committed on school property".</p>		

Please complete the following:

I hereby swear or affirm that my child....

<input type="checkbox"/> Was previously suspended	<input type="checkbox"/> Was previously expelled
<input type="checkbox"/> Was not previously suspended	<input type="checkbox"/> Was not previously expelled
<input type="checkbox"/> Is presently suspended	<input type="checkbox"/> Is presently expelled
<input type="checkbox"/> Is not presently suspended	<input type="checkbox"/> Is not presently 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 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.

Fairfield Area School District
TRANSFER OF RECORDS
Act 26 Section 1304 - A & 1305 - A

§ 13-1304-A. Sworn statement

(a) 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 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. **THE REGISTRATION SHALL INCLUDE THE NAME OF THE SCHOOL FROM WHICH THE STUDENT WAS EXPELLED OR SUSPENDED FOR THE ABOVE-LISTED REASONS WITH THE DATES OF EXPULSION OR SUSPENSION AND SHALL BE MAINTAINED AS PART OF THE STUDENT'S DISCIPLINARY RECORD.**

(b) Any willful false statement made under this section shall be a misdemeanor of the third degree.

§ 13-1305-A. Transfer of records

Whenever a pupil transfers to another school entity or nonpublic school, a certified copy of the student's disciplinary record shall be transmitted to the school entity or nonpublic school to which the pupil has transferred. The school entity or nonpublic school to which the student has transferred should request the record. The sending school entity or nonpublic school shall have ten (10) days from receipt of the request to supply a certified copy of the student's disciplinary record. The requirements of this section apply as well to transfers between schools within the same school entity.



FAIRFIELD AREA SCHOOL DISTRICT

4840 Fairfield Road, Fairfield, PA 17320 (717) 642-8228 Fax (717) 642-2036

Authorization to Release or Obtain Information

I, _____, do hereby authorize Fairfield Area:
Please Print Parent / Guardian Name

- Elementary
- Middle School
- High School

TO RELEASE TO:

TO OBTAIN FROM: (previous school attended)

Information from the record of _____, born _____, grade _____
Please Print Student Name *Current*

Please forward the following selected information on this student:

- Transcript
- Academic Records
- Health Records
- PA Readiness Indicator Evidence Portfolio (if within state of PA)
- PA Secure # (if within state of PA)
- Special Education Records and / or 504 Plans
- Discipline Records
- Other (Specify): _____

I have read the above and understand the nature of this release:

Signature of Parent/Guardian

Date

Signature of Witness

Date

.....
Sending school please complete and return with transcripts. Thank you.

Discipline records enclosed with transcript

Student has no discipline record

School Name

School Official's Signature

Fairfield Area School District

4840 Fairfield Rd. Fairfield, PA 17320

Athletic Office: 717-642-2009 Fax: 717-642-2029

Athletic Director: Crystal L. Heller

This transfer information sheet is for MS & HS students to establish PIAA eligibility.

Today's Date: _____

Student Name: _____

Current Grade: _____

School Transferring From: _____

Sports you played in previous school year:

Football Cross Country Field Hockey Golf Soccer Volleyball

Basketball Wrestling Cheer

Baseball Softball Track

Rules to be aware of:

21 day rule: Transfers after the student practices with their previous school's team shall be ineligible to compete in that sport for a period of 21 calendar days following ATTENDANCE at the student's new school.

50% of season transfer: A student who transfers after they were eligible to participate in at least 50% of the PIAA maximum number of the regular season contests in that sport, the student will be deemed to have participated in an entire season and following the transfer, will not be eligible for further participation in that sport

Transfers after 10th grade year: A student who competed in a sport in their 10th grade year, or thereafter, and subsequently transfers to another school, and is declared eligible at the new school, is ineligible for participation in the postseason (District playoffs and thereafter) in that sport for a period of one year from the date of transfer.

****This form must be submitted to Athletic Office before student can join team.**

Office Use Only:

Enrollment Date at FASD _____