

# COUNCIL ROCK SCHOOL DISTRICT STUDENT REGISTRATION

PLEASE PRINT

OFFICE USE ONLY

Student ID \_\_\_\_\_ Census # \_\_\_\_\_  
School \_\_\_\_\_ Entry Date \_\_\_\_\_  
Reg for School Year \_\_\_\_\_ Grade \_\_\_\_\_  
 MO  Guardianship  Legal Guardianship  
 Foster  Custody Agreement  \_\_\_\_\_  
Registered by \_\_\_\_\_ Reg Date \_\_\_\_\_

## STUDENT INFORMATION:

Has this student registered at any Council Rock school in the past?  Yes  No

If so, which school? \_\_\_\_\_ Dates enrolled: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Student's Legal First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_ Generation (Jr. / Sr. etc) \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ DOB verification type:  Birth Certificate  Baptismal Certificate

IS STUDENT OF **HISPANIC/LATINO ETHNICITY** → check one:  Yes  No

IF **NON-HISPANIC** → check one:  1-American Indian/Alaskan Native  3-Black  5-White  9-Asian  10-Native Hawaiian/Pacific Is

Subgroup (for Spanish or Arabic speaking students, only): \_\_\_\_\_

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

Initial Pennsylvania school enrollment date: \_\_\_\_/\_\_\_\_/\_\_\_\_

US enrollment date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student's Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different than physical address, example PO Box) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Do you:  own your home  lease your home  other \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION: (COMPLETE SECTIONS I AND II AS APPLICABLE)

In cases of divorce/separation, either a current custody agreement must be provided at registration OR both parents must sign registration form to acknowledge that child will attend school in Council Rock School District.

I. Parent/Guardian Full Name \_\_\_\_\_

Address (if different than student) \_\_\_\_\_

Email Address \_\_\_\_\_ Home Phone # \_\_\_\_\_ Mobile Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Name of Stepparent (if applicable) \_\_\_\_\_ Email Address \_\_\_\_\_ Mobile Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

II. Parent/Guardian Full Name \_\_\_\_\_

Address (if different than student) \_\_\_\_\_

Email Address \_\_\_\_\_ Home Phone # \_\_\_\_\_ Mobile Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Name of Stepparent (if applicable) \_\_\_\_\_ Email Address \_\_\_\_\_ Mobile Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

With whom does the student reside (Check all that apply)  mother  father  stepparent  guardian

other (please explain) \_\_\_\_\_

**MISCELLANEOUS STUDENT INFORMATION:**

Birth City: \_\_\_\_\_ Birth State: \_\_\_\_\_ Birth Country: \_\_\_\_\_  Migrant

**FOR HIGH SCHOOL STUDENTS ONLY:** Date entered 9th Grade: \_\_\_\_/\_\_\_\_/\_\_\_\_

*I understand that credit for course work earned at a previous school will not be awarded unless an official transcript is received by CRSD.*

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

Former School: \_\_\_\_\_ Date last attended: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Grade last attended: \_\_\_\_\_

Principal/Counselor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Does your child have a significant health problem of which the school should be made aware?  Yes  No

*If you answered "YES" - please communicate the problem to the school nurse immediately on the health forms provided.*

Does child have a hearing problem, sight problem, etc.? \_\_\_\_\_

Does child presently have an IEP?  Yes  No

Does child presently have a GIEP?  Yes  No

*If you answered "YES" - please provide the district with a copy of current evaluation report and IEP/GIEP.*

**BROTHERS AND SISTERS:** (Please list full name, date of birth and school for children ages 0-18 years)

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

**NOTES/COMMENTS:**

Please list any special programs this student has participated in at previous schools(s) or include other comments you wish to make:

**STUDENT REGISTRATION AFFIDAVIT / SIGNATURE REQUIRED**

*(Please check one)*

This is to certify that I am the  PARENT  GUARDIAN of the pupil registered on this form.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

*(Please check one)*

This is to certify that I am the  PARENT  GUARDIAN of the pupil registered on this form.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**\*In cases of divorce/separation, either a current custody agreement must be provided at registration OR both parents must sign registration form to acknowledge that child will attend school in Council Rock School District.**

**COUNCIL ROCK SCHOOL DISTRICT  
PARENTAL REGISTRATION STATEMENT**

**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 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.”**

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*To be completed by the Parent or Guardian:*

Student: \_\_\_\_\_ DOB: \_\_\_\_\_

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 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. 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.

*Please complete this section if student has been or is presently suspended or expelled from another school:*

Name of school from which student was suspended or expelled:	
Dates of suspension or expulsion: (Please provide additional schools and dates of suspension/expulsion)	
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.  
24 P.S. §13-1317-2

**COUNCIL ROCK SCHOOL DISTRICT  
HOME LANGUAGE SURVEY\***

The Office of Civil Rights (OCR) requires that all Local Education Agencies (LEAs) 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 initial step in the identification process.

*(Please Print)*

School District: COUNCIL ROCK SCHOOL DISTRICT Date: \_\_\_\_\_

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

Student's Name: \_\_\_\_\_

1. In what country was your child born ? \_\_\_\_\_

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

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

5. Has the student attended any United States school in any 3 years during his/her lifetime?  Yes  No

*If yes, complete the following:*

<u>Name of School</u>	<u>State</u>	<u>Dates Attended</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Parent/Guardian Signature: \_\_\_\_\_

\*The local education agency (LEA) has the responsibility under the federal law to serve students who are limited English proficient and need English instructional services. Given this responsibility, the LEA 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 LEA may conduct screenings or ask for related information about students who are already enrolled in the school as well as from students who enroll the LEA in the future.

<b>OFFICE USE:</b> Student ID# _____
English Proficiency Level: _____ Program Start Date: _____
If one of the answers is a language other than English or the country of origin is other than the United States, send a copy of this form to the District ELL Coordinator and the school's ELL teacher. Place the original in the child's cumulative folder. <b><i>This form and accompanying ELL entry form test remains in the folder throughout the child's school career.</i></b>

**COUNCIL ROCK SCHOOL DISTRICT  
CENSUS ENUMERATION FORM**

*(Please Print)*

Parcel # \_\_\_\_\_ Date: \_\_\_\_\_

Current Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Former Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Do you:  Own your home  Rent (name of landlord \_\_\_\_\_)

How long have you been a resident at your current address? \_\_\_\_\_

**PLEASE LIST ALL RESIDENTS OVER 18 YEARS OF AGE**

\*Failure to note occupation will result in being taxed at the highest rate

Name (Last, First, Middle)	Date of Birth (Month/Day/Year)	Total Years Education
*Occupation	Employer	Employer Address
Name (Last, First, Middle)	Date of Birth (Month/Day/Year)	Total Years Education
*Occupation	Employer	Employer Address
Name (Last, First, Middle)	Date of Birth (Month/Day/Year)	Total Years Education
*Occupation	Employer	Employer Address
Name (Last, First, Middle)	Date of Birth (Month/Day/Year)	Total Years Education
*Occupation	Employer	Employer Address

**PLEASE LIST ALL CHILDREN UNDER 18 LIVING AT YOUR ADDRESS (FROM OLDEST TO YOUNGEST)**

Name (Last, First, Middle)	Sex	Date of Birth (Month/Day/Year)	School	Grade

Please state intention of pre-school children to attend **public, private or parochial school**

**THIS INFORMATION IS REQUIRED FROM ALL RESIDENTS OF COUNCIL ROCK SCHOOL DISTRICT**

## COUNCIL ROCK SCHOOL DISTRICT

### KEYSTONE COLLECTIONS GROUP / EARNED INCOME TAX REGISTRATION FORM

A completed Earned Income Tax Registration Form will fulfill your registration requirements under the Earned Income Tax rules and regulations adopted by Council Rock School District and your resident municipality. More importantly, this information will ensure that your tax dollars are sent to your home taxing jurisdiction. **All residents should complete this form**, regardless of employment status (unemployed, retired, college student, military personnel, or homemaker). If you have recently moved, please give your current and former address.

Most resident taxpayers will have this tax deducted by their employers. If you work in a jurisdiction where it is not withheld, or you are self-employed, you will have to pay the tax directly to Keystone Collections Group. Your completed registration form will be forwarded to Keystone Collections Group, who will create an accurate tax account reflecting your correct reporting status and send you the necessary tax forms.

We appreciate your cooperation in completing the form. Kindly refer to the general questions and answers about the Earned Income Tax. If you have any additional questions, contact Keystone Collections Group at 724-978-0300 or in person at your local Keystone Collections Group office in Warrington (888-519-3898).

ALL RESIDENTS SHOULD COMPLETE THIS FORM		
PLEASE PRINT		
	YOUR INFORMATION	SPOUSE'S INFORMATION
Name:		
Street Address:		
City/Zip:		
Phone Number:		
Social Security #:		
Municipality:		
Employer:		
School District:	COUNCIL ROCK SD	COUNCIL ROCK SD
County:	BUCKS COUNTY	BUCKS COUNTY

Revised 3/12

(Office Use: Provided with Student Registration)

**Student Emergency & Health Information Form**  
**Council Rock School District**

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

*Do not use parent/guardian as an emergency contact*

**Emergency Contact Information 1:      \*\*Name and Phone Number Required\*\***

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**Emergency Contact Information 2:      \*\*Name and Phone Number Required\*\***

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**Student Medical Information:      \*\*\*All information below is required\*\*\***

The school nurses have standing orders from the school district medical advisor to administer to grades:  
K-12: acetaminophen                      7-12: ibuprofen

Check the box if this child may receive acetaminophen according to the standing orders: \_\_\_\_\_ Initial here: \_\_\_\_\_

Check the box if this child may receive ibuprofen according to the standing orders: \_\_\_\_\_ Initial here: \_\_\_\_\_

Authorization Date (Today's Date): \_\_\_\_\_

Physician's Name/Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

Significant Health Problems: \_\_\_\_\_

**Student Childcare Information: (Grade K to 6 only)**

Child Care Provider (Name/Organization): \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Permanent childcare arrangements (Check where applicable) AM: \_\_\_\_\_ PM: \_\_\_\_\_

**Parent Guardian Signature:**

If you do *NOT* wish to have this child's photograph or video published through the Council Rock School District check the box: \_\_\_\_\_

In the event that all named persons on this form (guardians, physicians, emergency and other contacts) cannot be reached, I authorize the officials of Council Rock School District to take whatever action is deemed necessary, in the event of a health emergency for my child.

Parent/Guardian Name (Signature) \_\_\_\_\_ Date \_\_\_\_\_