

UPPER MORELAND SCHOOL DISTRICT STUDENT REGISTRATION FORM

Student # (for office use)		PA Secure ID # (for office use)	
Previously Enrolled: (Y/N)	Registration Date: (for office use)		Start Date: (for office use)
Last Name:		First Name:	Middle:
Gender:	Ethnicity:	Hispanic?	Grade:
Birth Date:		City/ State of Birth:	UMSD School:
Date Entered U.S. School:		Date entered PA School:	Native Language:
Date Entered U.S.:			

Address Information

Street Address:		Apt #	
City:	State: PA	Zip:	
Type Of Residence (for office use) House Own House Rent Apartment		Date Moved in/ Lease Effective Dates:	
Residency Status: (for office use) Resident, Foster, Multiple Occ., Affidavit		Home Phone #	
Emergency Contact Name: (other than parent)		Emergency Contact Relationship to Student: Emergency Contact Phone:	

Prior School Information

Name:	Address:	Phone #	
Date last attended	Grade:	IEP:	Challenge Type:

Parent/ Guardian Information

	<input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Step <input type="checkbox"/> Foster		<input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Step <input type="checkbox"/> Foster	
Name				
Cell Phone #				
Employer/ Occupation				
Work Phone #				
Email address				
Date of Birth & State or Country				
Marital Status/Residence the Same				
Name & Address/ Non-Resident Parent		School Mailings to this Non-Resident parent?		Parent(s) Active in Military?

Sibling/ Additional Resident Information

Name	Date of Birth	School	Grade	Relationship	Gender

Signature of Parent/ Guardian

Date

Upper Moreland School District
2900 Terwood Road, Willow Grove, PA 19090
(215) 830-1511

Date: _____

To: _____
(Former School Name)

(Former School Address)

(Former School Phone and Fax numbers)

The following student, _____, (DOB). _____ has enrolled in the Upper Moreland School District. The parents/guardian of this student has indicated that the last school attended was your school. Please send the cumulative record, health record, any special education records (if applicable) and any other pertinent records you may have. Thank you for your assistance. Please forward the records to the school checked off below:

Upper Moreland Primary School
3980 Orangemans Road
Hatboro, PA 19040-2812
(215) 325-1400
Fax: (215) 325-1401

Upper Moreland Intermediate School
3990 Orangemans Road
Hatboro, PA 19040-2812
(215) 325 -1700
Fax: (215) 325-1701

Upper Moreland Middle School
4000 Orangemans Road
Hatboro, PA 19040-2941
(215) 674-4185
Fax: (215) 956-1906

Upper Moreland High School
3000 Terwood Road
Willow Grove, PA 19090-1431
(215) 830-1500
Fax: (215) 830-1581

Parent/Guardian Signature for the Release of Records

Date

For Upper Moreland School Office Use Only:

Date Records Received: _____ *Initials:* _____

Teacher Assigned: _____ *Grade* _____ *Section* _____

SCHOOL DISTRICT OF UPPER MORELAND TOWNSHIP
2900 Terwood Road
Willow Grove, PA 19090
PARENTAL REGISTRATION STATEMENT

Student Name _____

Date of Birth _____ Grade _____

Parent or Guardian Name _____

Address _____

Telephone Number _____

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 action of offense involving a weapon, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property.”

Please complete the following:

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 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 the 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.



HOME LANGUAGE SURVEY¹

The Office of Civil Rights (OCR) requires that all Local Education Agencies (LEA's) 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.

School District: _____ **Date:** _____

School: _____

Student's Name: _____ **Grade:** _____

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

2. 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): _____

3. What language(s) is/are spoken in your home? _____

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

If yes, complete the following:

Name of School	State	Dates Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

Person completing this form: _____

(if other than parent/guardian)

Parent/Guardian signature: _____

¹ 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 in the LEA in the future.

**UPPER MORELAND SCHOOL DISTRICT
HEALTH HISTORY**

The information requested on this form will be of help to the school authorities in determining the health status of your child and in assisting him/her to receive maximum benefits from his/her educational opportunity.

Student's Full Name Birth Date

Father's Name Mother's Name Home Phone

Address

Student's Physician or other source of medical care Dr.'s Phone No.

HAS YOUR CHILD HAD ANY OF THE FOLLOWING? GIVE DETAILS

Allergy: Drug _____ Food _____ Animal _____ Other _____

Recurring Illness: _____

Surgery: _____ Date _____

Serious Accident: _____ Date _____

Hearing Problem: _____ Treatment: _____ Under Care: Yes ___ No ___

Vision Problem: _____ Under Care: Yes ___ No ___

Treatment: Glasses _____ Patch _____ Other _____

Heart Murmur: _____ Treatment: _____ Under Care: Yes ___ No ___

Emotional Problem: _____ Treatment: _____ Under Care: Yes ___ No ___

Speech Problem: _____ Under Care: Yes ___ No ___

Other Conditions: _____ Long Term/Daily Medication: _____

I certify that the above information is correct and I understand that relevant information regarding my child's health may be shared with appropriate school personnel for the safety of my child.

SIGNATURE OF PARENT OR GUARDIAN: _____ Date: _____

UPPER MORELAND TOWNSHIP SCHOOL DISTRICT
2900 Terwood Road
Willow Grove, PA 19090

Dear Parent/ Guardian,

We are pleased you have chosen to educate your child in the Upper Moreland Township School District. All student information, school information, parent identification and proof of residency **Must** be provided at the time of registration.

In conformance with the Upper Moreland registration policy:

- With a few exceptions, the schools of Upper Moreland Township School District are tuition free only for those students whose parents/guardians are **legal** residents of the school district.
- To knowingly make a false statement, give false information or knowingly swear or affirm the truth of a false statement in order for your children to gain entrance or remain in the schools in the district is illegal. If a student attends an Upper Moreland Township School while not being eligible to do so, the student and all responsible parties will be liable for tuition at a rate set by the district and the student will be withdrawn from the district. In addition, a criminal report may be made to the Upper Moreland Township Police Department.
- Parents/Guardians of all students are required to inform school officials of any of the following changes
 - Change of address/ phone number
 - Change of legal custody or guardianship
 - All Temporary Restraining Orders or Protection Orders

Thank you in advance for your cooperation in this matter,

Michelle Lutz

Director of Special Education and Student Services

I have received a copy of this notice and have had the opportunity to discuss this with a district representative.

Parent/Guardian Signature

Date

Student's Name

Student's Name