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 Administration Office to register your child. Thank you.

Student Name_________________________   Date___________
Previous Address: _____________________________________

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 (If license 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. Home Language Survey
6. Technology Form
7. Permission for Physical/Dental Exams
8. Immunization Record
9. Health History Form
10. Dental Form & Physical Form or proof of appointment
11. Birth Certificate
12. Special Custody Arrangements (Please provide documentation)
13. Previous school information (Report Card/Progress Report/IEP)
14. Parent Portal/E-Mail address form

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: ___________________________________________ 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:

___________________________________________________________________________ Race: ___ Asian ___ White ___ Black

Father’s Last Name ___________________________ First Name ___________________________ __ Amer Ind/Alaskan Native

___ Living at home ___ Separated ___ Divorced ___ Custody ___ Deceased __ Hispanic ___ Hawaiian

___________________________________________________________________________ Race: ___ Asian ___ White ___ Black

Mother’s Last Name ___________________________ First Name ___________________________ __ Amer Ind/Alaskan Native

___ Living at home ___ Separated ___ Divorced ___ Custody ___ Deceased __ Hispanic ___ Hawaiian

___________________________________________________________________________

Guardian’s Last Name ___________________________ First Name ___________________________ Middle ___________________________

Emergency Contact ___________________________ Phone Number ___________________________

______________________________

Teacher: ___________________________
Child’s Name___________________________________________

**PART 2**

**Other Children living in the household:**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Date of Birth</th>
<th>Relationship</th>
<th>School</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Address</th>
<th>City, State, Zip Code</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

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 CHILDREN 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)
AFFIDAVIT OF TENANT OCCUPANCY

Tenant’s Name: ________________________________
Property Address: ____________________________________________
_________________________________________ Phone #: ________________

Owner’s Name: ________________________________
Owner’s Address: ___________________________________________
_________________________________________ Phone #: ________________

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Name</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

How long has tenant lived at this address: __________

I testify that I am the owner or lessee/property manager of the property listed by the tenant and further testify that the occupants listed are true and correct.

Signature of Owner: ________________________________

Sworn to and subscribed before me this ______ day of ____________, 20____.

______________________________ My Commission Expires: __________
Notary Public

I understand that falsification of the application or affidavits used in registering a student is considered a second degree misdemeanor which may result in a prison term not to exceed two (2) years and a fine up to $5,000. The district will also file a civil suit to obtain tuition costs and investigative and legal fee expenses in the prosecution of the parent or guardian of the illegal student.

Signature of Tenant: ________________________________ Date: ____________
Revised 9/2013
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.

Revised 9/2013
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)

(Revised 9/2013)
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

Last
First
Middle

DATE OF BIRTH
SEX

□  □  □
M   F

ADDRESS

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

MEDICAL HISTORY
IMMUNIZATIONS AND TESTS

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>Enter Month, Day, and Year each immunization was given</th>
<th>BOOSTERS &amp; DATES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria and Tetanus (Circle): DTaP, DTP, DT, TD</td>
<td>1 / / 2 / / 3 / / 4 / / 5 / /</td>
<td></td>
</tr>
<tr>
<td>Polio (Circle): OPV, IPV</td>
<td>1 / / 2 / / 3 / / 4 / / 5 / /</td>
<td></td>
</tr>
<tr>
<td>Measles, Mumps, Rubella</td>
<td>1 / / 2 / /</td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>1 / / 2 / / 3 / /</td>
<td></td>
</tr>
<tr>
<td>HIB</td>
<td>1 / / 2 / / 3 / /</td>
<td></td>
</tr>
<tr>
<td>Varicella</td>
<td>1 / / 2 / / Varicella Disease or Lab Evidence Date:</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>__________________________</td>
<td></td>
</tr>
</tbody>
</table>

☐ 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:

<table>
<thead>
<tr>
<th>Tuberculin Tests Date Applied</th>
<th>Arm</th>
<th>Device</th>
<th>Antigen</th>
<th>Manufacturer</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Read</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Signature</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiac</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chemical Dependency</td>
<td></td>
<td></td>
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<tr>
<td>Drugs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes Mellitus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gastrointestinal Disorder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing Disorder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hypertension</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neuromuscular Disorder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orthopedic Condition</td>
<td></td>
<td></td>
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<tr>
<td>Respiratory Illness</td>
<td></td>
<td></td>
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<tr>
<td>Seizure Disorder</td>
<td></td>
<td></td>
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<tr>
<td>Skin Disorder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vision Disorder</td>
<td></td>
<td></td>
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<tr>
<td>Other (Specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 (✓)

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

Date of Examination

Signature of Examiner

PRINT Name of Examiner

Address

Telephone Number
# BRISTOL BOROUGH SCHOOL DISTRICT

**Student Health History**

<table>
<thead>
<tr>
<th>Name of Person</th>
<th>Relationship to Child</th>
<th>Date</th>
</tr>
</thead>
</table>

**STUDENT’S HEALTH HISTORY**

- **Student’s Name**: ___________________________  
  - **D.O.B.**: _______  
  - **AGE**: _______
- **Home Address**: ___________________________  
  - **Phone #**: ___________
- **Previous School’s Name**: ___________________________  
  - **Address**: ___________________________

## A. Pre-Natal History

<table>
<thead>
<tr>
<th>Question</th>
<th>Circle Answer</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Did the mother have any illness during the pregnancy?</td>
<td></td>
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<tr>
<td>2. Did the mother take any medicines or drugs? (Other than iron or vitamins)</td>
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</tbody>
</table>

## B. Developmental History

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What was the baby’s birth weight?</td>
<td></td>
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<tr>
<td>2. Did the baby have any trouble while in the hospital?</td>
<td></td>
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</tr>
<tr>
<td>3. Did the baby have any special problems in the first six (6) months?</td>
<td></td>
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</tr>
<tr>
<td>4. At what age did the child sit alone without support?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. At what age did the child walk alone without support?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. At what age did the child say two or three words together?</td>
<td></td>
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<tr>
<td>7. Can the child use the toilet without help?</td>
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<td></td>
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</tbody>
</table>

## C. Family Health History

<table>
<thead>
<tr>
<th>Condition</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergy</td>
<td></td>
</tr>
<tr>
<td>Seizures</td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td></td>
</tr>
<tr>
<td>Tuberculosis</td>
<td></td>
</tr>
<tr>
<td>Cancer</td>
<td></td>
</tr>
<tr>
<td>Lead Poisoning</td>
<td></td>
</tr>
<tr>
<td>Drug/Alcohol Addiction</td>
<td></td>
</tr>
<tr>
<td>Sickle Cell</td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
</tr>
<tr>
<td>Vision Problems</td>
<td></td>
</tr>
<tr>
<td>Hearing Problems</td>
<td></td>
</tr>
<tr>
<td>Heart Disease</td>
<td></td>
</tr>
<tr>
<td>Nervous Breakdown</td>
<td></td>
</tr>
<tr>
<td>Anemia</td>
<td></td>
</tr>
<tr>
<td>Learning Problems</td>
<td></td>
</tr>
</tbody>
</table>

2. **Other Inherited or Family Diseases**: ___________________________

2. **Other Inherited or Family Diseases**: ___________________________

---

*Page 1 of 2*
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
PRIVATE DENTIST REPORT OF DENTAL EXAMINATION OF A PUPIL OF SCHOOL AGE

NAME OF SCHOOL: 

NAME OF CHILD: 

AGE | SEX | GRADE | SECTION/ROOM |
--- | --- | --- | --- |
|     |     |     |   |

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
</table>

ADDRESS: 

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

REPORT OF EXAMINATION:

<table>
<thead>
<tr>
<th>RIGHT</th>
<th>TOOTH CHART</th>
<th>LEFT</th>
</tr>
</thead>
<tbody>
<tr>
<td>UPPPER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LOWER</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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: ________________________________________________
AFFIRMATION OF PRIOR DISCIPLINE RECORD

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 ___________________________ has been suspended or expelled from any public or private school 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

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 __________________________
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

WHITE = RETURN COPY  YELLOW = ADDRESSEE RECORD COPY  PINK = ORIGINATOR