



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

INFORMATION NEEDED FOR KINDERGARTEN ENROLLMENT

Welcome to the Northeast Bradford School District.

Children who are 5 years old on or before September 1st are eligible to start kindergarten in the **2018-2019** school year. Please call as soon as possible to schedule an appointment.

Please complete all forms attached. Our school nurse has included a confidential health history form, a physician's form and a dentist's form. The health history form should be completed by you and brought to registration. Your family doctor should complete the physician's form at your child's next physical examination. Your dentist should complete the dental form. If the examinations are done before registration, please bring them with you. If this is not possible, the physician and dental form may be returned to the school during the summer.

When you come to registration, you will need to bring these forms as well as the following information:

- **Your child's original birth certificate**

If you do not have a birth certificate for your child, you can contact the PA Department of Health for an application:

Division of Vital Statistics
PO Box 1528
New Castle, PA 16103
Phone: (724) 656-3100

- **Your child's immunization records**

Commonwealth of Pennsylvania requires the following immunizations for new entries into kindergarten.

- 4 doses of DTP or DTaP or if medically advisable, DT or Td (1 dose on or after the 4th birthday)
- 4 doses of polio (4th dose on or after 4th birthday and at least 6 months after previous dose given)
- 2 doses of MMR
- 3 doses of hepatitis B
- 2 doses of varicella (chickenpox) vaccine or evidence of immunity

Please call the school nurse with questions regarding immunizations at (570) 744-2521, ext. 2224.

- **Proof of residency in our district.**

The state requires that parents provide the district with proof of residency. This can be any document that shows your name and street address to indicate you live in our district. Examples are driver's license, vehicle registration, lease, current tax bill, current utility bill, or current credit card statement.

We look forward to meeting you and your new student. If you have any questions, please call. We will be happy to help you.

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"/> Yes <input type="checkbox"/>	Nickname:
Physical Address (no PO boxes please)			

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

If you have children who already attend Northeast Bradford and wish to use the same contact information for this student, please provide the name of the student who is already attending and **you will not need to fill out the information below.**

Name _____ Grade: _____

C1 Primary Household Contact			
Name _____	Relationship to Student _____		
Address _____	Send Mail _____		
Home phone _____	Work phone _____	Cell phone _____	
Email address _____	Employer _____		
Send Email _____	Legal Guardian _____	Custody _____	Can Pick Up _____

C2 Secondary Household Contact			
Name _____	Relationship to Student _____		
Address _____	Send Mail _____		
Home phone _____	Work phone _____	Cell phone _____	
Email address _____	Employer _____		
Send Email _____	Legal Guardian _____	Custody _____	Can Pick Up _____

C3 Other Parent, if divorced or separated			
Name _____	Relationship to Student _____		
Address _____	Send Mail _____		
Home phone _____	Work phone _____	Cell phone _____	
Email address _____	Employer _____		
Send Email _____	Legal Guardian _____	Custody _____	Can Pick Up _____

C4 Emergency Contact			
Name _____	Relationship to Student _____		
Address _____			
Home phone _____	Work phone _____	Cell phone _____	
Email address _____	Employer _____		
Send Email _____	Can Pick Up _____		

C5 Emergency Contact
 Name _____ Relationship to Student _____
 Address _____
 Home phone _____ Work phone _____ Cell phone _____
 Email address _____ Employer _____
 Send Email _____ Can Pick Up _____

C6 Emergency Contact
 Name _____ Relationship to Student _____
 Address _____
 Home phone _____ Work phone _____ Cell phone _____
 Email address _____ Employer _____
 Send Email _____ Can Pick Up _____

C7 Emergency Contact
 Name _____ Relationship to Student _____
 Address _____
 Home phone _____ Work phone _____ Cell phone _____
 Email address _____ Employer _____
 Send Email _____ Can Pick Up _____

RACE & ETHNICITY DATA

Ethnicity:
 No, not Hispanic or Latino Yes, Hispanic or Latino

Race:
 American Indian or Alaska Native Asian Black or African American White
 Native Hawaiian or Other Pacific Islander Multi-racial

I CERTIFY THAT ALL INFORMATION ABOVE IS TRUE AND CORRECT.

Signature: _____	Date: _____
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NORTHEAST MIGRANT EDUCATION PROGRAM FAMILY SURVEY

Date:
Family name: Address:
Phone:
Names of anyone under the age of 21 living in your home:

**Your children may qualify for a FREE educational program which includes year-round educational support.
Someone will contact you if your children appear to be eligible for the program.**

Have you and/or your children moved from one school district to another within the last 3 years? <input type="checkbox"/> No <input type="checkbox"/> Yes	
What types of work have you done or looked for in the last 3 years? (Check all that apply)	
	Dairy, horse, hog, veal or poultry farm
	Food processing plant (beef, pork, milk)
	Forestry: Timber cutting, thinning, transporting
	Fruit tree trimming
	Crop farming
	Milk truck driver
	Fruit or vegetable farm
	Christmas tree farm or nursery
	Mushroom plant
Please specify your current work:	

**Central Susquehanna Intermediate Unit
Northeast Migrant Education Program
PO Box 213, Lewisburg PA 17837**

Call 570-523-1155, Extension 2331 for Migrant Education Information.

OFFICIAL USE – FAMILY CONTACT LOG



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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:	
<i>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.</i>	



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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)	Hearing problems (please check)	
<input type="checkbox"/> Glasses	<input type="checkbox"/> Hearing aids	
<input type="checkbox"/> Difficulty seeing	<input type="checkbox"/> Difficulty hearing	
<input type="checkbox"/> Frequent redness	<input type="checkbox"/> Draining ears	
<input type="checkbox"/> Frequent watering	<input type="checkbox"/> Frequent ear infections	
<input type="checkbox"/> Crossed eyes	<input type="checkbox"/> OPERATION(S) & DATE(S):	
<input type="checkbox"/> "Lazy" Eye		
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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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: _____