



## HAMBURG AREA SCHOOL DISTRICT

701 Windsor Street, Hamburg, PA 19526-0401

Telephone 610-562-2241

Fax 610-562-2634

A Great place to live and learn

Dear Parent/Guardian:

Welcome to the Hamburg Area School District. Enclosed in this packet are forms to be filled out for registration. **REGISTRATIONS ARE DONE BY APPOINTMENT ONLY.**

**Please read these forms carefully** and be sure to include the items that are listed on this letter.

1. A copy of the child (ren)'s birth certificate,
2. A copy of the child (ren)'s immunizations that are **complete and up to date**
3. **Two** proofs of residency for the parent that include **your name and address**. Example: Driver's licenses, utility bill, vehicle registration, lease agreement.

At the time you pick up the packet, I will take some initial information and schedule an appointment for you to return the completed paper work. All the information listed above is required to complete the registration process. **If you do not have the above information with you at the time of your appointment the registration process will not be completed.**

**PLEASE NOTE: Every student in every grade must have 2 varicella shots if they haven't had the disease. Any student entering 7th grade must have TDAP and Menactra (MCV4). This is a brand new law and students will not be allowed to enter school in August without them.**

We look forward to having you and your family in our community and in our district. We strive to help your child(ren) achieve academic success. Please feel free to access our website **at: [www.hasdhawks.org](http://www.hasdhawks.org)** for more information.

Sincerely,

LisaD Welgo

Central Registration Secretary

Hamburg Area School District

610-562-2241 ex. 1736



### HAMBURG AREA SCHOOL DISTRICT STUDENT REGISTRATION FORM

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

Child's Name \_\_\_\_\_ Gender \_\_\_\_\_ Grade Entering \_\_\_\_\_  
 Last First Middle

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_ Boro/Township \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ State/Country of Birth \_\_\_\_\_ Home Telephone \_\_\_\_\_

Child resides with: ( ) Both Parents ( ) Father ( ) Mother ( ) Step-Parent: Name: \_\_\_\_\_  
 ( ) Other \_\_\_\_\_

Hispanic/Latino Ethnicity: ( ) Yes ( ) No

Ethnicity of Child: ( ) White ( ) Pacific Islander ( ) American Indian ( ) Asian ( ) African American ( ) Multi-Racial

Father's Name: \_\_\_\_\_  
 Last First MI

Address: \_\_\_\_\_  
 \_\_\_\_\_

Home#: \_\_\_\_\_ Work# \_\_\_\_\_

Cell# \_\_\_\_\_ Email: \_\_\_\_\_

Active Military: \_\_\_\_\_ Yes \_\_\_\_\_ No Branch \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
 Last First MI

Address: \_\_\_\_\_  
 \_\_\_\_\_

Home#: \_\_\_\_\_ Work# \_\_\_\_\_

Cell# \_\_\_\_\_ Email: \_\_\_\_\_

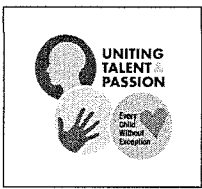
Mother's Maiden Name \_\_\_\_\_

Active Military: \_\_\_\_\_ Yes \_\_\_\_\_ No Branch \_\_\_\_\_

Name of former school: \_\_\_\_\_ Address: \_\_\_\_\_

Does the Student have an IEP or any special learning needs? Yes \_\_\_\_\_ NO \_\_\_\_\_

SIBLINGS	NAME/GRADE	BIRTH DATE	( ) MALE ( ) FEMALE
_____	_____	_____	( ) MALE ( ) FEMALE
_____	_____	_____	( ) MALE ( ) FEMALE
_____	_____	_____	( ) MALE ( ) FEMALE
_____	_____	_____	( ) MALE ( ) FEMALE



# Emergency Contact Sheet

The following contacts will be used if the parent or guardian cannot be reached during the day, (i.e. grandparent, neighbor, or other). Please list in order of priority.

**Students Name:** \_\_\_\_\_

(1) Name: \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Phone Number \_\_\_\_\_ Alternate Number \_\_\_\_\_

Student may be released to this contact in the case of an emergency. Yes \_\_\_ No \_\_\_

(2) Name: \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Phone Number \_\_\_\_\_ Alternate Number \_\_\_\_\_

Student may be released to this contact in the case of an emergency. Yes \_\_\_ No \_\_\_

(3) Name: \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Phone Number \_\_\_\_\_ Alternate Number \_\_\_\_\_

Student may be released to this contact in the case of an emergency. Yes \_\_\_ No \_\_\_

(4) Name: \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Phone Number \_\_\_\_\_ Alternate Number \_\_\_\_\_

Student may be released to this contact in the case of an emergency. Yes \_\_\_ No \_\_\_

(5) Name: \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Phone Number \_\_\_\_\_ Alternate Number \_\_\_\_\_

Student may be released to this contact in the case of an emergency. Yes \_\_\_ No \_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*\* Please notify school if these contact should be changed or removed.



## HAMBURG AREA SCHOOL DISTRICT VERIFICATION OF IDENTITY AND RESIDENCY

Student Name	DOB	Grade	Building
<u>New Address</u>	<u>Former Address if in HASD</u>		

**PROOF OF IDENTITY:** A copy shall be maintained in the student records file.

- Original or certified copy of Birth Certificate
- Other (please circle): adoption decree, passport, Certificate of Birth Abroad, court order or similar legal instrument specifying student's name, sex, date of birth, and parents' names.

**PROOF OF RESIDENCY**

Under the authority of Sections 1301 and 1302 of the Pennsylvania School Code, you are requested to submit **two (2) or more** of the following. These documents will be used to verify the residency of a **Regular Resident, Multiple Occupancy Resident, and Custodial Resident**. This proof of residency must be submitted **before** the enrollment of a student can occur.

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Agreement of Property sale/lease</li> <li><input type="checkbox"/> Property deed</li> <li><input type="checkbox"/> Statement of home owner's insurance</li> <li><input type="checkbox"/> Bills or receipts showing new address</li> <li><input type="checkbox"/> Bank statement showing address</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Vehicle registration card or application for change of address</li> <li><input type="checkbox"/> TV cable or satellite activation/billing statement; current electric and phone bill bearing new address</li> <li><input type="checkbox"/> Driver's license or driver's application for change of address</li> <li><input type="checkbox"/> Property tax receipt</li> <li><input type="checkbox"/> Pay stub from employer</li> </ul> |
|--|--|

\*\*Change of address card from the post office **cannot** be accepted

The above-checked items have been presented to me as acceptable proofs of residence.

\_\_\_\_\_  
Signature of Registrar

\_\_\_\_\_  
Date

I, the undersigned, the parent/guardian enrolling the above-referenced child, presented the documents as indicated by the above-checked items in fulfillment of my obligations to enroll the said child for free school privileges and attest that each is a true and correct document and I recognize the following pursuant to laws regarding unsworn statements:

That the documentation presented for the purposes of enrollment for free school privileges are subject to investigation and verification, and should it be determined that the above are not a true representation of fact, either now or in the future, I shall then be liable to reimburse the school district at the then current annual tuition rate for improper attendance of each ineligible child in the Hamburg Area School District.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



## REQUEST FOR STUDENT RECORDS

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

NAME AND ADDRESS OF PREVIOUS SCHOOL AND DISTRICT:

\_\_\_\_\_  
\_\_\_\_\_  
Phone # \_\_\_\_\_ Fax# \_\_\_\_\_

The above listed student has enrolled in the **Hamburg Area School District**. In accordance with the Family Educational Rights and Policy Act dated June 17, 1976, please send all appropriate records, including:

- **Complete transcript indicating credits and numerical grades received**
- **Withdrawal grades and grades received during the current year's attendance periods**
- **Standardized test scores**
- **Discipline and attendance records**
- **Health and physical records**
- **Special education records (including: Psychological, W.I.D.A. scores, IEP, Nora and ER)**
- **Other information that would be helpful in planning an educational program.**

In accordance with PA code 11.11 (b) school districts within the Commonwealth are required to forward student records to the requesting school within 10 business days from the time the request is received.

Please **fax grades and transcripts**. **Mail or email** all other requested information to:

Hamburg Area School District  
Attn: Lisa Welgo, Registration Secretary  
District Office  
701 Windsor St.  
Hamburg, PA 19526  
Phone: 610-562-2241 ext. 1736 Fax: 610-562-2634  
[liswel@hasdhawks.org](mailto:liswel@hasdhawks.org)

## AUTHORIZATION TO RELEASE STUDENT RECORDS

I have presented my child, \_\_\_\_\_, for enrollment in Hamburg Area School District and authorize you to release his/her records.



Date \_\_\_\_\_

My child, \_\_\_\_\_, birth date \_\_\_\_\_,

has enrolled in \_\_\_\_\_ grade for the \_\_\_\_\_ school year.

If your child is currently identified as a child in need of Special Education Services, has a Gifted IEP, or has a Chapter 15/Section 504 Service Plan, please check the appropriate boxes below:

**IEP (Individualized Education Program):**

- Does Have                       Does Not Have

**Type of Service:**

- Learning Support             Emotional Support             Speech/Language
- Autistic Support             Life Skills Support

**Gifted IEP:**

- Does Have                       Does Not Have

**Chapter 15/Section 504 Service Plan:**

- Does Have                       Does Not Have

IEP, NOREP, ER (Evaluation Report); Gifted IEP, Gifted NORA; Chapter 15 or Section 504 Service Plan



**HAMBURG AREA SCHOOL DISTRICT**  
**PERMISSION FOR EXAMINATIONS AND SCREENINGS**

**THE NATURE AND PURPOSE OF THIS HEALTH RECORD**

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

I understand that the information I give to the School nurse is important for the school staff to understand and help the health and education of my child.

I understand that the information will be kept confidential by the School Health staff, and will be shared with other professionals in the school and in other institutions only when the School Nurse and/or the School Physician believe that it is in the best interests of my child's health and education.

Copies of this health record will be sent to other agencies who request it only with my written consent.

Signature of Parent/Guardian \_\_\_\_\_

**PERMISSION FOR EXAMINATIONS AND SCREENINGS**

I give permission for my child to receive medical and dental examinations and screenings as provided by the School Health Services of the Hamburg Area School District.

I understand that state law requires:

\*Physical examination

\*Dental examination

Screenings for:

Growth (Body Mass Index, height, and weight) – Grades K - 12

Vision – Grade K – 12

Hearing – Grades K - 3, 7, 11

Scoliosis – Grades 6, 7

\*Parents are encouraged to have physical and dental examinations completed by the child's primary care physician/dentist.

I understand that the Hamburg Area School District has obtained approval from the Pennsylvania Department of Health to provide expanded health services.

I understand that I will be informed of any abnormal results of the examinations and screenings given to my child.

**I give permission for the following: \*(if not done by private provider)**

Health History/Health Record

\*Physical examination

\*Dental examination

Screenings for:

Growth

Vision

Hearing

Scoliosis

Signature of Parent/Guardian \_\_\_\_\_



## HAMBURG AREA SCHOOL DISTRICT CHILD CUSTODY INFORMATION

1. Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ Building \_\_\_\_\_  
PLEASE PRINT

2. Name of custodial parent(s) with whom the child resides:

\_\_\_\_\_

\_\_\_\_\_ Address \_\_\_\_\_ Telephone # \_\_\_\_\_

3. List the name(s) of any other person(s) whom you authorize to have access to your child's school records or to represent you in discussions regarding your child.

\_\_\_\_\_

**The following information (4-8) is needed only if your child does not reside with both natural parents due to separation or divorce.** The parent with whom the child resides will be considered the custodial parent, however, the non-custodial parent has access to the child's records in the absence of a court order forbidding it. **It is the responsibility of the custodial parent to provide the school with any limiting court order.**

4. Name of non-custodial parent:

\_\_\_\_\_

\_\_\_\_\_ Address \_\_\_\_\_ Telephone # \_\_\_\_\_

5. Do you, as custodial parent, have LEGAL custody through a court order? \_\_\_\_\_ yes \_\_\_\_\_ no (If yes, a copy of the court order MUST be supplied to the school office to be kept on file.) If pending, the date to be finalized: \_\_\_\_\_

6. If there is a court order, **does it limit the non-custodial parent access to school records?** \_\_\_\_\_ yes \_\_\_\_\_ no (If yes, a copy of the court order MUST be checked by school officials.)

7. May the child be released from school to the non-custodial parent? \_\_\_\_\_ yes \_\_\_\_\_ no (If no, a copy of the court order MUST be checked by school officials.)

8. Please provide any additional information (on the back of this sheet) regarding custody of which the school should be aware.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Custodial Parent

(Please return to the school office or your child's teacher.)





**HAMBURG AREA SCHOOL DISTRICT  
Sworn Parental Statement**

I attest that \_\_\_\_\_ has not been suspended or  
Student Name

expelled from a public or private school in Pennsylvania or any other state for an act or offense involving weapons, alcohol or drugs, or the willful infliction of injury to another person or for any act of violence committed on school property\*

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Any willful false statement shall be a misdemeanor of the third degree.**

**\*Section 1304-A Pennsylvania School Code**

\*A copy shall be maintained in the student's file.



# HAMBURG AREA SCHOOL DISTRICT 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 this identification.

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

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

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

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

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

2. What language (s) is/are spoken in your home? \_\_\_\_\_

3. Does the student speak a language(s) other than English?  Yes  No  
(Do not include languages learned in school.)

If yes, specify the language(s): \_\_\_\_\_

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	Date	Dates Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

Person completing this form (If other than parent/guardian): \_\_\_\_\_

\*The school district/charter school/full day AVTS has the responsibility under the federal law to serve students who are limited 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 student 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.