

**FAIRFIELD AREA SCHOOL DISTRICT  
STUDENT ENTRY/CHANGE OF STATUS FORM**

**Please check appropriate box**

Re-entry       Change of Information       District Cyber Program (FACE)

Date: \_\_\_\_\_ ID Number: \_\_\_\_\_ Building: \_\_\_\_\_ Grade: \_\_\_\_\_

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

**Change of address and student re-entries must provide proof of residency.**

Enter Address: If new, did entire family move? Yes  No  or Individuals (list below)

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

If an address change, list previous address: \_\_\_\_\_

\_\_\_\_\_

Home Number : \_\_\_\_\_ Cell Number: \_\_\_\_\_

Work Number : \_\_\_\_\_ Email: \_\_\_\_\_

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

**Student Entry/Re-entry Information**

Effective Date of Entry/Re-entry: \_\_\_\_\_

Reason: \_\_\_\_\_

School coming from: \_\_\_\_\_

Notes/Comments: \_\_\_\_\_

Authorized Signatures: \_\_\_\_\_

(Principal)

\_\_\_\_\_  
(Guidance Counselor)

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**Copies of completed form to:**

- School Office
- Guidance - HS only
- Transportation
- Cafeteria
- Nurse
- Library



### 2023-2024 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.

#### STUDENT INFORMATION

Last:	First:	Middle:	Date of Birth:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Grade:
Student Cell Phone Number:			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 Cell:
Street Address: (If providing PO Box, must also provide street address).		Apt. #	Home: Work:
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 Cell:
Street Address: (If providing PO Box, must also provide street address).		Apt. #	Home: Work:
*****SAME AS ABOVE*****			
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 Cell:
Street Address: (If providing PO Box, must also provide street address).		Home: Work:
City:	State:	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 Cell:
Street Address: (If providing PO Box, must also provide street address).		Home: Work:
City:	State:	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

STUDENT'S NAME: (PRINT) \_\_\_\_\_

GRADE \_\_\_\_\_

**MEDICAL HISTORY** (Your child's medical condition will be shared with necessary school personnel unless otherwise indicated). Please check any medical condition that pertains to your child and provide an explanation.

Condition	Yes	Comments	Condition	Yes	Comments
ADD/ADHD			Cardiovascular		
Allergy:			Diabetes		
Bee Sting			Gastrointestinal		
Drug		Comment Required:	Hearing Disorder/Deafness		
Food		Comment Required:	Migraines		
Latex			Orthopedic Disorder		
Peanut			Seizure Disorder		
Seasonal			Vision Disorder		
Tree Nut			Other		
Asthma			Other		

Additional Information:

Physician's Name	Telephone
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**MEDICATIONS TAKEN AT HOME:**

Please list the name and reason for any medication, *prescribed or over-the-counter*, that your child is receiving on a regular basis.

Name	Reason	Dose	Times

**OVER-THE-COUNTER-MEDICATIONS AVAILABLE AT SCHOOL/CAMP per School Physician Order:** Please note that any medication/s **NOT** on this list will require a physician's order to be given at school/camp.

My child may **NOT** be given any medications while at school: \_\_\_\_\_

My child may be given (please initial medications you authorize):

Medication	Initial	Dose
Acetaminophen (Tylenol)	_____	_____
Ibuprofen (Advil)	_____	_____
Antacid (Tums)	_____	_____
Benadryl (Allergy Symptoms)	_____	_____

*If you do not indicate a dose, it will be administered according to the student's age/weight.*

Parent/Guardians release the Fairfield Area School District, its officers, agents, and employees from all claims and liabilities of any kind arising out of the dispensing of medication to the student pursuant to the authorization granted herein.

In the event of an emergency which would require medical care and treatment to be administered to the student, I/we hereby authorize any physician, hospital, or other health care provider to give emergency medical care and treatment to this student.

The undersigned have read this Medical Authorization Consent Form and declare and affirm that I/we agree to the consents herein stated.

Parent/Guardian – Please Print \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian – Please Print \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Student's Signature (only if student is 18 or older) \_\_\_\_\_ Date \_\_\_\_\_

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

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)

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

Please forward the following selected information on this student:

- |  |   |
|--|---|
| <input type="checkbox"/> Transcript  | <input type="checkbox"/> Special Education Records and / or 504 Plans |
| <input type="checkbox"/> Academic Records  | <input type="checkbox"/> Discipline Records                           |
| <input type="checkbox"/> Health Records  | <input type="checkbox"/> Other (Specify): _____                       |
| <input type="checkbox"/> PA Readiness Indicator Evidence Portfolio (if within state of PA) |   |
| <input type="checkbox"/> PA Secure # (if within state of PA)                               |   |

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