

# CANTON AREA SCHOOL DISTRICT

## "WARRIOR PRIDE"

### ADMINISTRATIVE OFFICES

509 East Main Street - Canton, PA 17724  
Ph: (570) 673-3191 Fax: (570) 673-3680

### OFFICE OF SUPPORT SERVICES

545 East Main Street - Canton, PA 17724  
Ph: (570) 673-3983 Fax: (570) 673-7929



[www.canton.k12.pa.us](http://www.canton.k12.pa.us)

### CANTON AREA ELEMENTARY SCHOOL

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### CANTON JR. SR. HIGH SCHOOL

509 East Main Street, Canton, PA 17724  
Ph: (570) 673-5134 Fax: (570) 673-5566

## STUDENT ENROLLMENT FORM

Household Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student's Name First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Full Street Address: \_\_\_\_\_

Canton Boro \_\_\_\_\_ Canton Twp \_\_\_\_\_ LeRoy Twp \_\_\_\_\_ McIntyre Twp \_\_\_\_\_ McNett Twp \_\_\_\_\_ Union Twp \_\_\_\_\_

Student Ethnicity: Hispanic/Latino \_\_\_\_\_ Not Hispanic/Latino \_\_\_\_\_

Race (Must choose one; may choose more than one) Hawaiian/Pacific Islander \_\_\_\_\_ White \_\_\_\_\_ Multi-Racial \_\_\_\_\_ Asian \_\_\_\_\_  
Black/African American \_\_\_\_\_ American Indian/Alaskan Native \_\_\_\_\_

Gender: \_\_\_\_\_ Primary Language: \_\_\_\_\_ Birth State/Country: \_\_\_\_\_

Proof of Birth – Birth Certificate \_\_\_\_\_ Baptismal Certificate \_\_\_\_\_ Driver's License \_\_\_\_\_ Passport \_\_\_\_\_ Other \_\_\_\_\_

Do you have custody paperwork? YES \_\_\_\_\_ NO \_\_\_\_\_

Do the custody papers limit the child from being picked up by the non-custodial parent? \_\_\_\_\_

Child lives with: Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Legal Guardian \_\_\_\_\_ Foster Care \_\_\_\_\_

Previous School's Name / Address / Phone
_____
_____
_____

If child was placed in your custody by an agency, give name and address of agency:
_____
_____
Legal Parent Name & Address
_____
_____
Home School District _____

### Parent/Legal Guardian Information

Father's Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Email: \_\_\_\_\_ Employer: \_\_\_\_\_

### School Use Only

Grade \_\_\_\_\_ Age \_\_\_\_\_ Homeroom \_\_\_\_\_ Bus # \_\_\_\_\_ Student ID# \_\_\_\_\_ PA Secure ID# \_\_\_\_\_

Resident \_\_\_\_\_ Non-Resident \_\_\_\_\_ Economically Disadvantaged \_\_\_\_\_

Curriculum: Regular \_\_\_\_\_ Learning Support \_\_\_\_\_ Gifted \_\_\_\_\_ Alt Ed \_\_\_\_\_ Special Needs \_\_\_\_\_

Entry Code \_\_\_\_\_ Entry Date \_\_\_\_\_ Withdraw Code \_\_\_\_\_ Withdraw Date \_\_\_\_\_ Entered by \_\_\_\_\_

Canton Area School District is an Equal Opportunity Employer in Compliance with Title IX and Section 504

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## STUDENT RECORD REQUEST FORM

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

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

Date of Birth: \_\_\_\_\_

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

Parent(s)/Guardian(s): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### INFORMATION TO BE RELEASED:

- CUMULATIVE FOLDER
- HEALTH RECORD, DENTAL RECORDS
- ATTENDANCE REPORT
- TEST RESULTS, INCLUDING PSYCHOLOGICAL
- I.E.P INDIVIDUAL EVALUATION PLAN / COMPREHENSIVE EVALUATION REPORT
- THIRD PARTY REPORTS, INCLUDING MEDICAL, PSYCHOLOGICAL, LEGAL, SOCIAL SERVICES
- OTHER

\*\*\*\*\*  
I hereby authorize the Canton Area School District, Canton, PA to receive or release the information specified above upon request from: (please print the name, address, and phone number of the school/office):

\_\_\_\_\_

\_\_\_\_\_

I also acknowledge that I have been informed that I may request a copy of the school records if desired.

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

### Please fax/mail/Email records to:

Canton Area Elementary School  
545 East Main Street  
Canton, PA 17724  
Attn: Brianna Ward  
Fax: 570-673-7929  
[bward@canton.k12.pa.us](mailto:bward@canton.k12.pa.us)

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## HOUSEHOLD INFORMATION FORM

Surname \_\_\_\_\_ Date \_\_\_\_\_

Head of Household \_\_\_\_\_

Street Address \_\_\_\_\_ County \_\_\_\_\_

Mailing Address \_\_\_\_\_

Household Phone \_\_\_\_\_

Please check one:

Canton Boro  Canton Twp  LeRoy Twp  McIntyre Twp  McNett Twp  Union Twp

### PLEASE LIST ALL STUDENTS LIVING IN THIS HOUSEHOLD

Last Name	First Name	Grade
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

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## Parental Registration Statement

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

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

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

Parent or Guardian Name: \_\_\_\_\_

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

Home 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.

**Signature of Parent/Guardian:** \_\_\_\_\_

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

*Pennsylvania School Code § 13-1318.1 states in part "Prior to admission to a public 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 student was previously or is presently expelled under the provisions of this section." Section 13-1318 speaks to students who have been convicted or adjudicated delinquent of committing a sexual assault upon another student enrolled in the same public school entity.*

**Please complete the following:** I hereby swear or affirm that my child \_\_\_ was \_\_\_ was not previously expelled or \_\_\_ is \_\_\_ is not presently expelled from any public-school entity under 24 P.S. § 13-1318.1 (related to students convicted or adjudicated delinquent of sexual assault). I make this statement subject to the penalties of 24 P.S. §13-1318.1(g) 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.

**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.*

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: \_\_\_\_\_

Reason for suspension/expulsion: \_\_\_\_\_

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## Transportation Enrollment/Change Form

Student Name - \_\_\_\_\_ Grade - \_\_\_\_\_ DOB - \_\_\_\_\_

Parents Name - \_\_\_\_\_ Phone - \_\_\_\_\_

Address - \_\_\_\_\_

Directions to residence from school - \_\_\_\_\_

Nearest neighbor(s) - \_\_\_\_\_

Does a bus currently travel by residence?  No  Yes Bus Number - \_\_\_\_\_

Existing bus stop closest to your residence (if known) - \_\_\_\_\_

Please select from the list below how your child will be going to and coming from school -

AM  PM **Home** - Address - \_\_\_\_\_

AM  PM **Day Care** - Name/Address - \_\_\_\_\_

AM  PM **Babysitter** - Name/Address - \_\_\_\_\_

AM  PM **Walker**

Are there any custody arrangements that affect transportation -  No  Yes

Please provide necessary information - \_\_\_\_\_

Parent Signature - \_\_\_\_\_ Date - \_\_\_\_\_

Student ID # \_\_\_\_\_

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# HOME LANGUAGE SURVEY

**ALL newly registering students regardless of race, nationality, or language origin MUST complete this form.** Federal law requires that all Local Education Agencies (LEAs) utilize a non-biased procedure for identifying which students are potential English Learners (ELs) in order to provide appropriate language instruction educational programs and services. Given this responsibility, LEAs have the right to ask for the information contained on this and other forms associated with the identification process.

### **Student Information (Parents/Guardians should complete this section):**

Child's first name: \_\_\_\_\_

Child's family name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ (Month/Day/Year)

Student Ethnicity:  Hispanic/Latino  Not Hispanic/Latino

Race (Must choose one; may choose more than one):  Hawaiian/Pacific Islander  White  
 Multi-Racial  Asian  Black/African American  American Indian/Alaskan Native

### **Questions for Parents or Guardians**

1. Is a language other than English spoken in the child's home?  No  Yes (language) \_\_\_\_\_
2. Does your child communicate in a language other than English?  No  Yes (language) \_\_\_\_\_
3. What is the language that your child first learned to speak? \_\_\_\_\_
4. In which language do you prefer to receive information? \_\_\_\_\_

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

Interpreter Provided  No  Yes

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STUDENT NAME: \_\_\_\_\_

### PERMISSION FOR EXAMINATION & HEALTH SCREENING FROM KINDERGARTEN THROUGH 12<sup>TH</sup> GRADE

I give permission for my child to receive medical and dental examinations and screenings as provided by the School Health Services of Canton Area School District while he/she is enrolled in the district.

I give permission for and understand that the State Law requires:

Physical Examinations – Kindergarten or original entry into school, grade 6, grade 11  
(Unless physical exam completed & form returned to the school nurse by Nov 1)

Screening Tests for – Growth – All grades  
Vision – All grades  
Hearing – grades K, 1, 2, & 3  
Scoliosis – grades 6 & 7

I understand that I will be informed if my child has any abnormal results of examinations or tests.

If you have any questions, please feel free to call the school.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_

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### SCHOOL REGISTRATION – STUDENT HEALTH INFORMATION

Date \_\_\_\_\_

Student Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Date of Birth \_\_\_\_\_

*The following information will be placed in your child's school health record and will be kept confidential. It is sometimes beneficial for other school personnel to know about certain health problems in case an emergency occurs. Do you give permission for the school nurse to communicate to administrators, teachers, support staff, and bus drivers any health conditions that would be important for them to know in the event of an emergency?*

Yes \_\_\_\_\_ No \_\_\_\_\_ Parent or Guardian Signature \_\_\_\_\_

**Does your child currently have or has he/she ever had any of the following conditions?**

	Circle	Explanation
1. Allergies		
a. Environmental	Yes No	_____
b. Food ( <b>Doctor's Note Needed</b> )	Yes No	_____
c. Medicines	Yes No	_____
d. Skin Problems (eczema/psoriasis)	Yes No	_____

**Life Threatening Allergic Conditions – Check all that apply**

\_\_\_\_\_ Severe allergic reactions to bee stings or other insects: \_\_\_\_\_  
 \_\_\_\_\_ Severe Reactions to peanuts, tree nuts, seeds: \_\_\_\_\_

**Please indicate any of your child's symptoms which would indicate a severe allergy:**

\_\_\_\_\_ Itching and/or tightness in throat                      \_\_\_\_\_ Itching or swelling of eyes, lips, or tongue  
 \_\_\_\_\_ Shortness of breath, coughing, wheeze                      \_\_\_\_\_ Thready pulse, faintness, passing out  
 \_\_\_\_\_ Hives

**Has your physician prescribed an Epi-pen or other medication for a life-threatening allergy? YES NO**

2. Frequent Colds and Sore Throats	Yes No	_____
3. Arthritis, Rheumatic Disease	Yes No	_____
4. Asthma	Yes No	_____
a. Uses Inhaler	Yes No	_____
b. Uses Nebulizer	Yes No	_____
5. Attention Deficit Disorder/Hyperactivity	Yes No	_____
a. ADD/ADHD Medicines Prescribed	Yes No	_____
6. Autism Spectrum Disorder	Yes No	_____
7. Bedwetting	Yes No	_____
8. Birth Defects/Developmental Problems	Yes No	_____
9. Bleeding Problems, Anemia	Yes No	_____
10. Heart Conditions, heart murmur	Yes No	_____
11. Chicken Pox	Yes No	_____
12. Cystic Fibrosis	Yes No	_____
13. Diabetes	Yes No	_____