

# SOUTHERN FULTON SCHOOL DISTRICT STUDENT ENROLLMENT FORM

Date: \_\_\_\_\_

## Parent or Guardian Information

Father's Name: \_\_\_\_\_  
 Father's Address: \_\_\_\_\_  
 Father's Employer: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Mother's Name: \_\_\_\_\_  
 Mother's Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Mothers Employer: \_\_\_\_\_  
 Guardian: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Previous School Attended: \_\_\_\_\_  

Bus Information

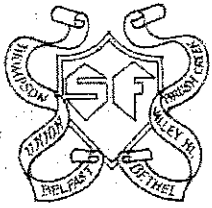
 Morning Pick Up: \_\_\_\_\_  
     Home \_\_\_\_\_ Other (Address) \_\_\_\_\_  
     Afternoon Drop Off: \_\_\_\_\_  
     Home \_\_\_\_\_ Other (Address) \_\_\_\_\_  
 Assigned AM Bus \_\_\_\_\_ Assigned PM Bus \_\_\_\_\_

## Student Information

Student's Full Legal Name: (First, Middle, Last) \_\_\_\_\_  
 Preferred First Name: \_\_\_\_\_  
 Student's Address: \_\_\_\_\_  
 Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  Male  Female  
 Social Security Number: \_\_\_\_\_  
 Ethnicity: \_\_\_\_\_  
      American Indian/Alaskan Native    White    Asian  
      Black / African American    Hispanic  
      Native Hawaiian/Pacific Islander    Multi-Racial  
 Special Programs: IEP  YES  NO Primary Disability \_\_\_\_\_  
      Speech    Hearing    Gifted  
      Learning Support    504    Other  
      Remedial Reading    Remedial Math  

This section completed by school

 New Enrollment    Re-Enrollment  
 Date: \_\_\_\_\_  
 Student No. Assigned: \_\_\_\_\_  
 Homeroom Assignment Number: \_\_\_\_\_ Homeroom Teacher \_\_\_\_\_



# Southern Fulton School District

3072 Great Cove Road  
Warfordsburg, PA 17267

Elementary School Phone (717) 294-3400

Elementary Fax (717) 294-6428

High School Phone (717)294-3251

High School Fax (717)294-6248

TARA WILL  
Superintendent

KATHY CUTCHALL  
Elementary Principal

MEREDITH HENDERSHOT  
High School Principal

## AFFIDAVIT OF RESIDENCY

I, \_\_\_\_\_, currently reside at:

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

I confirm that my child/children \_\_\_\_\_,  
resides with me at the above address.

NOTE: Through my notarized signature, I grant the Southern Fulton School District permission to investigate the above mentioned information that I have presented in this statement for confirmation and factual accuracy.

I understand the false statements herein are made subject to the penalties of 18 Pa.C.S. § 4904, relating to unsworn falsification to authorities.

Notwithstanding any other provision of law to the contrary, a person who knowingly provides false information for the purpose of enrolling a child in a school district for which the child is not eligible commits a summary offense and shall, upon conviction for such violation, be sentenced to pay a fine of no more than three hundred dollars (\$300) for the benefit of the school district in which the person resides or to both perform up to two hundred forty (240) hours of community service, or both. In addition, the person shall pay all court costs and shall be liable to the school district for an amount equal to the cost of tuition calculated in accordance with section 24 Pa. C.S. § 25-2561 during the period of enrollment.

\_\_\_\_\_  
Date \_\_\_\_\_ (SEAL)

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

## Student Residency

By completing this questionnaire, you help the district comply with the McKinney-Vento Act, Title X, Part C of the No Child Left Behind Act. Your truthful and accurate answers help the district identify services that the student may be eligible to receive.

Student name: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

School: \_\_\_\_\_ School attended last year: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Legal Guardian(s) name: \_\_\_\_\_

Address: \_\_\_\_\_

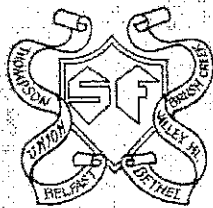
Telephone Number: \_\_\_\_\_

Status of student's parents: \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Never married  
\_\_\_\_\_ One parent deceased (which one) \_\_\_\_\_

The student lives with: \_\_\_\_\_ 1 parent \_\_\_\_\_ 2 parents \_\_\_\_\_ 1 parent and another adult  
\_\_\_\_\_ a relative, friend, or another adult \_\_\_\_\_ other ( \_\_\_\_\_ )

1. Are the parent/legal guardians(s) named above listed on your birth certificate?  
\_\_\_\_\_ Yes (please skip to quest #2) \_\_\_\_\_ No (please answer the questions below)  
Does the school have a copy of any paperwork granting educational rights to someone other than the parent? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Is there any legal documentation on file at the school to prohibit a biological parent from accessing the student or the student's information? \_\_\_\_\_ Yes \_\_\_\_\_ No
2. Is your current address a temporary living arrangement?  
\_\_\_\_\_ Yes (please answer #3 and #4) \_\_\_\_\_ No (please sign below)
3. Is this temporary arrangement due to the loss of housing or economic hardship?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
4. Where is the student living now? (check one)  
\_\_\_\_\_ in a shelter \_\_\_\_\_ in a motel/hotel \_\_\_\_\_ in a car \_\_\_\_\_ in a camper or campsite  
\_\_\_\_\_ With more than one family in a house or apartment  
\_\_\_\_\_ With friends or family member (other than parent/guardian)  
\_\_\_\_\_ A public or private place not ordinarily used as a regular sleeping accommodation  
\_\_\_\_\_ Other ( \_\_\_\_\_ )

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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MEREDITH HENDERSHOT  
High School Principal

## Census Family Record

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ White/Caucasian      \_\_\_\_\_ Black/African American  
                  \_\_\_\_\_ American Indian      \_\_\_\_\_ Asian/Pacific Islander  
                  \_\_\_\_\_ Hispanic

Siblings (Arrange from oldest to youngest from birth to age 21)

Full Name	Date of Birth	Sex	Address if different from student

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

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTH

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

DATE \_\_\_\_\_ 20 \_\_\_\_\_

NAME OF SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ HOMEROOM \_\_\_\_\_

NAME OF CHILD _____ <small style="display: flex; justify-content: space-between; font-size: 8px;"> <span>Last</span> <span>First</span> <span>Middle</span> </small>	DATE OF BIRTH _____	SEX <input type="checkbox"/> M <input type="checkbox"/> F
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ADDRESS \_\_\_\_\_

No. and Street	City or Post Office	Borough or Township	County	State	Zip Code
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**MEDICAL HISTORY  
IMMUNIZATIONS AND TESTS**

VACCINE	Enter Month, Day, And Year Each Immunization Was Given				
	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 \_\_\_\_\_ Date

Result of Diagnostic Studies: \_\_\_\_\_ Date

Preventive Anti-Tuberculosis - Chemotherapy ordered.     No     Yes    Date \_\_\_\_\_

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								
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
UPPER				A	B	C	D	E	F	G	H	I	J				Upper
LOWER	32	31	30	T	S	R	Q	P	O	N	M	L	K				Lower
UPPER																	Upper
LOWER																	Lower

Is The Child Under Treatment Yes  No

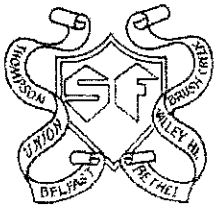
Treatment Completed Yes  No

\_\_\_\_\_  
Date of Dental Examination

\_\_\_\_\_  
Signature of Dental Examiner

\_\_\_\_\_  
Print Name of Dental Examiner

\_\_\_\_\_  
Address



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High School Principal

## SOUTHERN FULTON SCHOOL DISTRICT CONSENT FOR EXCHANGE OF INFORMATION BETWEEN PRIMARY CARE PHYSICIAN / STATE HEALTH CENTER TO SCHOOL NURSE

Student Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ Birth Date \_\_\_\_\_

\_\_\_\_\_

I hereby authorize the State Health Center and/or \_\_\_\_\_ to release  
(name of physician)

Physical examinations, immunization records, and any other pertinent information needed by the school nurse for my child to meet mandated services required by the state according to Article XIV of the Pennsylvania School Code.

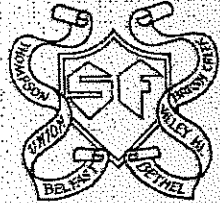
Information may be released to the School Nurses of Southern Fulton School District for the reasons stated above according to Article XIV of the Pennsylvania School Code.

This content is subject to revocation at any time except to the extent that the release of information has already occurred in reliance to this document.

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_





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3072 Great Cove Road  
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Elementary School Phone (717) 294-3400  
Elementary Fax (717) 294-6428

TARA WILL  
Superintendent  
KATHY CUTCHALL  
Elementary Principal

## SCHOOL DISTRICT FLUORIDE TABLET PROGRAM CONSENT FORM

Dear Parent/Guardian:

Our school district is offering a valuable health service for your child. With parental permission, children who do not have a fluoridated water supply will have the opportunity to receive one fluoride tablet each school day. Studies have shown that these tablets will reduce the incidence of tooth decay and are especially valuable to young children when their teeth are developing.

Fluoride tablets should not be given to a child both at home and in the school on the same day. If your child is receiving fluoride tablets at home every day, he/she should not participate in the tablet program in school.

The tablets will be given to your child each school day by his/her teacher. The dentist for the school district has approved this program and recommends it for those children who do not have a fluoridated water supply available.

Please complete the lower portion of this form and return it to the school promptly. Thank you for your cooperation.

Sincerely,

Sandra Crouse, School Nurse

\*\*\*\*\*

Name of Child: \_\_\_\_\_ Grade \_\_\_\_\_ Homeroom: \_\_\_\_\_

I would like my child to participate in the School Fluoride Table Program as described above.

I am NOT interested in the School Fluoride Tablet Program for my child.

My child is currently taking fluoride tablets at home.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian





# HOME LANGUAGE SURVEY

**ALL newly registering students regardless of race, nationality, or language origin MUST complete this form.** Federal law requires that all Local Education Agencies (LEAs) utilize a non-biased procedure for identifying which students are potential English Learners (ELs) in order to provide appropriate language instruction educational programs and services. Given this responsibility, LEAs have the right to ask for the information contained on this and other forms associated with the identification process.

**Student Information (Parents/Guardians should complete this section):**

Child's first name: \_\_\_\_\_

Child's family name: \_\_\_\_\_

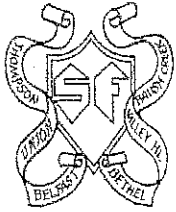
Child's Date of Birth: \_\_\_\_\_  
(Month/Day/Year)

**Questions for Parents or Guardians**

1. Is a language other than English spoken in the child's home?  No  Yes (language) \_\_\_\_\_
2. Does your child communicate in a language other than English?  No  Yes (language) \_\_\_\_\_
3. What is the language that your child first learned to speak? \_\_\_\_\_

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

Interpreter Provided  No  Yes



## SOUTHERN FULTON HIGH SCHOOL

13083 Buck Valley Road  
Warfordsburg, PA 17267  
High School Phone (717) 294-3251  
Fax Number (717) 294-6248

Tara Will  
Superintendent

Allen Morton  
Board President

MEREDITH HENDERSHOT  
Principal

Dear Parent or Guardian:

The Southern Fulton School District uses an Integrated Pest Management (IPM) approach for managing insects, rodents and weeds. Our IPM approach focuses on making the school building and grounds an unfavorable habitat for these pests by removing food and water sources and eliminating their hiding and breeding places. We accomplish this through routine cleaning and maintenance. We routinely monitor the school building and grounds to detect any pest that are present. The pest monitoring team consists of our building maintenance, office, and teaching staff and includes our students. Pest sightings are reported to our IPM coordinator who evaluates the "pest problem" and determines the appropriate pest management techniques to use to address the problem. The techniques can include increase sanitation, modifying storage practices, sealing entry points, or physically removing the pest, etc.

From time to time, it may be necessary to use chemicals to control a pest problem. Chemicals will only be used when necessary, and will not be routinely applied. When chemicals are used, the school will try to use the least toxic products when possible. Applications will be made only when students do not have access to the area(s) being treated. Notices will be posted in their areas 72 hours prior to application and for two days following the application.

Parents or guardians of students enrolled in the school may request prior notification of specific pesticide applications made at the school. To receive notification, you must be placed on the school's notification registry. If you would like to be placed on this registry, please send a letter with your name, address, and telephone number to the school to the attention of John Bain.

If a chemical application must be made to control and emergency pest problem, notice will be provided by telephone to any parent or guardian who has requested such notification. Exemption to this notification include disinfectants and antimicrobial products; self-containerized baits placed in areas not accessible to students, and gel type baits placed in cracks, crevices or voids, and swimming pool maintenance chemicals.

Each year the district will prepare a new notification registry.

If you have any questions, please contact John Bain, Facilities Manager at (717) 294-3251 ext. 222.

Sincerely

John Bain  
Facilities Manager,