

**Bristol Borough School District**  
**1776 Farragut Avenue**  
**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. When you have gathered all the necessary documents, please return these items to the **BRISTOL BOROUGH SCHOOL DISTRICT ADMINISTRATION BUILDING** to register your child. Thank you.

**Student Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Previous Address:** \_\_\_\_\_

**Documents to be completed and returned at Registration:**

1. Dental Form & Physical Form or proof of appointment
2. Health History Form
3. Technology Form
4. Child Custody (please provide documentation)
5. Previous school information/most recent report card
6. Parent Portal/E-Mail address form

**Documents Required at Registration:**

1. Student Registration Form
2. Affidavit of Tenant Occupancy (required if a tenant **MUST** be completed, signed, and notarized by your landlord and your signature where indicated).
3. Lease or Settlement Papers (HUD#1) or Property Tax Invoice
4. Proofs of Residency (three (3) from the list)
  - 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
5. Birth Certificate
6. Immunization Record
7. Home Language Survey
8. Affirmation of Prior Discipline Record (Act 26) - **Not Required**

**For Kindergarten Students.**

***ALL PAPERWORK MUST BE SUBMITTED AT THE SAME TIME. NO PARTIAL PAPERWORK WILL BE ACCEPTED. 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: \_\_\_\_\_ Apt. #: \_\_\_\_\_ Foster Child: Y or N

Home/Cell 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 \_\_\_ Multi-Racial \_\_\_ 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  
\_\_\_ Living at home \_\_\_ Separated \_\_\_ Divorced \_\_\_ Custody \_\_\_ Deceased

Race: \_\_\_ Asian \_\_\_ White \_\_\_ Black  
\_\_\_ Hispanic \_\_\_ Hawaiian  
\_\_\_ Amer Ind/Alask Native  
\_\_\_ Multi-Racial

\_\_\_\_\_  
Mother's Last Name First Name  
\_\_\_ Living at home \_\_\_ Separated \_\_\_ Divorced \_\_\_ Custody \_\_\_ Deceased

Race: \_\_\_ Asian \_\_\_ White \_\_\_ Black  
\_\_\_ Hispanic \_\_\_ Hawaiian  
\_\_\_ Amer Ind/Alask Native  
\_\_\_ Multi-Racial

\_\_\_\_\_  
Guardian's Last Name First Name Middle

**OFFICE USE ONLY**

**Start Date:** \_\_\_\_\_

**Student ID #** \_\_\_\_\_

**Homeroom #** \_\_\_\_\_

**Teacher:** \_\_\_\_\_

\_\_\_\_\_  
Emergency Contact Phone Number





# Bristol Borough School District

1776 Farragut Avenue  
Bristol, PA 19007  
(215) 781-1000 Ext 1040  
(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 2017-18 academic year are as follows:**

**Elementary: \$ 10,914.00      Secondary: \$ 12,921.00**

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



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(215) 781-1000 Ext 1040  
(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.**

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**Elementary: \$ 10,914.00 Secondary: \$ 12,921.00**

*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 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)

**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
_____	_____	_____	_____	<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 Code

**MEDICAL HISTORY  
IMMUNIZATIONS AND TESTS**

VACCINE	Enter Month, Day, and Year each immunization was given			BOOSTERS & DATES	
	DOSES				
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 \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Date \_\_\_\_\_  
Completing Form

**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? YES NO  
(Other than iron or vitamins)

**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                    | Fighting with other children |
| Wetting during the day         | Feelings easily hurt         |
| Thumb sucking                  | Sad and sulky                |
| Overly active                  | Lying                        |
| Clumsiness                     | Clings to parents            |
| Daydreams                      | Destroys things              |
| Shy                            | Temper tantrums              |
| Jealous of brothers or sisters | Disobedient                  |
| High strung/Easily upset       | Nightmares                   |
| Stammering or stuttering       | Stubborn                     |

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTH

**PRIVATE DENTIST REPORT OF  
DENTAL EXAMINATION OF A PUPIL OF  
SCHOOL AGE**

NAME OF SCHOOL \_\_\_\_\_ DATE \_\_\_\_\_ 19\_\_

NAME OF CHILD			AGE	SEX	GRADE	SECTION/ROOM
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
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**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



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:

---



# Bristol Borough School District

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## AFFIRMATION OF PRIOR DISCIPLINE RECORD

*\*NOT REQUIRED FOR KINDERGARTEN STUDENTS*

**A Willful false statement on this affirmation is a misdemeanor of the third degree and shall be immediately reported to the appropriate authorities.**

DIRECTIONS: Check the applicable paragraph, provide all appropriate information, and sign this document.

Paragraph 1:

\_\_\_\_\_ The undersigned affirms that \_\_\_\_\_ has not been suspended or expelled from any public or private school in Pennsylvania or any other state for an act of offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence against persons and/or property committed on school premises, at any school sponsored activities or on any public or private conveyance providing transportation to or from a school or school sponsored activity.

Paragraph 2:

\_\_\_\_\_ The undersigned affirms that \_\_\_\_\_ in Pennsylvania or another state for one or more acts or offenses involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for an act of violence against persons and/or property committed on school premises, at a school sponsored activities or on a public or private conveyance providing transportation to or from a school or school sponsored activity.

If you checked paragraph two, explain the circumstances in detail. Include the school name, dates of suspension or expulsion, and a description of the incident giving rise to the suspension or expulsion.

\_\_\_\_\_  
\_\_\_\_\_

**CHECK ONE OF THE FOLLOWING:** \_\_\_ **IS NOT** presently suspended or expelled.  
\_\_\_ **IS** presently suspended or expelled. Please Explain Below.

\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Parent's/Guardian Signature \_\_\_\_\_

Date copy sent for verification: \_\_\_\_\_ BBSD Staff Member Initials: \_\_\_\_\_

Name of Sending School District \_\_\_\_\_

Sending School Please Complete:

\_\_\_ Student did not violate Act 26      \_\_\_ Student did violate Act 26

Return to: \_\_\_\_\_

If the student has been involved in offenses involving weapons, alcohol, or drugs or willful infliction of injury to persons or an act of violence against persons and/or property committed on school premises, at a school sponsored activities or on a public or private conveyance providing transportation to or from a school or school sponsored activity, please forward appropriate disciplinary documentation.

\_\_\_\_\_  
Signature of Sending District Administrator

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date