

Bristol Borough School District
450 Beaver Street
Bristol, PA 19007
Phone: 215-781-1000 x1014 - Fax: 215-781-1012

Student Registration Checklist

The following documentation is necessary when you enroll your child in the Bristol Borough School District.

Student Name_____ **Date**_____

Previous Address: _____

Documents Required:

1. Student Registration Form
2. Lease or Settlement Papers (HUD#1) or Property Tax Invoice
3. Home Language Survey
4. Immunization Record
5. Birth Certificate, Baptismal Certificate, Passport
6. Parental Registration Statement - **Not Required**

For Kindergarten Students.

Other Documents Requested due within 5 days of enrollment if NOT provided at the initial registration:

7. Affidavit of Tenant Occupancy (required if a tenant **MUST** be completed, signed, and notarized by your landlord and your signature where indicated).
8. Proofs of Residency (three (3) from the list...one being a utility bill)
 - Bank Statement
 - Utility turn on statement or any utility bill
 - Driver's License/State Identification Card (If license/State Identification Card address differs from new address change of address card is also required)
 - Vehicle Registration Card **OR** Insurance I.D. Card
 - Any bill receipt indicating new address
 - TV/Cable/Satellite Activation or Statement
 - Cell phone or Telephone Statement
9. Permission for Physical/Dental Exams
10. Dental Form & Physical Form or proof of appointment
11. Health History Form
12. Technology Form
13. Special Custody Arrangements, please provide documentation*
14. Previous school information/most-recent report card
15. Parent Portal/E-Mail address form
16. Records Request form – **Not Required for Kindergarten Students.**

FOR REGISTRATION PURPOSES, ALL PAPERWORK SHOULD BE SUBMITTED AT THE SAME TIME. THANK YOU!

BRISTOL BOROUGH SCHOOL DISTRICT STUDENT REGISTRATION FORM - PART I

Date of Registration: _____ Grade of Entry: _____
Student's Name: *(MUST BE WRITTEN AS IT APPEARS ON BIRTH CERTIFICATE)*

Male: ____ Female: ____
Address: _____ Floor # ____ Apt. #: ____ Foster Child: Y or N

Cell Phone: _____ Home Phone: _____

Date of Birth: _____ Birth City: ____ Bristol ____ Langhorne ____ Phila. ____ Other: _____

Birth State: ____ Pa ____ NJ ____ Other: _____ Birth Country: ____ U.S. ____ Other: _____

Race: ____ Amer. Ind/ Alaskan Native ____ Asian ____ Black ____ Hispanic ____ White ____ Hawaiian/ Pac Islander

What year did child enter PA Schools? _____ What year did child enter our school district? _____

PARENT INFORMATION:

Father's Last Name First Name Race: ____ Asian ____ White ____ Black
____ Living at home ____ Separated ____ Divorced ____ Custody ____ Deceased ____ Hispanic ____ Hawaiian
____ Amer Ind/ Alask Native

Mother's Last Name First Name Race: ____ Asian ____ White ____ Black
____ Living at home ____ Separated ____ Divorced ____ Custody ____ Deceased ____ Hispanic ____ Hawaiian
____ Amer Ind/ Alask Native

Guardian's Last Name First Name Middle

Emergency Contact Phone Number

OFFICE USE ONLY

Start Date: _____

Student ID # _____

Homeroom # _____

Teacher: _____

Child's Name _____

PART 2

Other Children living in the household:

Last Name	First Name	Date of Birth	Relationship	School

Child's Previous Education Information (Please start with most recent school)

Name of School	Address	City, State, Zip Code	Country
----------------	---------	-----------------------	---------

Name of School	Address	City, State, Zip Code	Country
----------------	---------	-----------------------	---------

Has your child ever attended Bristol Borough Public Schools? ☐ Y ☐ N What school year? _____

Has your child ever been retained? ☐ Y ☐ N If so, which grade(s)? _____

Has your child ever been tested for Special Education? ☐ Y ☐ N If so, when? _____

Has your child received Special Education Services? ☐ Y ☐ N If so, when? _____

Does your child have an IEP (Including Speech and Language)? ☐ Y ☐ N

Does your child have Medical Assistance? ☐ Y ☐ N

Has your child been classified as gifted? ☐ Y ☐ N

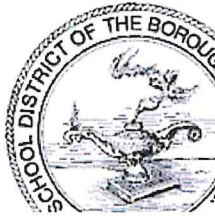
Has your child ever attended English Language Learners Classes? ☐ Y ☐ N ☐ Exited *If exited, date: _____

**If yes, date first enrolled in US school? _____ AND date first enrolled in ESL? _____

Did your child receive any other services? ☐ Y ☐ N If so, which services? _____

PARENT/GUARDIAN WITH WHOM THE CHILD(REN) RESIDE: Are You An Active Member Of The Military? YES OR NO **If yes, circle which branch: ARMY NAVY AIR FORCE MARINES FULL-TIME COAST GUARD

(Revised 12/2017)



Bristol Borough School District

1776 Farragut Avenue
Bristol, PA 19007
(215) 781-1000 Ext 1014
(215) 781-1012 Fax

AFFIDAVIT OF MULTIPLE OCCUPANCY

Date: _____

I, _____, certify that I am the legal owner or lessee of the property at _____; which is located in the Bristol Borough School District. *A copy of their real estate tax invoice or lease is attached along with their occupancy permit. I further swear that*

Name(s) of parent(s) and child(ren)

are living on a permanent basis at the above address. I assume responsibility for notifying the school district should the above circumstances change.

I (WE) UNDERSTAND THAT IF I (WE) KNOWINGLY PROVIDE FALSE INFORMATION IN THIS AFFIDAVIT, I (WE) AM/ARE SUBJECT TO PROSECUTION FOR A SUMMARY CRIMINAL OFFENSE AND UPON CONVICTION, MAY BE SENTENCED TO A FINE OF NO MORE THAN \$5,000, OR RESULT IN A PRISON TERM NOT TO EXCEED TWO (2) YEARS OR BOTH, AND THAT I (WE) WILL BE LIABLE TO THE SCHOOL DISTRICT FOR THE COSTS OF TUITION AND INVESTIGATIVE AND LEGAL FEE EXPENSES.

I (We) will notify the Bristol Borough School District immediately in the event that the facts set forth herein shall no longer be correct or shall change. I (We) certify that I (we) will cooperate with and be responsive to requests for information or investigation concerning the continuing validity of the Affidavit.

Those filing this sworn statement hereby agree that if the statement is found to be false, they will immediately become liable for all tuition due and the child(ren) involved will be withdrawn from enrollment in the Bristol Borough School District. Estimated rates for the 2025-2026 academic year are as follows:

Elementary: \$ 16,161.48 Secondary: \$ 16,255.36

The facts set forth herein are true and correct to the best of my (our) knowledge, information and belief.

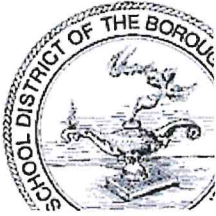
Signature of Owner or Lessee

Relationship to New Resident

Telephone Number

Sworn to and subscribed before me this ____ day
of _____ 20 ____.

Notary Public Signature, Seal and Stamp



Bristol Borough School District

1776 Farragut Avenue
Bristol, PA 19007
(215) 781-1000 Ext 1014
(215) 781-1012 Fax

AFFIDAVIT OF MULTIPLE OCCUPANCY

Date: _____

I, _____, certify that I am the parent or legal guardian of _____, and we reside at: _____

(home/apartment) that is owned or leased by _____, a Bristol Borough School District resident. **I assume responsibility for notifying the school district should the above described circumstances change.**

I (WE) UNDERSTAND THAT IF I (WE) KNOWINGLY PROVIDE FALSE INFORMATION IN THIS AFFIDAVIT, I (WE) AM/ARE SUBJECT TO PROSECUTION FOR A SUMMARY CRIMINAL OFFENSE AND UPON CONVICTION, MAY BE SENTENCED TO A FINE OF NO MORE THAN \$5,000, OR RESULT IN A PRISON TERM NOT TO EXCEED TWO (2) YEARS OR BOTH, AND THAT I (WE) WILL BE LIABLE TO THE SCHOOL DISTRICT FOR THE COSTS OF TUITION AND INVESTIGATIVE AND LEGAL FEE EXPENSES.

I (We) will notify the Bristol Borough School District immediately in the event that the facts set forth herein shall no longer be correct or shall change. I (We) certify that I (we) will cooperate with and be responsive to requests for information or investigation concerning the continuing validity of the Affidavit.

Those filing this sworn statement hereby agree that if the statement is found to be false, they will immediately become liable for all tuition due and the child(ren) involved will be withdrawn from enrollment in the Bristol Borough School District. Estimated rates for the 2025-2026 academic year are as follows:

Elementary: \$ 16,161.48 Secondary: \$ 16,255.36

The facts set forth herein are true and correct to the best of my (our) knowledge, information and belief.

Signature of Parent or Legal Guardian

Relationship to Owner or Lessee

Telephone Number

Sworn to and subscribed before me this ____ day

of _____ 20____.

BRISTOL BOROUGH SCHOOL DISTRICT
HOME LANGUAGE SURVEY*

School

_____ Snyder-Girotti Elementary _____ Middle School _____ Bristol High

Date: _____

Student's Name: _____ Grade: _____

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

2. Does the student speak a language other than English? ____ Yes ____ No
*If yes, specify the language (Do not include languages learned in school).

3. What language(s) is/are spoken at home? _____

Person completing this form (If other than parent/guardian)

Signature:

Parent/Guardian Signature: _____

Parent/Guardian (Print Name): _____

*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 district as well as from students who enroll in the school district in the future.

PLEASE READ, SIGN AND RETURN THE FOLLOWING:

STATEMENT OF RESPONSIBILITY FOR INTERNET USE

The members of the school community of the Bristol Borough School District (the "District") have the opportunity to access the Internet for educational use. It is understood that every person's use of this system cannot be monitored at all times. It is also understood that the use of the District's network is a privilege. As we foster independent use of this resource, reasonable procedures and standards for appropriate behavior are expected from all users.

Use of the District network to access Internet is extended to users to enhance curriculum studies and to facilitate technological literacy. The use of the District Network by minors is necessary to achieve this goal and is subject to procedures and standards for appropriate network behavior as set forth in the District's "Acceptable Use Policy for Technology", a copy of which is incorporated in the student handbook and/or available from the school office.

I understand and will abide by the District's "Acceptable Use Policy for Technology". I understand that Internet activity is monitored by the District. I understand that should I commit such a violation of the District "Acceptable Use Policy", my access privileges will be revoked, school disciplinary action may be taken, and appropriate legal action may be taken.

Student's Signature: _____ Date: _____

Student's Name (Print): _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (Print): _____

(Required of all students)

Bristol Borough School District

1776 Farragut Avenue

Bristol, PA 19007

Broadus Davis, Ed.D.

Acting Superintendent of Schools

Name of Student _____ **Date** _____

The Nature and Purpose of the Health Record

I understand that the information I give to the School Nurse is important for the school staff to understand and help the health and education of my child.

I understand that this information will be kept confidential by the health school staff, and will be shared with other professionals in the school and in other institutions only when the School Nurse and/or the School Physician believe it is in the best interest of my child's health and education.

Copies of my child's health record will be sent to other agencies when requested with my written consent.

Mandated Screenings

The Pennsylvania School Code requires health screenings for all school age children. Bristol Borough Health Services will provide the following screenings on students in specific grades as mandated by the state:

- height, weight and BMI (all grades)
- vision(all grades)
- hearing(K,1,2,3,7,11th grades)
- scoliosis(6th and 7th grades)

Permission for Physical and Dental Examinations

The Pennsylvania School Code (STATE LAW) requires physical (6th and 11th grade) and dental (3rd and 7th grades) examinations at specific grade levels. Parents/guardians are notified and given private examination forms prior to school examinations. **If the private physical/dental forms are not returned within six weeks, the school nurse will schedule the examination with the school physician or dentist.** Parents/guardians are notified of the date of the scheduled examinations. Those who wish to be present during school examinations need to notify the school nurse.

This signed permission will remain valid as long as the child attends the Bristol Borough School District.

Parent/Guardian Signature

Date

Date received in Health Office _____ Nurse Initials _____

PRIVATE PHYSICIAN'S REPORT OF
PHYSICAL EXAMINATION OF A PUPIL OF SCHOOL AGE

DATE _____ 20____

NAME OF SCHOOL _____ GRADE _____ HOMEROOM _____

NAME OF CHILD			DATE OF BIRTH	SEX
Last	First	Middle		<input type="checkbox"/> M <input type="checkbox"/> F

ADDRESS

No. and Street	City or Post Office	Borough or Township	County	State	Zip Code
----------------	---------------------	---------------------	--------	-------	----------

MEDICAL HISTORY
IMMUNIZATIONS AND TESTS

VACCINE	Enter Month, Day, and Year each immunization was given DOSES			BOOSTERS & DATES	
Diphtheria and Tetanus (Circle): DTaP, DTP, DT, TD	1 / /	2 / /	3 / /	4 / /	5 / /
Polio (Circle): OPV, IPV	1 / /	2 / /	3 / /	4 / /	5 / /
Measles, Mumps, Rubella	1 / /	2 / /			
Hepatitis B	1 / /		2 / /		3 / /
HIB	1 / /		2 / /		3 / /
Varicella	1 / /		2 / /		Varicella Disease or Lab Evidence Date: _____
Other: _____					

- ☐ MEDICAL EXEMPTION The physical condition of the above named child is such that immunization would endanger life or health
- ☐ RELIGIOUS EXEMPTION (Includes a strong moral or ethical conviction similar to a religious belief and requires a written statement from the parent/guardian)

If Applicable:

Tuberculin Tests Date Applied	Arm	Device	Antigen	Manufacturer	Signature
Date Read	Results (mm)		Signature		

Follow-Up of significant tuberculin tests:

Parent/Guardian notified of significant findings on _____

Result of Diagnostic Studies: _____

Preventive Anti-Tuberculosis – Chemotherapy ordered. ☐ No ☐ Yes _____ Date _____

Significant Medical Conditions (√)

If Yes, Explain

	Yes	No	
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	_____
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cardiac	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chemical Dependency	<input type="checkbox"/>	<input type="checkbox"/>	_____
Drugs	<input type="checkbox"/>	<input type="checkbox"/>	_____
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diabetes Mellitus	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gastrointestinal Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hearing Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	_____
Neuromuscular Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____
Orthopedic Condition	<input type="checkbox"/>	<input type="checkbox"/>	_____
Respiratory Illness	<input type="checkbox"/>	<input type="checkbox"/>	_____
Seizure Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____
Skin Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vision Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____

Are there any special medical problems or chronic diseases which require restriction of activity, medication or which might affect his/her education? If so, specify _____

Report of Physical Examination (√)

	Normal	Abnormal	Not Examined	Comments
▪ Height (inches)				
▪ Weight (pounds) BMI				
▪ Pulse ()				
▪ Blood Pressure				
▪ Hair/Scalp				
▪ Skin				
▪ Eyes/Vision				
▪ Ears/Hearing				
▪ Nose and Throat				
▪ Teeth and Gingiva				
▪ Lymph Glands				
▪ Heart – Murmur, etc				
▪ Lung – Adventitious Finding				
▪ Abdomen				
▪ Genitourinary				
▪ Neuromuscular System				
▪ Extremities				
▪ Spine (Presence of Scoliosis)				

Date of Examination

Signature of Examiner

PRINT Name of Examiner

Address

Telephone Number

BRISTOL BOROUGH SCHOOL DISTRICT
Student Health History

Name of Person
Completing Form

Relationship to Child

Date

STUDENT'S HEALTH HISTORY

Student's Name _____ D.O.B. _____ AGE _____

Home Address _____ Phone # _____

Previous School's Name: _____

Address: _____

A. Pre-Natal History

Circle Answer

- | | |
|---|--------|
| 1. Did the mother have any illness during the pregnancy? | YES NO |
| 2. Did the mother take any medicines or drugs?
(Other than iron or vitamins) | YES NO |

B. Developmental History

- | | |
|--|--------|
| 1. What was the baby's birth weight? | _____ |
| 2. Did the baby have any trouble while in the hospital? | YES NO |
| 3. Did the baby have any special problems in the first six (6) months? | YES NO |
| 4. At what age did the child sit alone without support? | _____ |
| 5. At what age did the child walk alone without support? | _____ |
| 6. At what age did the child say two or three words together? | _____ |
| 7. Can the child use the toilet without help? | _____ |

C. Family Health History

1. Circle any one of the following conditions that this child's parents, grandparents, aunts, uncles, brothers, or sisters have had:

Allergy	Seizures	Asthma
Tuberculosis	Cancer	Lead Poisoning
Drug/Alcohol Addiction	Sickle Cell	Diabetes
Vision Problems	Hearing Problems	Heart Disease
Nervous Breakdown	Anemia	Learning Problems

Other Inherited or Family Diseases: _____

2. Do any other family members have medical problems? If yes, please list: _____

D. Student Health History

1. Is the child taking any medications? If yes, please explain.

2. Has the child had more than six colds or throat infections, with a fever within a year? YES NO
3. Has the child had any trouble with ears or hearings? YES NO
4. Has the child had any trouble with eyes or vision? YES NO
5. Has the child ever had a convulsion (fit or seizure)? YES NO
6. Has the child had any trouble with teeth? YES NO
7. Does the child complain of headaches? YES NO
8. Has the doctor ever said the child had a heart murmur? YES NO
9. Does the child often have diarrhea? YES NO
10. Has constipation ever been a problem for this child? YES NO
11. Have you ever seen blood in the child's stool? YES NO
12. Does the child complain of frequent belly aches? YES NO
13. Does the child have any problems with passing water? YES NO
14. Does the child have any skin problems? YES NO
15. Has the child ever had asthma or allergies (bees, pollen, dust or medications)? YES NO
16. Has the child ever had an allergic reaction? YES NO
If yes, explain. _____

17. Does the child seem to have trouble breathing through the nose? YES NO
18. Does the child snore at night? YES NO
19. Does the child have trouble sleeping? YES NO
20. Has the child ever complained of pain in the arms or legs? YES NO
21. Has the child ever had swelling of any joints or limping? YES NO
22. Does your child have any blood disorders? YES NO
23. Has your child had any operations or serious accidents? YES NO
If yes, please explain. _____

Please circle any of the following behaviors that apply to your child:

Bed Wetting
Wetting during the day
Thumb sucking
Overly active
Clumsiness
Daydreams
Shy
Jealous of brothers or sisters
High strung/Easily upset
Stammering or stuttering

Fighting with other children
Feelings easily hurt
Sad and sulky
Lying
Clings to parents
Destroys things
Temper tantrums
Disobedient
Nightmares
Stubborn

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH**PRIVATE DENTIST REPORT
OF DENTAL EXAMINATION OF A PUPIL OF SCHOOL AGE**

NAME OF SCHOOL _____ DATE _____ 20 ____

NAME OF CHILD			AGE	SEX	GRADE	SECTION/ROOM
_____	_____	_____		<input type="checkbox"/> M <input type="checkbox"/> F		
Last First Middle						

ADDRESS

No. and Street	City or Post Office	Borough or Township	County	State	Zip
----------------	---------------------	---------------------	--------	-------	-----

REPORT OF EXAMINATION

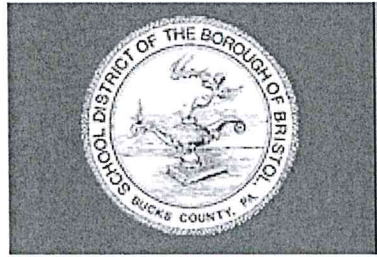
		TOOTH CHART																
		RIGHT								LEFT								
UPPER		1	2	3	4 A	5 B	6 C	7 D	8 E	9 F	10 G	11 H	12 I	13 J	14	15	16	Upper
LOWER		32	31	30	29 T	28 S	27 R	26 Q	25 P	24 O	23 N	22 M	21 L	20 K	19	18	17	Lower
	UPPER																	Upper
	LOWER																	Lower

Is The Child Under Treatment

Yes ☐No ☐

Treatment Completed

Yes ☐No ☐_____
Date of Dental Examination_____
Signature of Dental Examiner_____
Print Name of Dental Examiner_____
Address



Dear Parent or Guardian,

Bristol Borough School District introduced a new grade keeping system that will allow parents and guardians to access their child's grade assignments and grades in each of their classes on a daily basis.

Parents and guardians are encouraged to apply for a password by signing below and including an email address. Once you are entered into our system, we will send you a letter with specific directions on how to log onto our system.

Student Name:

Parent or Guardian Name:

Parent or Guardian Signature:

Parent or Guardian Email:

Attachment A - Parental Registration Statement

Student Full Name: _____

Birth Date: _____

Grade: _____

Parent or Guardian Name: _____

Home Address: _____

Home Telephone Number: _____

Pennsylvania School Code §13-7304-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 OR was not** previously suspended or expelled or is **OR 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.

Signature of Parent or Guardian: _____

Date: _____

Pennsylvania School Code § 73-1318.1 states in part "Prior to admission to a public 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 student was previously or is presently expelled under the provisions of this section." Section 13-1318 speaks to students who have been convicted or adjudicated delinquent of committing a sexual assault upon another student enrolled in the same public school entity.

Please complete the following:

I hereby swear or affirm that my child **was OR was not** previously expelled or is **OR is not** presently expelled from any public school entity under 24 P.S. § 13-1378.I (related to students convicted or adjudicated delinquent of sexual assault). I make this statement subject to the penalties of 24 P.S. §73-7378.I(g) and 78 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.

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.

Attachment A - Parental Registration Statement

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: _____

Reason for suspension/expulsion: _____

Name of the school from which student was suspended or expelled:

Dates of suspension or expulsion: _____

Reason for suspension/expulsion: _____

Name of the school from which student was suspended or expelled:

Dates of suspension or expulsion: _____

Reason for suspension/expulsion: _____

PLEASE COMPLETE PUPIL INFORMATION
BELOW RIGHT-HAND SIDE
AND SIGN MIDDLE RIGHT-HAND
SIDE ON SIGNATURE LINE.

THANK YOU!

SCHOOL DISTRICT OF BRISTOL BOROUGH
WILSON AVENUE AND GARFIELD STREET
BRISTOL, PA 19007

PUPIL'S
NAME

DATE
OF
BIRTH

GRADE

ENROLLED IN BRISTOL BOROUGH

SCHOOLS ON

PLEASE SEND A CUMULATIVE FOLDER AND HEALTH RECORDS FOR THIS PUPIL. IF SUCH IS NOT AVAILABLE WE WOULD APPRECIATE RESULTS OF ACHIEVEMENT AND INTELLIGENCE TESTS, PERSONALITY RATINGS, HEALTH RECORDS, SCHOLASTIC GRADES, ATTENDANCE AND ANY OTHER SIMILAR DATA.

SHOULD YOU HAVE ANY PSYCHOLOGICAL EXAMINATIONS OR RECORDS, WE WOULD APPRECIATE THEM. YOU CAN BE ASSURED THEY WILL BE TREATED WITH CONFIDENCE.

UPON RECEIVING SUCH RECORDS WE ARE SO MUCH BETTER ABLE TO WORK WITH, AND HELP OUR STUDENTS. THANK YOU VERY MUCH FOR YOUR COOPERATION.

RETURN TO:

PLEASE COMPLY WITH THIS REQUEST.

Signature of Parent/Guardian

DATE OF
REQUEST

DATE
RECEIVED

DATE REQUEST
HONORED

↑
ORIGINATOR FOLD MARK

↓
ADDRESSEE FOLD MARKS