



## Northwestern Lehigh School District

### STUDENT ENROLLMENT

Weisenberg Elementary 2665 Golden Key Road Kutztown, PA 19530 (610) 285-6169 Fax: (610) 285-2677	Northwestern Elementary 6493 Route 309 New Tripoli, PA 18066 (610) 298-8661 Fax: (610) 298-8573	Northwestern Lehigh Middle School 6636 Northwest Road New Tripoli, PA 18066 (610) 298-8661 Fax: (610) 298-8178	Northwestern Lehigh High School 6493 Route 309 New Tripoli, PA 18066 (610) 298-8661 Fax: 610-298-2063
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#### Who may enroll?

Parents or court-appointed guardians may enroll a student new to the Northwestern Lehigh School District

#### When may registration take place?

Monday to Friday, 9:00 a.m. - 2:00 p.m. **Appointments are necessary.** Please contact the appropriate school, at the phone number listed above, to make an appointment.

#### What is included in the registration packet?

- Student Registration
- Residency Verification
- Release of Information Form
- Home Language Survey
- Discipline Verification Parent Form
- Emergency Contact Information
- New Student Health History Form
- Child Custody Information

**In addition to the completed registration materials, you will need to bring the following to your appointment:**

- Verification of date of birth by any of the following:
  - Original Birth Certificate
  - Passport
  - Hospital Birth Record
  - Adoption Papers
  - Residency Verification—Must provide TWO forms of current documentation:
    - Department of Transportation identification or driver's license, or
    - Department of Transportation vehicle registration, or
    - A utility bill, or
    - Medical Insurance Information with address, or
    - Federal, State, and Local Income Tax Forms, or
    - Moving Permit, or
    - Bank statement with address, or
    - Paycheck stub with name and address of employee and employer, or
    - A signed, current property lease agreement or sales contract, or
    - Voter's registration card, or
    - Residency affidavit

**Residency is subject to investigation and verification by the school district**



## Northwestern Lehigh School District

- Physical examination within the past year or consent for a physical examination to be conducted by the school physician
- Immunizations with dates (a list of required vaccines and number of doses are provided in the registration packet)
- Legal documents designating parent or legal guardian with educational rights if other than biological parents (court order or notarized District Guardianship Form)
- School Records
  - Transfer card from last school attended
  - Proof of withdraw from previous school, including grades at time of withdrawal
  - Academic transcript or report card from the former school
- Other information:
  - For Special Education Students, most recent ER and IEP
  - For Gifted Students, most recent GWR and GIEP

STUDENT ENROLLMENT CHECKLIST	
<input type="checkbox"/>	Date of Birth Verification (i.e. Birth Certificate)
<input type="checkbox"/>	Residency Verification – 2 forms for proof of residency
<input type="checkbox"/>	Physical Examination Records
<input type="checkbox"/>	Immunization Records
<input type="checkbox"/>	Transfer card from previous school
<input type="checkbox"/>	Proof of withdraw from previous school, including grades at time of withdrawal
<input type="checkbox"/>	Transcripts or Report Card from previous school
<input type="checkbox"/>	Most recent ER/RR/IEP (if applicable)
<input type="checkbox"/>	Most recent GWR/GIEP (if applicable)
<input type="checkbox"/>	Court Order, Custody, or District Guardianship Form (if applicable)



Northwestern Lehigh School District  
Student Registration

Student ID #

Grade:

Additional Information

Northwestern District Entry Date:

Pennsylvania School Entry Date:

US Entry Date:

Date First Entered US School:

Document for Birthdate Identification:

Birth City/State:

Student Information (Please Print)

Last Name:

First name:

Middle Name:

Suffix:

Gender:

☐ Female

☐ Male

Birth date:

Phone #:

Unlisted: ☐

Student Physical Address

Address 1:

Address 2:

City:

State:

Zip + 4

Township

County:

Ethnicity

☐ 1. American Indian/Alaskan Native

☐ 3. Black

☐ 4. Hispanic

☐ 5. White

☐ 6. Multiracial

☐ 9. Asian

☐ 10. Native Hawaiian/Other Pacific Islander

Parent/Guardian Contact information

Relation to Child:

Lives With:

☐ Yes

☐ No

Same Address

☐ Yes

Release to:

☐ Yes

☐ No

Title:

Last Name:

First Name:

Address 1:

Address 2:

City:

State:

Zip + 4:

Home Phone # :

Cell Phone # :

Work Phone :

Email:

Occupation:

Employer:

Active Duty in Military:

☐ Yes

☐ No

If yes, what branch of military:

Receive Mailers:

☐ Yes

☐ No

Custody Papers:

☐ Yes

☐ No

Parent/Guardian Contact information

Relation to Child:

Lives With:

☐ Yes

☐ No

Same Address

☐ Yes

Release to:

☐ Yes

☐ No

Title:

Last Name:

First Name:

Address 1:

Address 2:

City:

State:

Zip + 4:

Home Phone # :

Cell Phone # :

Work Phone :

Email:

Occupation:

Employer:

Active Duty in Military:

☐ Yes

☐ No

If yes, what branch of military:

Receive Mailers:

☐ Yes

☐ No

Custody Papers:

☐ Yes

☐ No



<b>Other Than Parent/Guardian</b>		<b>Other Than Parent/Guardian</b>	
<b>Emergency Contact #1</b>		<b>Emergency Contact #2</b>	
Relation to Child:		Relation to Child:	
Release to:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Release to:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Title:		Title:	
Last Name:		Last Name:	
First Name:		First Name:	
Address 1:		Address 1:	
Address 2:		Address 2:	
City:		City:	
State:		State:	
Zip + 4:		Zip + 4:	
Home Phone # :		Home Phone # :	
Cell Phone # :		Cell Phone # :	
Work Phone :		Work Phone :	

  

<b>Siblings</b>		<b>Prior School Information</b>	
Last Name:		School Name:	
First Name:		Address:	
Date of Birth:		City:	
Last Name:		State:	
First Name:		Phone # :	
Date of Birth:		Contact:	
Last Name:			
First Name:			
Date of Birth:			
Last Name:			
First Name:			
Date of Birth:			

  

<i>For School Personnel Use Only</i>		<b>Programs</b>	
Date Registered: _____		Special Ed (IEP):	<input type="checkbox"/> Yes <input type="checkbox"/> No
Entry Date: _____	Entry Code: _____	Type:	
Withdrawal Date: _____	W. Code: _____	ELL Student:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Re-Entry Date: _____	R-Entry Code: _____	VOTECH:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Building : _____	Room # : _____		
Locker # : _____			
Pre-Resident Agreement:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Homeless:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Foster:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

  

<i>Document Copies - For School Personnel Use Only</i>	
Birth Certificate <input type="checkbox"/>	Transfer Card <input type="checkbox"/>
Proof of Residence/Moving Permit <input type="checkbox"/>	
Immunization Record <input type="checkbox"/>	Report Card <input type="checkbox"/>
Affidavit for Guardianship <input type="checkbox"/>	
<b>Additional Comments</b>	

  

**I give consent for the Northwestern Lehigh School District to add the Parent/Guardian email addresses and/or phone numbers listed above to the Blackboard Connect system to receive messages from the Northwestern Lehigh School District.**

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

\_\_\_\_\_  
Date



## Northwestern Lehigh School District

Residency Verification			
Weisenberg Elementary 2665 Golden Key Road Kutztown, PA 19530 (610) 285-6169 Fax: (610) 285-2677	Northwestern Elementary 6493 Route 309 New Tripoli, PA 18066 (610) 298-8661 Fax: (610) 298-8573	Northwestern Lehigh Middle School 6636 Northwest Road New Tripoli, PA 18066 (610) 298-8661 Fax: (610) 298-8178	Northwestern Lehigh High School 6493 Route 309 New Tripoli, PA 18066 (610) 298-8661 Fax: 610-298-2063

Name of Parent(s) \_\_\_\_\_

Current Address \_\_\_\_\_

Phone number \_\_\_\_\_

I am requesting enrollment of my child(ren), \_\_\_\_\_, at Northwestern Lehigh School District. The Northwestern Lehigh School District requires TWO forms of proof for residency within the District. I am providing the following document(s) to establish that I reside at the above listed address.

The following documents will be provided to the Northwestern Lehigh School District for verification of your address:

- |  |   |
|--|---|
| <input type="checkbox"/> PA Driver's License           | <input type="checkbox"/> Moving Permit                              |
| <input type="checkbox"/> PA vehicle registration       | <input type="checkbox"/> Current Lease or Sales Contract            |
| <input type="checkbox"/> Utility Bills                 | <input type="checkbox"/> Current Bank Statement                     |
| <input type="checkbox"/> Medical Insurance Information | <input type="checkbox"/> Federal, State and Local, Income Tax Forms |
| <input type="checkbox"/> Pay stub                      | <input type="checkbox"/> Voter's Registration Card                  |

I/We have read this form and understand that I/we will be required to provide the above documents to Northwestern Lehigh School District. The Northwestern Lehigh School District's administration routinely investigates the accuracy of residencies within Northwestern Lehigh School District.

\_\_\_\_\_  
Signature of Parent or Guardian  
Date:

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

-Copies of TWO FORMS of residency on file with the Northwestern Lehigh School District.



## Northwestern Lehigh School District

### STUDENT RESIDENCY QUESTIONNAIRE

Name of School \_\_\_\_\_

Name of Student \_\_\_\_\_  
Last First Middle

Sex: ☐ Male ☐ Female D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_  
Month Day Year

**This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help determine the services the student may be eligible to receive.**

1. Is your current address a temporary living arrangement? \_\_\_\_Yes \_\_\_\_No
2. Is this temporary living arrangement due to loss of housing or economic hardship? \_\_\_\_Yes \_\_\_\_No

**If you answered YES to the above questions, please complete the remainder of this form.**  
**If you answered NO, you may stop here.**

Where is the student currently living? (Check one box.)

- ☐ In a hotel/motel
- ☐ In a transitional shelter
- ☐ With another family or person because of loss of housing or as a result of economic hardship (living "doubled-up")
- ☐ Moving from place to place
- ☐ In a place not designed for ordinary sleeping accommodations such as a car, park or campsite
- ☐ Other temporary living situation (Please describe): \_\_\_\_\_

Are there any preschool children living in the household with the student being enrolled? \_\_\_\_\_

Name of Parent(s)/Legal Guardian(s) \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

*Any person making a false statement regarding residency will be in violation of section 42 U.S.C. §11431 of the Pennsylvania Basic Education (BEC). Violation of this could lead to disciplinary action, including dis-enrollment.*

\_\_\_\_\_  
Print name of Parent, Guardian, or  
Student (for unaccompanied homeless youth)

\_\_\_\_\_  
Signature of Parent, Guardian, or  
Student (for unaccompanied homeless youth)

\_\_\_\_\_  
Date

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act/ESSA.

\_\_\_\_\_  
Date

\_\_\_\_\_  
McKinney-Vento Liaison and/or Foster Care POC Signature





## Northwestern Lehigh School District

### HOME LANGUAGE SURVEY

Weisenberg Elementary 2665 Golden Key Road Kutztown, PA 19530 (610) 285-6169 Fax: (610) 285-2677	Northwestern Elementary 6493 Route 309 New Tripoli, PA 18066 (610) 298-8661 Fax: (610) 298-8573	Northwestern Lehigh Middle School 6636 Northwest Road New Tripoli, PA 18066 (610) 298-8661 Fax: (610) 298-8178	Northwestern Lehigh High School 6493 Route 309 New Tripoli, PA 18066 (610) 298-8661 Fax: 610-298-2063
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The Office of Civil Rights (OCR) requires that school districts/charter schools/full day AVTS identify limited English proficient (LEP) students in order to provide appropriate language instructional programs for them. Pennsylvania has selected the Home Language Survey as the method for the identification.

School District:

Date:

School:

Student's Name:

Grade:

1. What is/was the student's first language? \_\_\_\_\_

2. Does the student speak a language(s) other than English?

(Do not include languages learned in school.)

☐ Yes ☐ No

If yes, specify the language(s): \_\_\_\_\_

3. What language(s) is/are spoken in your home? \_\_\_\_\_

4. Has the student attended any United States school in any 3 years during his/her lifetime?

☐ Yes ☐ No

If yes, complete the following:

Name of School

State

Dates Attended

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Person completing this form (if other than parent/guardian):

Parent/Guardian signature: \_\_\_\_\_

\*The school district/charter school/full day AVTS 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/charter school/full day AVTS has the right to ask for the information it needs to identify English Language Learners (ELLs). As part of the responsibility to locate and identify ELLs, the school district/charter school/full day AVTS may conduct screenings or ask for related information about students who are already enrolled in the school as well as from students who enroll in the school district/charter school/full day AVTS in the future.



## Northwestern Lehigh School District

### RACE AND ETHNICITY IDENTIFICATION FORM

To Parents/Guardians:

Please complete Parts 1 AND 2 of this form for each of your children in our schools, and return this form to your student's school.  
**You must complete a separate form for each child.**

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

#### Part 1: Ethnicity Designation

**Directions:** Read the definition below and check the box that indicates this student's heritage.

**Is this student Hispanic or Latino? (Select one answer)**

Persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race, are considered **Hispanic** or **Latino**.

☐ Yes

☐ No

#### Part 2: Race Designation

**Directions:** Read the descriptions below and check the box or boxes that indicate this student's race. You must select at least one race, regardless of ethnicity designation. More than one response can be selected.

**Indicate this student's race (Select all that apply)**

- ☐ **American Indian or Alaskan Native:** A person having origins in any of the original peoples of North or South America (including Central America), and who maintains a tribal affiliation or community attachment.
- ☐ **Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- ☐ **Black or African American:** A person having origins in any of the black racial groups of Africa.
- ☐ **Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ **White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

I verify the information on this form is accurate.

I refuse to re-identify the race and ethnicity of this student.

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Signature, Parent/Guardian Date

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Signature, Parent/Guardian Date

#### **FOR SCHOOL USE ONLY**

Observations used to complete this form due to parent/guardian refusal to re-identify.

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Signature, Observer Date





## Northwestern Lehigh School District

### NORTHWESTERN LEHIGH SCHOOL DISTRICT CHILD CUSTODY INFORMATION

The following information is needed if your child does not reside with both natural parents due to separation or divorce. The parent with whom the child resides will be considered the custodial parent, however, the non-custodial parent has access to the child's records in the absence of a court order forbidding it. It is the responsibility of the custodial parent to provide the school with any limiting court order.

1. Child's Name: \_\_\_\_\_
2. Name of custodial parent with whom the child resides: \_\_\_\_\_
3. Name of non-custodial parent: \_\_\_\_\_
4. Do you as custodial parent have **legal** custody through a court order?  
☐ **Yes**                      ☐ **No**

If **Yes**, a copy of the court order **MUST** be supplied to the school office to be kept on file.

If pending, the date to be finalized: \_\_\_\_\_

5. If there is a court order, does it limit the non-custodial parent access to school records?  
☐ **Yes**                      ☐ **No**

If **Yes**, a copy of the court order **MUST** be supplied to the school office to be kept on file.

6. May the child be released from school to the non-custodial parent?  
☐ **Yes**                      ☐ **No**

If **No**, a copy of the court order **MUST** be supplied to the school office to be kept on file.

7. Will you provide routine information such as report cards, parent bulletins, conference reports, etc. to the non-custodial parent?  
☐ **Yes**                      ☐ **No**

If **No**, please inform him/her that information may be provided with a written request.

8. Please provide any additional information (on the back of this sheet) regarding custody of which the school should be aware.

Signature of Custodial Parent: \_\_\_\_\_

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



**Northwestern Lehigh School District**

**NORTHWESTERN LEHIGH SCHOOL DISTRICT  
CHILD CUSTODY INFORMATION**

Child's Name: \_\_\_\_\_

Name of custodial parent with whom the child resides: \_\_\_\_\_

Name of non-custodial parent: \_\_\_\_\_

**PLEASE BE AWARE OF THE FOLLOWING:**

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Signature of Custodial Parent: \_\_\_\_\_

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



## Northwestern Lehigh School District

### Northwestern Lehigh School District Health History

Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

#### CONTACT INFORMATION

Parent(s)/Guardian(s):

**Primary contact name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Lives with student:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Primary Phone:** \_\_\_\_\_ **Type:** \_\_\_\_\_

**Alternate Phone:** \_\_\_\_\_ **Type:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Secondary contact name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Lives with student:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Primary Phone:** \_\_\_\_\_ **Type:** \_\_\_\_\_

**Alternate Phone:** \_\_\_\_\_ **Type:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Physician name/Location:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Dentist name/Location:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

#### MEDICAL INFORMATION

**Please circle YES or NO. Describe any YES answers and provide dates if applicable.**

**ALLERGIES:**

**Food:** YES / NO \_\_\_\_\_

**Medication:** YES / NO \_\_\_\_\_

**Other:** YES / NO \_\_\_\_\_

**ASTHMA:** YES / NO \_\_\_\_\_

**FOOD OR DIETARY RESTRICTIONS:** YES / NO \_\_\_\_\_

**SEIZURE DISORDER:** YES / NO \_\_\_\_\_

**HEART PROBLEMS:** YES / NO \_\_\_\_\_

**DIABETES:** YES / NO \_\_\_\_\_





## Northwestern Lehigh School District

### EARS:

Frequent earaches or ear infections: YES / NO \_\_\_\_\_

Ear surgery: YES / NO \_\_\_\_\_

Hearing loss: YES / NO \_\_\_\_\_

SPEECH PROBLEMS: YES / NO \_\_\_\_\_

### EYES:

Wears glasses or contact lenses: YES / NO \_\_\_\_\_

Eye surgery: YES / NO \_\_\_\_\_

URINARY/BLADDER PROBLEMS: YES / NO \_\_\_\_\_

INTESTINAL/BOWEL PROBLEMS: YES / NO \_\_\_\_\_

ECZEMA/SKIN PROBLEMS: YES / NO \_\_\_\_\_

ATTENTION DEFICIT/HYPERACTIVITY DISORDER: YES / NO \_\_\_\_\_

PSYCHOLOGICAL/EMOTIONAL PROBLEMS: YES / NO \_\_\_\_\_

HISTORY OF HOSPITALIZATION: YES / NO \_\_\_\_\_

EVER HAD SURGERY: YES / NO \_\_\_\_\_

FRACTURED BONES: YES / NO \_\_\_\_\_

CONCUSSION/SEVERE HEAD INJURY: YES / NO \_\_\_\_\_

CHICKEN POX DISEASE: YES / NO \_\_\_\_\_

CURRENT MEDICATIONS: YES / NO Please list all medication(s): \_\_\_\_\_

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

Any medications to be kept at school: YES / NO \_\_\_\_\_

ANY PHYSICAL RESTRICTIONS: YES / NO \_\_\_\_\_

ANY OTHER HEALTH CONDITIONS OR CONCERNS: YES / NO \_\_\_\_\_

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

Does/will your child attend daycare? YES / NO

Before School: YES / NO

After School: YES / NO

Where: \_\_\_\_\_ Phone: \_\_\_\_\_

Thank you for taking the time to fill out this Health History as accurately as possible. This will help us to care for your child during the school day.

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

\_\_\_\_\_  
Date



Bureau of Community Health Systems  
Division of School Health

## Private or School PHYSICAL EXAMINATION OF SCHOOL AGE STUDENT

### PARENT / GUARDIAN / STUDENT:

Complete page one of this form before  
student's exam. Take completed form to  
appointment.

Student's name \_\_\_\_\_

Today's date \_\_\_\_\_

Date of birth \_\_\_\_\_

Age at time of exam \_\_\_\_\_

Gender: ☐ Male ☐ Female

**Medicines and Allergies:** Please list all prescription and over-the-counter medicines and supplements (herbal/nutritional) the student is currently taking:

Does the student have any allergies? ☐ No ☐ Yes (If yes, list specific allergy and reaction.)

☐ Medicines

☐ Pollens

☐ Food

☐ Stinging Insects

Complete the following section with a check mark in the YES or NO column; circle questions you do not know the answer to.

GENERAL HEALTH: <i>Has the student...</i>	YES	NO
1. Any ongoing medical conditions? If so, please identify: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infection Other _____		
2. Ever stayed more than one night in the hospital?		
3. Ever had surgery?		
4. Ever had a seizure?		
5. Had a history of being born without or is missing a kidney, an eye, a testicle (males), spleen, or any other organ?		
6. Ever become ill while exercising in the heat?		
7. Had frequent muscle cramps when exercising?		
HEAD/NECK/SPINE: <i>Has the student...</i>	YES	NO
8. Had headaches with exercise?		
9. Ever had a head injury or concussion?		
10. Ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
11. Ever had numbness, tingling, or weakness in his/her arms or legs after being hit or falling?		
12. Ever been unable to move arms or legs after being hit or falling?		
13. Noticed or been told he/she has a curved spine or scoliosis?		
14. Had any problem with his/her eyes (vision) or had a history of an eye injury?		
15. Been prescribed glasses or contact lenses?		
HEART/LUNGS: <i>Has the student...</i>	YES	NO
16. Ever used an inhaler or taken asthma medicine?		
17. Ever had the doctor say he/she has a heart problem? If so, check all that apply: <input type="checkbox"/> Heart murmur or heart infection <input type="checkbox"/> High blood pressure <input type="checkbox"/> Kawasaki disease <input type="checkbox"/> High cholesterol <input type="checkbox"/> Other: _____		
18. Been told by the doctor to have a heart test? (For example, ECG/EKG, echocardiogram)?		
19. Had a cough, wheeze, difficulty breathing, shortness of breath or felt lightheaded DURING or AFTER exercise?		
20. Had discomfort, pain, tightness or chest pressure during exercise?		
21. Felt his/her heart race or skip beats during exercise?		
BONE/JOINT: <i>Has the student...</i>	YES	NO
22. Had a broken or fractured bone, stress fracture, or dislocated joint?		
23. Had an injury to a muscle, ligament, or tendon?		
24. Had an injury that required a brace, cast, crutches, or orthotics?		
25. Needed an x-ray, MRI, CT scan, injection, or physical therapy following an injury?		
26. Had joints that become painful, swollen, feel warm, or look red?		
SKIN: <i>Has the student...</i>	YES	NO
27. Had any rashes, pressure sores, or other skin problems?		
28. Ever had herpes or a MRSA skin infection?		

GENITOURINARY: <i>Has the student...</i>	YES	NO
29. Had groin pain or a painful bulge or hernia in the groin area?		
30. Had a history of urinary tract infections or bedwetting?		
31. <b>FEMALES ONLY:</b> Had a menstrual period? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: At what age was her first menstrual period? _____ How many periods has she had in the last 12 months? _____ Date of last period: _____		
DENTAL:	YES	NO
32. Has the student had any pain or problems with his/her gums or teeth?		
33. Name of student's dentist: _____ Last dental visit: <input type="checkbox"/> less than 1 year <input type="checkbox"/> 1-2 years <input type="checkbox"/> greater than 2 years		
SOCIAL/LEARNING: <i>Has the student...</i>	YES	NO
34. Been told he/she has a learning disability, intellectual or developmental disability, cognitive delay, ADD/ADHD, etc.?		
35. Been bullied or experienced bullying behavior?		
36. Experienced major grief, trauma, or other significant life event?		
37. Exhibited significant changes in behavior, social relationships, grades, eating or sleeping habits; withdrawn from family or friends?		
38. Been worried, sad, upset, or angry much of the time?		
39. Shown a general loss of energy, motivation, interest or enthusiasm?		
40. Had concerns about weight; been trying to gain or lose weight or received a recommendation to gain or lose weight?		
41. Used (or currently uses) tobacco, alcohol, or drugs?		
FAMILY HEALTH:	YES	NO
42. Is there a family history of the following? If so, check all that apply: <input type="checkbox"/> Anemia/blood disorders <input type="checkbox"/> Inherited disease/syndrome <input type="checkbox"/> Asthma/lung problems <input type="checkbox"/> Kidney problems <input type="checkbox"/> Behavioral health issue <input type="checkbox"/> Seizure disorder <input type="checkbox"/> Diabetes <input type="checkbox"/> Sickle cell trait or disease Other: _____		
43. Is there a family history of any of the following heart-related problems? If so, check all that apply: <input type="checkbox"/> Brugada syndrome <input type="checkbox"/> QT syndrome <input type="checkbox"/> Cardiomyopathy <input type="checkbox"/> Marfan syndrome <input type="checkbox"/> High blood pressure <input type="checkbox"/> Ventricular tachycardia <input type="checkbox"/> High cholesterol <input type="checkbox"/> Other: _____		
44. Has any family member had unexplained fainting, unexplained seizures, or experienced a near drowning?		
45. Has any family member / relative died of heart problems before age 50 or had an unexpected / unexplained sudden death before age 50 (includes drowning, unexplained car accidents, sudden infant death syndrome)?		
QUESTIONS or CONCERNS	YES	NO
46. Are there any questions or concerns that the student, parent or guardian would like to discuss with the health care provider? (If yes, write them on page 4 of this form.)		

I hereby certify that to the best of my knowledge all of the information is true and complete. I give my consent for an exchange of health information between the school nurse and health care providers.

Signature of parent / guardian / emancipated student \_\_\_\_\_ Date \_\_\_\_\_

STUDENT'S HEALTH HISTORY (page 1 of this form) REVIEWED PRIOR TO PERFORMING EXAMINATION: Yes ☐ No ☐

Physical exam for grade: K/1 <input type="checkbox"/> 6 <input type="checkbox"/> 11 <input type="checkbox"/> Other <input type="checkbox"/>	CHECK ONE			*ABNORMAL FINDINGS / RECOMMENDATIONS / REFERRALS
	NORMAL	*ABNORMAL	DEFER	
Height: ( ) inches				
Weight: ( ) pounds				
BMI: ( )				
BMI-for-Age Percentile: ( ) %				
Pulse: ( )				
Blood Pressure: ( / )				
Hair/Scalp				
Skin				
Eyes/Vision Corrected <input type="checkbox"/>				
Ears/Hearing				
Nose and Throat				
Teeth and Gingiva				
Lymph Glands				
Heart				
Lungs				
Abdomen				
Genitourinary				
Neuromuscular System				
Extremities				
Spine (Scoliosis)				
Other				

TUBERCULIN TEST	DATE APPLIED	DATE READ	RESULT/FOLLOW-UP

## MEDICAL CONDITIONS OR CHRONIC DISEASES WHICH REQUIRE MEDICATION, RESTRICTION OF ACTIVITY, OR WHICH MAY AFFECT EDUCATION

(Additional space on page 4)

Parent/guardian present during exam: Yes ☐ No ☐Physical exam performed at: Personal Health Care Provider's Office ☐ School ☐ Date of exam \_\_\_\_\_ 20\_\_\_\_

Print name of examiner \_\_\_\_\_

Print examiner's office address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of examiner \_\_\_\_\_ MD ☐ DO ☐ PAC ☐ CRNP ☐



**HEALTH CARE PROVIDERS:** *Please photocopy immunization history from student's record – OR – Insert information below.*

**IMMUNIZATION EXEMPTION(S):**

Medical ☐ Date Issued: \_\_\_\_\_ Reason: \_\_\_\_\_ Date Rescinded: \_\_\_\_\_  
 Medical ☐ Date Issued: \_\_\_\_\_ Reason: \_\_\_\_\_ Date Rescinded: \_\_\_\_\_  
 Medical ☐ Date Issued: \_\_\_\_\_ Reason: \_\_\_\_\_ Date Rescinded: \_\_\_\_\_

**NOTE:** The parent/guardian must provide a written request to the school for a religious or philosophical exemption.

VACCINE	DOCUMENT: (1) Type of vaccine; (2) Date (month/day/year) for each immunization				
Diphtheria/Tetanus/Pertussis (child) Type: DTaP, DTP or DT	1	2	3	4	5
Diphtheria/Tetanus/Pertussis (adolescent/adult) Type: Tdap or Td	1	2	3	4	5
Polio Type: OPV or IPV	1	2	3	4	5
Hepatitis B (HepB)	1	2	3	4	5
Measles/Mumps/Rubella (MMR)	1	2	3	4	5
Mumps disease diagnosed by physician <input type="checkbox"/>	Date: _____				
Varicella: Vaccine <input type="checkbox"/> Disease <input type="checkbox"/>	1	2	3	4	5
Serology: (Identify Antigen/Date/POS or NEG) i.e. Hep B, Measles, Rubella, Varicella	1	2	3	4	5
Meningococcal Conjugate Vaccine (MCV4)	1	2	3	4	5
Human Papilloma Virus (HPV) Type: HPV2 or HPV4	1	2	3	4	5
Influenza Type: TIV (injected) LAIV (nasal)	1	2	3	4	5
	6	7	8	9	10
	11	12	13	14	15
Haemophilus Influenzae Type b (Hib)	1	2	3	4	5
Pneumococcal Conjugate Vaccine (PCV) Type: 7 or 13	1	2	3	4	5
Hepatitis A (HepA)	1	2	3	4	5
Rotavirus	1	2	3	4	5
<b>Other Vaccines: (Type and Date)</b>					

**STUDENT NAME:**

[illegible]

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/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					A	B	C	D	E	F	G	H	I	J				Upper
LOWER		32	31	30	29	28	27	26	25	24	23	22	21	20	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



**Northwestern Lehigh Transportation Department**  
**6493 Route 309**  
**New Tripoli, PA 18066**

**Transportation Registration Form**

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

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

Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Siblings in school: \_\_\_\_\_

Younger siblings and ages: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Township (Circle):    Heid   Lowhl   Lynn   Weis

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I authorize the following people to accept my child at the bus stop:

\_\_\_\_\_

\_\_\_\_\_

**Kindergarten Parents:** It is Northwestern Lehigh school policy that kindergarten students not met at the bus stop by an adult or older sibling be returned to the school.

Parents who submit a waiver to this policy may have their student dropped at the bus stop without an adult or older sibling. Please sign below if that is your intention regarding your child's bus stop:

I authorize that my kindergarten child be permitted to get off at his or her stop without the visible presence of an adult or older sibling.

Signature of parent: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only: WEIS

HOME   CK-S   LiICC   ALC   Other

NWE

HOME            CK-N    NWCC            Other

Student ID: \_\_\_\_\_

NORTHWESTERN LEHIGH ELEMENTARY SCHOOLS  
Developmental History Record for Kindergarten

Child's name \_\_\_\_\_ Birthdate \_\_\_\_\_

The following information will assist us in understanding your child, and will help him/her adjust to school. Replies will be considered confidential.

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Siblings (please include birthdates) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Age when child started to walk \_\_\_\_\_ talk \_\_\_\_\_

Toilet trained at age \_\_\_\_\_ Can child care for self at toilet \_\_\_\_\_

Does child wet bed or self now \_\_\_\_\_

Does your child:

bite nails \_\_\_\_\_ button/zip coat \_\_\_\_\_

suck thumb \_\_\_\_\_ right handed \_\_\_\_\_

or

dress self \_\_\_\_\_ left handed \_\_\_\_\_

tie shoes \_\_\_\_\_ use scissors \_\_\_\_\_

put on boots \_\_\_\_\_ have ear problems \_\_\_\_\_

Nickname \_\_\_\_\_ Has she/he attended pre-school \_\_\_\_\_

If so, where \_\_\_\_\_ length of time \_\_\_\_\_

Does your child play with neighborhood children \_\_\_\_\_ age group \_\_\_\_\_

Will your child attend day care/go to babysitter \_\_\_\_\_ If so, where \_\_\_\_\_

Are other languages (other than English) spoken in the home \_\_\_\_\_

Usual bedtime hour \_\_\_\_\_