



NORTHEAST BRADFORD SCHOOL DISTRICT
526 PANTHER LANE ROME, PA 18837
Phone: (570)744-2521 | Fax: (570)744-2933 | www.nebpanthers.com
NORTHEAST BRADFORD ELEMENTARY SCHOOL NORTHEAST BRADFORD JR-SR HIGH SCHOOL

STUDENT REGISTRATION

Welcome to the Northeast Bradford School District. The Student Registration Office is located in the Administration Suite of the Northeast Bradford Jr.-Sr. High School. Office hours are 8:00 a.m. to 3:30 p.m. The office handles all matters relating to elementary and secondary student registration. For questions or assistance, contact Vanessa Perez at (570)744-2521, ext. 2265 or email vperez@nebpanthers.com.

Enrolling a Student

To be eligible for enrollment in one of our schools, students must reside within the boundaries of the Northeast Bradford School District and have attained the age of 5 years on or prior to September 1. To begin the registration process, first obtain the student enrollment packet. An enrollment packet can be mailed, picked up in person or downloaded from our website, www.nebpanthers.com.

The following documents are required to register of your child:

- Immunization Record. Requirements are listed below; call school nurse at (570)744-2521.
- Proof of child's age - Birth Certificate or Baptismal Papers
- Proof of Residency in the Northeast Bradford School District - Utility bill, lease, driver's license, etc.
- Custody Papers / Guardianship Papers (if applicable)

The district will proceed with registration of your child once the above-mentioned documents and a completed enrollment packet are returned to the Student Registration Office.

The district cannot proceed with your registration unless all of the above documents are presented. If you do not have a copy of the immunization record, you will need to obtain this from either your family physician or your previous school district. Your child's immunization record can be faxed to the registration office at (570)744-2933.

When registering your child, you will be asked to complete a general health history worksheet that identifies potential health risks such as allergies, asthma, or seizures and a listing of prescribed medications the child is taking.

STATE-MANDATED IMMUNIZATIONS

For students in ALL grades:

- 4 doses of DTaP or DTP
- 4 doses of polio
- 2 doses of MMR
- 3 doses of hepatitis B
- 2 doses of varicella (chickenpox) vaccine or evidence of immunity

For students entering 7th grade:

- 1 dose of Tdap
- 1 dose of MCV

For students entering 12th grade:

- 1 dose of MCV*

**If one dose was given at age 16 years or older, that will count as the 12th grade dose*

The Northeast Bradford School District does not discriminate on the basis of race, color, national origin, sex, disability, or age, in its programs and activities. For inquiries regarding the non-discrimination policies please contact: Superintendent William Clark, Northeast Bradford School District, 526 PANTHER LANE, Rome, PA 18837 (570)744-2521, Extension 2206. For further information on notice of non-discrimination, visit www.nebpanthers.com.

NORTHEAST BRADFORD SCHOOL DISTRICT USE OF MEDICATION

Medications – (Refer to Online Board Policy 210)

Medications are defined as all medicines prescribed by a licensed prescriber and any over-the-counter medicines. All medication shall be brought to the nurse's office or the main office if the nurse is in another building, by the parent/guardian or by another adult designated by the parent/guardian.

Medication may not be transported by the van or bus driver.

- Non-prescription (over the counter) medication must be delivered in its original packaging and labeled with the student's name.
- Prescription medication must be prescribed by a licensed prescriber, deliver in its original packaging, and labeled with:
 - Name, address, telephone and federal DEA number of pharmacy.
 - Student's name.
 - Directions for use (dosage, frequency and time of administration, route, special instructions).
 - Name of the licensed prescriber.
 - Prescription serial number.
 - Date originally filled.

Asthma Inhalers/Epi-pen - (Refer to Online Board Policy 210.1)

The School Board permits students to possess asthma inhalers/Epinephrine pens and to self-administer the prescribed medication as needed. Possession and use of asthma inhalers/ Epinephrine pens by students is in accordance with state law and Board Policy. When an asthma inhaler/ Epinephrine pens are initially brought to school by a student the school nurse is responsible to complete the following:

- Obtain the required written request and statements from the parent/guardian and physician, certified registered nurse practitioner or physician assistant, which will be kept on file by the school nurse.
- Review pertinent information with the student and/or parent/guardian.
- Determine the student's ability to self-administer medication and the need for care and supervision.
- Maintain a log for all students possessing asthma inhalers/Epinephrine pens.

Epinephrine Opt-Out

The Pennsylvania Public School Code, Section 1414.2(g) allows parents/guardians to request an exemption to the administration of epinephrine auto-injectors for their student. In order to request this exemption, contact the school nurse to make an appointment to discuss this decision, review and sign the opt-out form.



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STUDENT ENROLLMENT FORM

Student Info I

Last Name:	First Name:	Middle Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Birthdate:	Grade:	Is your child repeating this grade: No <input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	Nickname:
Please provide Physical Address- no P.O. boxes please::			

Has your child ever been a student in the Northeast Bradford School District? <input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, please give dates:
Did your child attend nursery school or Head Start? No <input type="checkbox"/> Yes - nursery school <input type="checkbox"/> Head Start <input type="checkbox"/>
Does student have an IEP? No <input type="checkbox"/> Yes <input type="checkbox"/> Does Student have a 504? No <input type="checkbox"/> Yes <input type="checkbox"/>
With whom does student live?
Is there a court custody agreement? No <input type="checkbox"/> Yes <input type="checkbox"/> Shared Custody: No <input type="checkbox"/> Yes <input type="checkbox"/>
Legal document description: Custody Agreement <input type="checkbox"/> PFA <input type="checkbox"/> Guardianship Papers: Court Order <input type="checkbox"/> Affidavit <input type="checkbox"/>
Legal document included: No <input type="checkbox"/> Yes <input type="checkbox"/>
Custodial restrictions:
Is student in foster/court placement? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please attach copy of agency letter.
Is student homeless or currently living with a resident family because of lack of housing? No <input type="checkbox"/> Yes <input type="checkbox"/>
Did your child previously receive free or reduced meals in school? No <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/>
Is student a single parent? No <input type="checkbox"/> Yes <input type="checkbox"/>

Student Info II

Birth City:	Birth State:	Birth Country:
Previous City:	Previous State:	Previous Country:
Previous School:		
Previous School Address:		
Does student have siblings who attend this school already? No <input type="checkbox"/> Yes <input type="checkbox"/>		
If "YES" please provide names:		
If this student has siblings who attend NEB and will be using the same contact information, you do not need to fill out the following contact information.		

Contact #1 – Primary Parent/Guardian

Title	Last Name	First Name	Relationship	Custody	Legal Guardian
Address		City		State	Zip Code
				Pennsylvania	
Home Phone:		Email address:			
Cell Phone:		Employer:			
Work Phone:					

Contact #2 – Spouse of Primary Parent/Guardian, Step-parent, other adult in household

Last Name	First Name	Relationship	Shared Custody † No <input type="checkbox"/> Yes <input type="checkbox"/>	Send Mail	Can pick up
Address		City	State	Zip Code	
Home Phone:		Email address:			
Cell Phone:		Employer:			
Work Phone:					

Contact #3 – Other Parent – if divorced or separated

Last Name	First Name	Relationship	Can pick up
Address		City	State Zip Code
Home Phone:		Email address:	
Cell Phone:			
Work Phone:			

Contact #4 – Emergency contact if parent cannot be reached

Last Name	First Name	Relationship	Can pick up
Address		City	State Zip Code
Home Phone:		Email address:	
Cell Phone:			
Work Phone:			

Contact #5 – Emergency contact if parent cannot be reached

Last Name	First Name	Relationship	Can pick up
Address		City	State Zip Code
Home Phone:		Email address:	
Cell Phone:			
Work Phone:			

Contact #6 – Emergency contact if parent cannot be reached

Last Name		First Name		Relationship	Can pick up
Address			City	State	Zip Code
Home Phone:		Email address:			
Cell Phone:					
Work Phone:					

Before school caregiver:	Phone:
After school caregiver:	Phone:

OTHERS RESIDING IN THE HOUSEHOLD

Name	Relationship to student	Age

RACE & ETHNICITY DATA

Ethnicity: <input type="checkbox"/> No, not Hispanic or Latino <input type="checkbox"/> Yes, Hispanic or Latino
Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Multi-racial

I CERTIFY THAT ALL INFORMATION ABOVE IS TRUE AND CORRECT.

Signature:	Date:
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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.

<input type="checkbox"/> Northeast Bradford Elementary School	<input type="checkbox"/> Northeast Bradford Junior-Senior High School
Student's name:	Grade:
What is/was the student's first language:	
Does the student speak a language(s) other than English? Do not include languages learned in school. <input type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, specify the language(s).	
What language(s) is/are spoken in your home?	
Has the student attended any United States school in any 3 years during his/her lifetime? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, complete the following:	
Name of School:	
State:	Dates attended:
Name of School:	
State:	Dates attended:
Name of School:	
State:	Dates attended:

Person completing this form if other than parent /guardian:

Signature:

The school district 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 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 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 in the future.



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PARENTAL REGISTRATION STATEMENT

Pennsylvania School Code Section 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 suspended or expelled from any public or private school of this Commonwealth or any other state for an act of offense involving a) weapons, b) alcohol or drugs, c) for the willful infliction of injury to another person, or d) for any act of violence committed on school property."

Student Name:

Grade:

Parent or Guardian Name:

Date of Birth:

Address:

Phone #:

*I hereby swear or affirm that my child **WAS** **WAS NOT** previously or 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, 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. Section 13-1304-A (b) and 18 Pa. C.S.A. Section 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 and address of school from which student was suspended or expelled. (Please provide additional schools and dates of expulsion or suspension below.)

Reason for suspension expulsion :

Dates of suspension/expulsion:

Name and address of school from which student was suspended or expelled. (Please provide additional schools and dates of expulsion or suspension on the back of this form, if needed.)

Reason for suspension expulsion :

Dates of suspension/expulsion:

Signature of parent/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.***



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TRANSFER STUDENTS CREDIT ACKNOWLEDGEMENT STATEMENT

Date:

Name of Student:

Transferring School & School District:

It is the goal of the Northeast Bradford School District to provide students with a balanced, quality education that adequately prepares them to meet their individual goals after graduation. The Northeast Bradford School Board has reviewed and approved graduation and credit requirements, which dictate student advancement between grade levels.

When a student transfers into the Northeast Bradford School District, every effort will be made to award credit for previous course work completed. Given that our system is a traditional year-long schedule, as opposed to an intensive semester-long system, each student's transcript will be evaluated and reviewed with the student and parent prior to scheduling.

In the event that a student enters the Northeast Bradford School District during the school year, parents and students are advised that the transfer may jeopardize credits from the sending school in the event that the current courses are not available in our schedule. In situations when this occurs, students may lack the necessary credit to advance to the next grade level or complete the requirements for graduation at Northeast Bradford Junior-Senior High School on the same timeline as the sending school.

Your signature below indicates that you understand that the Northeast Bradford School District will adhere to the policies set forth by the Northeast Bradford Board of Education concerning the matriculation of credits. It further verifies that the student's credit and grade placement have been fully explained and reviewed with you prior to enrollment.

Signature of parent/guardian:

Date:

Signature of student:

Date:



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PHOTOGRAPHIC RELEASE FORM

Dear Parent or Guardian:

The Northeast Bradford School District requests your permission to use photographs or photographic images for educational purposes, including but not limited to: district websites, yearbook, publications and/or social media. Your consent is needed so that names, pictures and/or student creations may be published.

Please visit the district's website www.nebpanthers.com often to stay updated with your child's school and district activities.

Student Name:	School:
Student Name:	School:
Student Name:	School:
Student Name:	School:

Please check to give or deny consent:

- Yes, my child(ren) may be photographed.
- No, my child(ren) may not be photographed. (If no, please indicate exceptions, such as yearbook, group photo, photo only - no name, name only -no photo, etc., on the back of this form.)

By granting permission, I understand that my consent will remain in effect until I notify the District in writing.

Parent/guardian signature: _____

Date: _____



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STUDENT CONFIDENTIAL HEALTH RECORD

Student's Name			
First:	Middle:	Last:	
Date of Birth:	Grade:	Phone:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Father's Name:		Phone:	
Mother's Name:		Phone:	
Person with whom child lives if other than parent:		Phone:	

COMMUNICABLE DISEASES/CONDITIONS – Has your child ever been diagnosed with any of the following diseases or conditions? Please check next to all that apply.		
<input type="checkbox"/> Asthma	<input type="checkbox"/> Inhaler	<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Whooping Cough	<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps
<input type="checkbox"/> Scarlet Fever	<input type="checkbox"/> TB Tine test – Date:	<input type="checkbox"/> German Measles
<input type="checkbox"/> Emotional Problems		
<input type="checkbox"/> Varicella - Chicken Pox – Date of disease or age child was when had disease:		
<input type="checkbox"/> Varicella Vaccine – Date given:		
<input type="checkbox"/> Varicella lab evidence – Date:		
Vision problems (please check) <input type="checkbox"/> Glasses <input type="checkbox"/> Difficulty seeing <input type="checkbox"/> Frequent redness <input type="checkbox"/> Frequent watering <input type="checkbox"/> Crossed eyes <input type="checkbox"/> "Lazy" Eye	Hearing problems (please check) <input type="checkbox"/> Hearing aids <input type="checkbox"/> Difficulty hearing <input type="checkbox"/> Draining ears <input type="checkbox"/> Frequent ear infections <input type="checkbox"/> OPERATION(S) & DATE(S):	
Is your child highly allergic to anything such as foods, plants, insects, medicine? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain:		
Does your child need a special diet or have any food problems? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain:		
Do you think your child is fit to participate in all school sports, athletics, playground activities and/or gym? <input type="checkbox"/> No <input type="checkbox"/> Yes If no, explain:		
Is your child presently under medical treatment? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain:		
Serious injury or illness in the past year or any other health problems:		

MEDICAL / EMERGENCY CARE INFORMATION

Physician:	Phone:
Dentist:	Phone:
Daily Medication (see attached medication policy)	
Name of medication:	Dosage: At home <input type="checkbox"/> At school <input type="checkbox"/>
Does the district have permission to share health problems/needs with the staff? <input type="checkbox"/> No <input type="checkbox"/> Yes	

HAS YOUR CHILD HAD ANY OF THE FOLLOWING? GIVE DETAILS:

Chicken Pox:
Operations:
Recurring Illness:
Emotional Problems:
Serious Accidents:
Allergies:
List any illness or health problem you or your family physician feel should be known to school authorities:

By signing this document, I give permission for medical treatment to be given to my child in the event of an emergency, trauma, or condition requiring such treatment. I have reviewed and understand the above information to my satisfaction.

Parent signature:	Date:
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WWW.NEBPANTHERS.COM

NORTHEAST BRADFORD ELEMENTARY SCHOOL NORTHEAST BRADFORD JR-SR HIGH SCHOOL

REQUEST FOR STUDENT RECORDS

Name of previous school:		
Address of previous school:		
Telephone # of previous school:		Fax # of previous school:
Student's Name:	Grade:	Date of Birth:
Student's Name:	Grade:	Date of Birth:
Student's Name:	Grade:	Date of Birth:
The above-named student(s) has/have enrolled in the Northeast Bradford School District. Please forward all academic records including report cards, career folder, standardized test data, medical data including immunization records, confidential information regarding special services, psychological data, evaluation reports and IEPs, if applicable, PA SECURE ID #, and other available school records pertaining to this/these student(s) to the school indicated below:		
____ Northeast Bradford Elementary School 210 Panther Lane Rome, PA 18837 Fax 570-744-2933 vperez@nebpanthers.com		____ Northeast Bradford Junior-Senior High School 526 Panther Lane Rome, PA 18837 Fax 570-744-2933 vperez@nebpanthers.com

Signature of parent/guardian:	Date:
Parental permission is no longer required when records are requested by authorized school personnel. (Family Education Rights and Privacy Act, Final Rule on Educational Records, Federal Register, June 17, 1976, Vol. 41, 118, Page 24673.)	
Authorized school personnel:	Date:

04/2017