



School Year: 2020-2021

Easton Arts Academy Elementary Charter School Registration Checklist

Student Name: _____ Grade: _____ (2020-2021)

- ☐ Student Enrollment Notification Form ☐ Custody Order (if applicable)
- ☐ Request for Transportation
- ☐ Emergency Contact Information Form
- ☐ Health Inventory
- ☐ Home Language Survey
- ☐ Permission For Use of Student Pictures/Videos
- ☐ PA Department of Education Data Request Form
- ☐ Authorization to Transfer Educational/Health Records
- ☐ Admission Affidavit
- ☐ Copy of Student's Birth Certificate
- ☐ Copy of Report Card (Most recent/Previous Year End)
- ☐ Proof of Residency - Copy of lease or mortgage statement or notarized affidavit
AND two (2) current utility bills
- ☐ Valid Photo ID (parent/guardian)
- ☐ Immunizations Records ☐ Dental Form ☐ Physical Form
- ☐ IEP Documentation/504 Documentation (if applicable)

Easton Arts Academy Elementary Charter School

(30 N. 4th Street, Easton, PA 18042)

Student Enrollment Notification Form

For School Year 2020-2021

Warning: A child enrolled in another public school or a nonpublic or private -school cannot, at the same time, enroll in a charter school.

Name of Charter

School: Easton Arts Academy Elementary Charter School

Address: 30 North 4th Street

Easton, PA 18042

Charter School

Contact Person: Jacqueline Zupko

Telephone: 484-546-4230 Email

Address: jzupko@eastonartsacademy.org

I. Student Information:

Last Name: _____ First Name: _____ MI: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Telephone: _____

Email: _____

Mailing Address
(If Different From
Home Address) _____

City: _____ State: _____ Zip Code: _____

Date Of Birth: _____ Age: _____

II. School District of Residence and Former School Information

School District of
Residence: _____

Former School Information (Other Than Pre-School):

Public Charter Home
School School School Nonpublic School

Student Not Enrolled in School Preceding Enrollment in Charter School Because:
Entering
Kindergarten _____ Re-Enrolling Dropout _____ Other _____

Name of Former School: _____

Address of Former

School: _____

Previous Withdrawal Date From Former
Grade: _____ School: _____

Was Your Child Receiving Special Education Services Based On An IEP? _____ Yes _____ No

If Yes, Do You Have The Child's Special Education Records (IEP)? _____ Yes _____ No

III. Parent/Guardian Information:

Child Lives With: _____ Both Parents _____ Both Parents _____ Mother _____ Father _____
Legal _____ Alternately _____ Only _____ Only _____
Guardian _____ Foster _____
Parents _____ Other Adult _____

Special Custodial Court Instructions:

(If Yes, Please Provide a Copy of
Court Order.)

_____ Yes _____ No

Complete Parent/Guardian Name and Address Information As Applicable

Father's Name _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Telephone: _____ Work Telephone: _____

Mother's Name _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Telephone: _____ Work Telephone: _____

If The Student Is Not Living With Parents, Please Complete This Section.

_____ Guardian's Name Or _____ Foster Parent's Name Or _____ Other Adult Name
Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____

My signature on this form indicates my decision to have my child attend the charter school named on page 1 of this form and signifies my request that appropriate school records be forwarded from the school district to the charter school. My signature also certifies that my child is not, and will not be, enrolled in another public school, a nonpublic school or a private school at the same time he or she is enrolled in this charter school.

Signature of

Parent/Guardian: _____ **Date:** _____

IV. To Be Completed By Charter School:

Verification of Date of Birth: _____ Birth Certificate _____ Other _____
Proof of _____ Mortgage _____ Utility _____
Residency _____ Statement _____ Lease _____ Bill _____ Other _____
Official Enrollment Date: _____ Anticipated Date of Attendance: _____
Grade Student Is Entering: _____

Signature of Charter School

Representative: _____



Easton Arts Academy Elementary Charter School
30 N, 4th Street, Easton, PA 18042 - 484-546-4230

REQUEST FOR TRANSPORTATION UNDER ACT 372

(PLEASE COMPLETE A SEPARATE FORM FOR EACH CHILD NEEDING BUS TRANSPORTATION)

Date: _____

Name of Child: _____ Birth date ____/____/____ Grade: _____ (2020-21)

Address: _____

I **do** request transportation at this time: _____

I **do not** request transportation at this time: _____

If requesting bus transportation, please complete the following information:

Bus Stop: (If known) _____

Name of School: Easton Arts Academy Elementary Charter School

Name of public school district in which child resides: _____

If child received public school transportation last year, please indicate the bus number and district.

Bus # _____ District: _____

Mother's Information

Father's Information

Name (Please Print) _____

Home Phone # _____

Work Phone # _____

Cell Phone # _____

Parent(s) Signature: _____

Emergency Contact Names & Phone #'s (other than parents):

Name: _____ Phone: _____

Name: _____ Phone: _____

Administration Only

Home School District Approval: _____ Date: _____

Verify Miles from School: _____ Address Verification: _____ Date: _____

Submitted on _____ by _____

NON-PUBLIC SCHOOL STUDENT TRANSPORTATION REGISTRATION RECORD
EASTON AREA SCHOOL DISTRICT
Transportation Department
1243 Tatamy Road - Easton, PA 18045-7444 - (610) 250-2563

NAME of NON-PUBLIC SCHOOL _____

PLEASE CHECK OFF APPROPRIATE BOX

- ☐ **NEW** STUDENT ENROLLING IN SCHOOL
- ☐ STUDENT **WITHDRAWING** FROM SCHOOL
- ☐ STUDENT **CHANGING ADDRESS**

STUDENT INFORMATION:

Name of Student: _____
Last First Middle Name

Date of Birth: _____ Age: _____ M/F: _____

Address: _____
City State Zip Code

Father's and Mother's Name: _____

Father's Cell #: _____ Mother's Cell #: _____ Home Telephone #: _____

Father's Place of Employment: _____ Work Telephone #: _____

Mother's Place of Employment: _____ Work Telephone #: _____

ENROLLMENT DATA:

Date of Entry: _____ Grade Student is Entering: _____ Race/Ethnicity: _____

Last School Attended: _____

FOR OFFICE USE ONLY

AM Route #: _____	PM Route #: _____
AM Stop #: _____	PM Stop #: _____
Shuttle Bus: _____	Shuttle Bus: _____
Stop Location: _____	Stop Location: _____



2020-2021
Emergency Contact Information Form

STUDENT: _____
Last Name First Name MI

ADDRESS: _____
Street City Zip

Gender: _____ Date of Birth: _____ Race: _____ Grade: _____

Parent/Guardian Information

Parent/Guardian #1 _____ (H) (____) _____
Relationship _____ (C) (____) _____
Employer _____ (W) (____) _____

Parent/Guardian #2 _____ (H) (____) _____
Relationship _____ (C) (____) _____
Employer _____ (W) (____) _____

In case of an emergency, I **give/do not** give **(please circle choice)** permission for my child to be transported to _____ and for their staff to provide the necessary treatment until I arrive.
Name of Facility

In case of an emergency at EAAECS, please provide a number you would like called to receive a message from the One Call Now System (emergency phone tree) – no extensions please: (____) _____.

Emergency Contacts (other than parents/guardians)

Please list only people who have permission to transport your child to/from school.

Emergency Contact #1 _____ (H) (____) _____
Relationship _____ (C) (____) _____
(W) (____) _____

Emergency Contact #1 _____ (H) (____) _____
Relationship _____ (C) (____) _____
(W) (____) _____

Emergency Contact #1 _____ (H) (____) _____
Relationship _____ (C) (____) _____
(W) (____) _____

Your signature on the document indicates that the information provided is accurate.

DATE

Signature



HEALTH INVENTORY

Name of child: _____

Grade: _____ (2020-2021)

Please circle Yes or No, if "Yes" explain and give dates; use back of page if needed.

1. Allergic to Medications: YES/NO _____
2. Allergic to Food: YES/NO _____
3. List any other allergies: _____
4. Food or dietary restrictions YES/NO _____
5. Asthma: YES/NO _____
 - a. Required to use at school?: YES/NO _____
6. History of Hospitalization: YES/NO _____
7. Ever had surgery: YES/NO _____
8. Fractured bones: YES/NO _____
9. Concussions/Severe head injury: YES/NO _____
10. Seizure disorder: YES/NO _____
11. Frequent ear infections: YES/NO _____ Hearing loss or surgery: YES/NO _____
12. Vision problems: YES/NO _____ Wears glasses/contact: YES/NO _____
13. Chicken pox disease: YES/NO Date: _____
14. Eczema or other skin problems: YES/NO _____
15. Heart or cardiovascular problems or congenital heart disease: YES/NO _____
16. Diabetes: YES/NO _____
17. Urinary/bladder problems: YES/NO _____
18. Intestinal/bowel problems: YES/NO _____
19. Any physical, developmental or health problems at birth: YES/NO _____
20. Medication: YES/NO Please list all current medications

21. Medications needed during the school day: YES/NO

22. Any physical restrictions: YES/NO _____
23. Attention Deficit Disorder (ADD/ADHD): YES/NO _____
24. Psychological/emotional issue: YES/NO _____
25. Any other health problems/issues: YES/NO _____

Signature of parent/guardian: _____

Date: _____



HOME LANGUAGE SURVEY*

The Office of Civil Rights (OCR) requires that school districts/charter schools identify limited English proficient (LEP) students. Pennsylvania has selected the Home Language Survey as the method for the identification.

School District: _____

Date: _____

School: Easton Arts Academy Elementary Charter School

Student's Name: _____

Grade: _____ (2020-21)

1. What is/was the student's first language:

2. Does the student speak a language other than English?

If yes, specify the language _____
(Do not include languages learned in school.)

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

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

Parent/Guardian signature: _____

* The school district/charter school has the responsibility under the federal law to serve student who are limited English proficient and need English instructional services. Given this responsibility, the school district/charter school 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 may conduct screening or ask for related information about students who are already enrolled in the district as well as from students who enroll in the school district/charter school in the future.



Student Name: _____

Permission for the Use of Student Pictures/Video

Throughout the year, photographs, digital pictures and video cameras record special events at EAAECS. EAAECS would like your permission to use your child's picture/video on the EAAECS website, in the yearbook and in the press releases when appropriate. Showing our students in action best illustrates EAAECS activities and helps promote our curriculum.

- ☐ I give my permission for my child's picture/video to be used.
- ☐ I do not give my permission for my child's picture/video to be used.

E-Mail Address (Optional)

Please provide your e-mail address for use by EAAECS for the purpose of communicating school information updates and announcements. EAAECS has limited the amount of documentation being sent home by students. Email addresses will be used for our One-Call-Now system.

Email address

Parent/Guardian Name

Email address

Parent/Guardian Name

- ☐ Check here if both email addresses need information sent.

Parent/Guardian Signature

Date



PA Dept. of Education Data Request Form

The Pennsylvania Department of Education is planning for the development of a statewide system to improve data capabilities. PIMS (PA Information Management System) will enhance school districts capabilities to meet student-level data reporting requirements.

The following information for your child is now requested by the PDE.

School Year: 2020-2021

Date: _____

Student's Name: _____ Grade: _____ (2020-21)

Date of Birth: _____

City and State of Birth: _____

* If born outside of the USA, date of entry to the USA: _____

If applicable, date first enrolled in a United States School: _____

If not born in the state of Pennsylvania, date of entry to Pennsylvania: _____

Current School District residing _____

School District residing prior to coming to EAAECS (if not current) _____

Name the **public school** your child would have attended if not enrolled at EAAECS
(This does not include private, cyber or other charter schools.)

Parent/Guardian signature: _____



Date: _____

AUTHORIZATION TO TRANSFER EDUCATIONAL/HEALTH RECORDS

STUDENT: _____
(first name) (last name) DOB

The above student has been enrolled into the Easton Arts Academy Elementary Charter School. Please submit the following educational/health documentation in order for their enrollment process to be complete.

Education Records (Transcripts, grades to date, etc)
Health, including Immunizations and Dental
Psychological, Special Education file (PTE/PTRE, ER/RR, Invite, IEP, NOREP) or 504 documents
Discipline and Delinquency
Attendance Records
SAP Initiated Evaluations

Please forward all Educational Records to:

Easton Arts Academy Elementary Charter School
30 N. 4th Street
Easton, PA 18042
Fax – 484-546-4253

Please forward all Health Records to:

Easton Arts Academy Elementary Charter School
30 N. 4th Street
Easton, PA 18042
484-546-4257

Request Submitted to:

School Name: _____

Address: _____

Fax: _____

If there are any questions, please contact the Registrar at 484-546-4230.

Authorization has been given for the Easton Arts Academy Elementary Charter School to request the above records.
(Only one (1) signature is required)

Parent/Guardian Signature

Registrar Signature

<input type="checkbox"/> 1 st request	Date: _____	Revd. _____
<input type="checkbox"/> 2 nd request	Date: _____	Revd. _____



ADMISSIONS AFFIDAVIT, AS REQUIRED BY PENNSYLVANIA STATUTE

I _____ parent/guardian of _____
(Name of Parent/Guardian) (Name of Child)

residing at _____
(Street Address, Apt. #)

(City) (State) (Zip-code)

do hereby swear/affirm that the above identified student (check all that apply):

- ☐ is currently on
- ☐ was previously on
- ☐ has never been on

suspension or expulsion from any public, parochial, or private school in the State of Pennsylvania or any other jurisdiction in the United States for

- ☐ the possession or use of any weapon(s), drug(s) or alcohol
- ☐ any act of violence on school property
- ☐ damage or vandalism to any school property
- ☐ any act which resulted in injury to another person

If any statement above applies to the student named above you must provide the following information:

1. The name and address of the school from which the student was suspended or expelled:

2. The dates of any suspensions and/or expulsions:

I make this statement with the full knowledge that any misstatement or omission makes me subject to the criminal penalties of State law 24 P.S. 130A, relating to falsification of this document and may result in expulsion of the student

(Signature of Parent/Guardian)

(Date)

(Signature of Witness/EAAECS Employee)