



Easton Arts Academy Elementary Charter School Registration Checklist

Academic Year _____

Student Name: _____ Grade Entering: _____
(Last Name) (First Name)

____ Student Enrollment Notification Form

____ 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 (1) _____ (2) _____

____ Valid Photo ID (parent/guardian)

Medical Records: _____ Immunizations Records _____ Dental Form _____ Physical Form

____ IEP Documentation/504 Documentation (if applicable)

____ Custody Order/Court Documentation (if applicable)

Student Residency Questionnaire

Note: Easton Arts Academy uses this page to help identify students in homeless situations as required by the McKinney-Vento Homeless Assistance Improvements Act, 42 U.S.C.11435. Answers to this residency information will help determine the services the student may be eligible to receive. Assistance is provided by our Homeless Liaison, Mrs. Coriane Zvolanek who can be reached at (484) 546-4230; fax (484) 546-4261; email czvolanek@eastonartsacademy.org

Name of School: **Easton Arts Academy Elementary Charter School**

Name of Student: _____
Last First Middle

Sex: ___ Male ___ Female Birth Date ____/____/____ Grade: _____ Student ID #: _____
Month Day Year

Address: _____ Phone: _____

City _____ State _____ Zip Code _____

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Where is the student currently living? (Please check one)

- ☐ In a motel/hotel
☐ In a shelter
☐ With another family or other person or as a result of economic hardship ("doubled-up")
☐ In a car, park, bus, train, or campsite
☐ Other temporary living situation (Please describe): _____
☐ In permanent housing (**proof must be provided for enrollment**)

Print Name of Parent/Guardian or Student
(for unaccompanied homeless youth)

Date

Signature of Parent/Guardian or Student
(for unaccompanied homeless youth)

Date

****If the student is NOT living in permanent housing, proof of residency and other documents normally needed for enrollment are not required and the student is to be immediately enrolled. The liaison is required to assist the student obtaining any necessary documents, including immunization or school records after the student has been enrolled. ****

Submitted on _____ by _____



Student Enrollment Notification Form

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

Name of Charter

School:

Easton Arts Academy Elementary Charter School

Address:

30 North 4th Street

Easton, PA 18042

Contact Person:

Tracy Nicolazzi

Telephone:

484-546-4230

Email: tnicolazzi@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 School _____ Charter School _____ Home School _____ Nonpublic School

_____ Student Not Enrolled in School Preceding Enrollment in Charter School Because:

_____ Kindergarten _____ Re-Enrolling Dropout _____ Other _____

Name of Former School: _____

Address of Former School: _____

Previous Grade: _____ Withdraw date from previous school: _____

Was Your Child Receiving Special Education Services Based on an IEP? _____ Yes _____ No

If Yes, please attach a copy to this packet.

Charter School Student Enrollment Notification Form Instructions for this can be found at www.pde.state.pa.us.
Under the K-12 schools folder, click on Public Schools, then Charter School, then Reporting.

III. Parent/Guardian Information:

Child Lives With: _____ Both Parents _____ Both Parents Alternately _____ Mother Only _____ Father Only _____
Legal Guardian _____ Foster Parents _____ Other Adult _____
Special Custodial Court Instructions: YES NO *(If Yes, Please Provide a Copy of Court Order)*

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

Signature of Charter School Representative: _____



30 North 4th Street, Easton, Pennsylvania 18042
Phone (484) 546-4230 Fax (610) 829-6076

REQUEST FOR TRANSPORTATION UNDER ACT 372

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

Date: _____

Name of Child: _____ Birth date ____/____/____ Grade: _____ (2020-2021)

Address: _____

I **do** request transportation: _____

I **do not** request transportation: _____

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 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: _____

State

Zip Code

Name of BOTH parents: _____

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

Father'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: _____

Submitted on _____ by _____



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 – 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 #2 _____ (H) (____) _____
Relationship _____ (C) (____) _____
(W) (____) _____

Emergency Contact #3 _____ (H) (____) _____
Relationship _____ (C) (____) _____
(W) (____) _____

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

DATE

Signature



HEALTH INVENTORY

Name of child: _____

Grade: _____

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 _____
12. Hearing loss or surgery: YES/NO _____
13. Vision problems: YES/NO _____ Wears glasses/contact: YES/NO _____
14. Chicken pox disease: YES/NO Date: _____
15. Eczema or other skin problems: YES/NO _____
16. Heart or cardiovascular problems or congenital heart disease: YES/NO _____
17. Diabetes: YES/NO _____
18. Urinary/bladder problems: YES/NO _____
19. Intestinal/bowel problems: YES/NO _____
20. Any physical, developmental or health problems at birth: YES/NO _____
21. Medication: YES/NO (Please list all current medications)

22. Medications needed during the school day: YES/NO (Please list all medications need during school hours)

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

Signature of parent/guardian: _____

Date: _____

Submitted on _____ by _____



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.

Date: _____

Home School District: _____

Student's Name: _____ **Grade:** _____

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?

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.

Submitted on _____ by _____



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, Facebook, Twitter, Instagram, in the yearbook and 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 and Phone Number

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.

Parent Email: _____

Parent Phone: _____

Parent Name **(Please Print)**: _____

Parent/Guardian Signature: _____ Date: _____

Submitted on _____ by _____



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: _____

Date: _____

Student's Name: _____ Grade: _____

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: _____

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: _____

Submitted on _____ by _____



Date: _____

AUTHORIZATION TO TRANSFER EDUCATIONAL/HEALTH RECORDS

STUDENT: _____ DOB: _____
(First Name) (Last Name)

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

Education Records (all transcripts, grades to date, PSSA scores, STARS testing, attendance records)
Health Records, including Immunizations and Dental Exams
Psychological/Psychiatric/Special Education file (PTE/PTRE, ER/RR, Invite, IEP, NOREP, IFSP with EI evaluation)
Disciplinary and Delinquency
Attendance Records
SAP Initiated Evaluations
504 Documentation
Career Readiness Documentation/Chapter 339

Please forward all Educational Records to:

Easton Arts Academy Elementary Charter School
30 N. 4th Street
Easton, PA 18042
Fax – 610-829-6076

Please forward all Health Records to:

Easton Arts Academy Elementary Charter School
Attn: School Nurse
30 N. 4th Street
Easton, PA 18042
Fax – 484-546-4257

Request sent to: _____

Address: _____

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 signature is required)

Parent/Guardian Signature

Registrar Signature

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

Submitted on _____ by _____



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 EAAECS Representative)