

**ELLWOOD CITY AREA SCHOOL DISTRICT
501 CRESCENT AVENUE
ELLWOOD CITY, PA 16117**

TRANSFER OF PUPIL’S RECORDS TO ELLWOOD CITY AREA SCHOOL DISTRICT

TO: _____ **SCHOOL DISTRICT**

I would like to have my child’s/children’s academic records, health records, individual education plans (IEP/ER/NOREP), Chapter 15 ‘504’ plans, psychological reports, discipline records, and PA ID secure numbers forwarded to the school/s indicated below. Your attention to my request is appreciated.

Signature of parent/guardian

Date

Child’s name _____ Receiving School No. _____

Child’s name _____ Receiving School No. _____

Child’s name _____ Receiving School No. _____

Child’s name _____ Receiving School No. _____

Child’s name _____ Receiving School No. _____

Receiving Schools

**No. 1 Hartman Intermediate
ECASD
501 Crescent Avenue
Ellwood City, PA 16117
Fax: 724-758-0534**

**No.3 Perry Lower Intermediate
ECASD
501 Crescent Avenue
Ellwood City, PA 16117
Fax: 724-758-0534**

**No. 2 North Side Primary
ECASD
501 Crescent Avenue
Ellwood City, PA 16117
Fax: 724-758-0329**



ELLWOOD CITY AREA SCHOOL DISTRICT

District Administration

501 Crescent Avenue

Ellwood City, PA 16117

Phone: 724-752-1591 x 3010 Fax: 724-752-8556

"All Our Children Learning Today For Tomorrow"

Dear Parents/Guardians,

Welcome to the Ellwood City Area School District!

In order to quickly and appropriately enroll your child, please complete the following process.

REGISTRATION PROCESS:

- 1. Call Central Registration for an appointment: (724)752-1591 x3010**
- 2. Please complete the following forms and bring them with you to your appointment:**
 - Registration Form
 - Health Information
 - Health History Form
 - Emergency and Health Information
 - Physical Examination – K, Grade 6, Grade 11, non PA residents
 - Dental Examination – K, Grade 3, Grade 7, non PA residents
 - Home Language Survey
 - Student and Staff Acceptable Use of Internet
 - PIMS Student Verification Form
 - Student Residency Questionnaire
 - Request for Students Records Release
 - Free/Reduced Lunch Application (if applicable)
- 3. Please bring along these Important Documents for each child being registered:**
 - Copy of your child's birth certificate
 - Copy of your child's immunization record (must meet PA immunization requirements)
 - Two Proofs of residency (i.e., mortgage payment, utility bill, drivers license, lease, notarized letter)
 - Custody papers (if applicable)
 - Transcript/report card/current grades/test scores
 - IEP (Individualized Education Plan)(if applicable)

We are looking forward to having your child/children in our school district and we hope you and your family have a wonderful experience here.

Sincerely,

Joseph E. Mancini
Superintendent

ELLWOOD CITY AREA SCHOOL DISTRICT
STUDENT REGISTRATION PERMANENT RECORD INFORMATION

APPENDIX B

PLEASE PRINT

Student Number _____ Homeroom _____ Start Date _____

1 - Student Information

Student Name _____ Grade _____
Last First Middle

Student Address _____
Street City State Zip

Home Phone _____ Parent Cell Phone _____

Date of Birth _____ Gender _____ Age _____ Place of Birth _____
City State

Father or Mother currently active in the military? Yes _____ No _____
The district is required to collect ethnicity/race data in order to satisfy US Department of Education audit requirements:
Please select one: Not Hispanic _____ Hispanic _____
Please select one or more: American Indian _____ Asian _____ Black _____ Native Hawaiian _____ White _____

2 - Guardian Information

Student Resides with Mother Only _____ Mother & Stepfather _____ Relative _____ Foster _____
Both Parents _____ Father Only _____ Father & Stepmother _____ Guardian _____ Other _____

If Other than parents: _____
(Name and Relationship)

Please complete the following regardless of who child resides with:

Father's Full Name _____ Mother's Full Name _____

Step-Father's Name _____ Step-Mother's Name _____

EMERGENCY CONTACT INFORMATION: NAME: _____ PHONE: _____

4 - Previous School Information (Include Pre-School for Kindergarten registrants)

Name of Previous School _____

Address _____

Last date attended _____

Has Student ever attended the Ellwood City Area School District? _____

3 - Special Services Information

Did your child receive any Special Services listed below at his/her previous school?

Speech/Language Support _____ Title I Reading or Math (circle one) _____ Physical or Occupational Therapy _____
Social/Emotional Support _____ English Second Language _____ IEP _____
Learning Support _____ Hearing Impairment Support _____ 504 Plan _____
Instructional Support _____ Vision Impairment Support _____ Other _____

Does your child have a life threatening condition? Yes _____ No _____
If yes, please explain _____

CONTINUE ON REVERSE SIDE

5 - Policy Information

Please read and sign below:

The Pennsylvania School Code requires that 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 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 be maintained as part of the student's disciplinary record. It also requires the transfer of pupil records concerning these disciplinary actions and this information be released with student records to the receiving school at the time of transfer.

Any willful false statement made under this section shall be a misdemeanor of the third degree.

My son/daughter has been involved in a previous expulsion/disciplinary action.

Signature of Parent/Guardian Date

My son/daughter has not been involved in a previous expulsion/disciplinary action.

Signature of Parent/Guardian Date

Is there currently a custody issue concerning your child? Yes _____ No _____

If yes, please explain and provide appropriate legal documentation _____

All students are required by the state of Pennsylvania to submit proof of immunization or exemption from immunization prior to entry to school. Copies of immunization records for students are usually available from the transferring school. Immunization regulations are cited in 28 Pa. Code §23.83 (c). State law requires that in order to attend schools, a child must receive all immunizations as mandated by the Department of Health unless a medical or religious exemption is provided to the school district. A child may be provisionally admitted and attend school for up to eight months if at least one dose of each required immunization has been given and there is a plan for the completion of the remainder of the doses.

School Use Only:

Registration Date _____
Student ID# _____ School _____ PA SECURE ID # _____
Start Date _____ Entry code _____ Grade _____ Homeroom _____ Locker # _____
Date academic records requested _____ Date health records requested _____
Date academic records received _____ Date health records received _____

Forms Received:

Emergency _____ Health history _____ Immunizations _____ Birth Certificate _____
ESL _____
Proof of Residency 1 forms 1 - _____
AM Bus Number _____ Bus Stop Name _____
PM Bus Number _____ Bus Stop Name _____

