

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

FAIRFIELD AREA SCHOOL DISTRICT STUDENT REGISTRATION FORM

Parent Signature _____

Date _____

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 appropriate boxes.				
City	Zip	Phone Number	White <input type="checkbox"/>	Black <input type="checkbox"/>	Hispanic <input type="checkbox"/>	Asian <input type="checkbox"/>
Grade Placement Anticipated _____		American Indian or Alaskan <input type="checkbox"/>				
Child Lives with:		Both Parents <input type="checkbox"/>	Mother <input type="checkbox"/>	Father <input type="checkbox"/>	Step-Parent <input type="checkbox"/>	Guardian <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		Was the child identified as exceptional?		
Address		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 for 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 717-642-2028.

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

FAIRFIELD AREA SCHOOL DISTRICT HOME LANGUAGE SURVEY

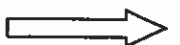
The Fairfield Area School District is committed to ensuring that all students, regardless of their ethnic origin, or home language, receive equal opportunity to access a high quality education and that parents/guardians receive understandable information from school. To assist the District in accomplishing 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 United States Department of Education and Pennsylvania Department of Education; a two-part Ethnicity and Race question are required to be completed.

Part 1: Ethnicity (choose one):

- Hispanic/Latino
- Not Hispanic/Latino

Part 2: Race (choose one or more):

- AMERICAN INDIAN/ALASKAN NATIVE** - A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.
- ASIAN** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- BLACK or AFRICAN AMERICAN (NON-HISPANIC)** - A person having origins in any of the black racial groups of Africa (except those of Hispanic origin).
- NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- WHITE (NON-HISPANIC)** - 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: _____



2024-2025 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).		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 _____		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).		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 _____		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 (<i>Tylenol</i>)	_____	_____
Ibuprofen (<i>Advil</i>)	_____	_____
Antacid (<i>Tums</i>)	_____	_____
Benadryl (<i>Allergy Symptoms</i>)	_____	_____

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
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:

- | | |
|--|---|
| <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 checked="" 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