

School: _____

**WOODLAND HILLS SCHOOL DISTRICT
STUDENT REGISTRATION**

Student ID#: _____

Student Information (Please Print)

Legal Last Name _____ First _____ Middle _____ Suffix (Jr., III) _____

Birth Date ____/____/____ Grade (for registration) _____ Grade(s) Repeated _____

Address _____ Municipality _____ State _____ Zip _____
() () ()

Primary Phone #(Home, Cell or Work) _____ Phone # _____ Phone # _____

Gender
 Male
 Female

part A: choose one Hispanic/Latino NOT Hispanic/Latino
part B: choose one or more American Indian/Alaskan Native Asian White
 Black/African American Native Hawaiian/Pacific Islander

Special Ed Special Ed
 Gifted
 504 Agreement

City of Birth _____ State of Birth _____ Country of Birth _____

Student lives with: (Please check & list all that apply)

Mother or Stepmother: _____
Full Name Address if different from student

Father or Stepfather: _____
Full Name Address if different from student

Legal Guardian: _____ Relation to Student _____

Foster Parent: _____ Agency placement letter or court order supplied
(letter or order **MUST** be supplied to complete registration)

Former School or Preschool Information

Name of former school: _____ Grade last attended _____

School District _____ City _____ State _____

Has the student ever attended Woodland Hills? Yes No Year _____ Grade _____ School _____

Signature of Parent/Guardian _____ Date _____

Parent email _____

Please fill in only if applicable

To address the requirements of the McKinney-Vento Act the following questions will help the School District determine if the student meets the eligibility criteria for services provided under the McKinney-Vento Act.

Where does the student stay at night? (check one if applicable)

- in a shelter
- in a motel/hotel
- in a car
- at a campsite
- in another location not appropriate for people (ex. an abandoned building)
- temporarily with more than one family in a house or apartment (because family does not have a place of their own)
- other (in an arrangement that is not fixed, regular, and adequate and is not described by other choices)

Does the living arrangement result from a loss of housing or economic hardship? Yes No

District Employee taking registration information: _____ Date _____



REQUEST TO RELEASE RECORDS

Phone () _____

Name of Previous School/School District

Grade _____

Last Name of Student

First Name

Middle Name

Please forward the following information to:

Name of school student will attend

Address

City

State

ZipCode

PLEASE FAX TO:

- ___ Official administrative record (name, address, birthdate, grade level, PA Secure ID, report card grades, class standing, attendance, standardized achievement test scores)
- ___ School/counselor generated tests, such as intelligence and aptitude scores
- ___ Health records with the immunization card
- ___ Discipline Records (PA Act 26 Mandate)
- ___ MDE, CER, GIEP & IEP for Special Education - Please mail **ONLY** Special Education Records under separate cover to:

Department of Special Education
 Woodland Hills School District
 531 Jones Avenue
 North Braddock, PA. 15104
FAX: 412-271-1595

___ Other

I HEREBY AUTHORIZE THE RELEASE OF ALL INFORMATION CHECKED ABOVE

Signature of Parent/Guardian

Date

I hereby certify that the above named student has been admitted to the Woodland Hills School District.

Signature and Title of School Official

Date



Student's Name: _____
(Please Print)

Parent/Guardian Name: _____
(Please Print)

I certify that my child

- is not now, nor has previously been identified as a Special Education student
- has been previously identified as a Special Education student with an IEP, GIEP (gifted), or Speech, but is no longer classified as a Special Education student.
- has been identified as a Special Education student and was receiving services through an IEP, GIEP (gifted), or Speech in his/her previous school.
- has been receiving services through a 504 Agreement at his/her previous school.

Signature of Parent/Guardian

Date

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 the identification.

School District: WOODLAND HILLS SCHOOL DISTRICT **Date:** _____

School: _____ **Grade:** _____

Student's Name: _____

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

2. **Does the student speak a language(s) other than English?**
(Do not include languages learned in school.)

Yes No

If YES, specify the language(s): _____

If NO, skip to signature line and sign form.

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

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	State	Dates Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

Person completing this form (if other than parent/guardian): _____

Parent/Guardian signature: _____

*The school district/charter school/full day AVTS has the responsibility under the federal law to serve students who are limited English proficient and need 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 students 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.

Parental Registration Statement



Student Name _____

Parent or Guardian Name _____

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.



SEPARATIONS-DIVORCES

It is the intent of the Woodland Hills School District to remain neutral toward families split by divorce or separation. We do not want to take sides with one parent against the other where there may be possible conflict over children attending school in our District. If you have a legal court document, which establishes you as a sole legal guardian, you will need to provide the District with a copy of the document to be attached to your child(ren)'s permanent records. We will use this as a legal basis for working with you as the custodial parent.

In the absence of such a document, you must be aware that we cannot deny either parent access to his/her child(ren). We cannot withhold information or refuse to see or work with the other parent. We cannot keep the other parent from picking up his/her child(ren) from school.

The Woodland Hills School District wants to protect all children from potentially emotionally upsetting situations. The School District appreciates the parents pursuing whatever can be settled outside the school to forestall any confrontations.

Is there a divorce or separation that affects your child's custody?

YES NO

Child's Name: _____

Signature of Parent/Guardian: _____ Date: _____

Documentation Provided YES NO



PERMISSION TO RELEASE INFORMATION

Student Name: _____ Student Birth Date: _____

Student Address: _____ Phone #: _____

I, _____,
(name of parent/guardian) – PLEASE PRINT

Give permission to the following:

Employer, landlord, Internal Revenue Service, Department of Public Welfare, Children, Youth, Family Services, local tax office or other knowledgeable agency to release information pertaining to my residency for use at the Woodland Hills School District.

(signature of parent/guardian)

(date)

(TANF/Program # if applicable)

VERIFICATION (To be completed by WHSD Central Registration)

To: _____

To: _____

Student's Address

Same as above

Other than above

Student's Address

Same as above

Other than above

CAO OR AGENCY VERIFICATION

Category: _____ Active: _____ Closed _____ No Record: _____

Caseworker (name or number): _____

Agency Contact: _____ Date: _____

