



NORTHERN LEHIGH SCHOOL DISTRICT ENTRY FORM

NAME OF STUDENT _____
LAST FIRST MI SUFFIX

ADDRESS _____

PHONE # _____ SEX _____ MALE _____ FEMALE

DATE OF BIRTH _____ CITY & STATE (OR COUNTRY) OF BIRTH _____

GRADE _____ REQUESTED START DATE _____ DID STUDENT PREVIOUSLY ATTEND NLS D? Y OR N

ETHNICITY (Please check all that apply)

- ASIAN
- BLACK/AFRICAN AMERICAN
- WHITE/CAUCASIAN
- OTHER (Please specify) _____
- AMERICAN INDIAN/NATIVE ALASKAN
- HISPANIC/LATINO
- NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER

PA SCHOOL ENTRY DATE _____

NAME OF FORMER SCHOOL _____

ADDRESS OF FORMER SCHOOL _____

IS STUDENT A MIGRANT? _____ YES _____ NO

INITIAL U.S. ENTRY DATE (IF FIRST TIME ENROLLING IN US SCHOOL) _____

WHAT IS THE STUDENT'S FIRST LANGUAGE? _____

WHAT LANGUAGE(S) IS/ARE SPOKEN IN YOUR HOME? _____

DOES STUDENT SPEAK A LANGUAGE OTHER THAN ENGLISH _____ YES _____ NO

SPECIFY _____

HAS THE STUDENT ATTENDED ANY US SCHOOL IN ANY 3 YEARS DURING HIS/HER LIFETIME? _____ YES _____ NO

| NAME OF PREVIOUS SCHOOL(S) | STATE | DATES ATTENDED |
|----------------------------|-------|----------------|
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| | | |
| | | |

DOES STUDENT CURRENTLY HAVE AN IEP? _____ YES _____ NO

DOES STUDENT CURRENTLY HAVE A GIEP? _____ YES _____ NO

DOES STUDENT CURRENTLY HAVE A 504 PLAN? _____ YES _____ NO

IS STUDENT A FOSTER CHILD? _____ YES _____ NO

(If YES, attach Certificate of Entrance that names foster parents.)

FOR OFFICE USE ONLY

LOCAL ID# _____ STATE ID# _____ PS ID# _____ DATE _____

_____ ENROLLMENT _____ FOOD SERVICE/TECHNOLOGY _____ TRANSPORTATION _____ SPECIAL EDUCATION

_____ ORIGINAL BIRTH CERT _____ 2 PROOFS RESIDENCY _____ IMMUNIZATIONS

_____ ENTRY FORM _____ ACT 26/BLACKBOARD CONNECT _____ EDUCATIONAL RECORD RELEASE _____ TRANSPORTATION FORM

NORTHERN LEHIGH SCHOOL DISTRICT ENTRY FORM CONTINUED

| | |
|--|--|
| _____ FATHER OR _____ LEGAL GUARDIAN | _____ MOTHER OR _____ LEGAL GUARDIAN |
| _____ RESIDES WITH | _____ RESIDES WITH |
| NAME | NAME |
| DAY PHONE | DAY PHONE |
| EMPLOYER | EMPLOYER |
| CELL PHONE | CELL PHONE |
| EMAIL | EMAIL |
| ADDRESS IF DIFFERENT FROM ABOVE | ADDRESS IF DIFFERENT FROM ABOVE |
| IF APPLICABLE: | IF APPLICABLE: |
| STEP-PARENT NAME | STEP-PARENT NAME |
| STEP-PARENT PHONE# | STEP-PARENT PHONE# |
| STEP-PARENT CELL # | STEP-PARENT CELL # |
| PERMISSION TO ACCESS STUDENT INFO Y OR N | PERMISSION TO ACCESS STUDENT INFO Y OR N |

If guardian is other than mother or father, additional documents will be required. Limitation of contact/correspondence to non-custodial parent must be supported with court order.

| | |
|-------------------|-------------------|
| EMERGENCY CONTACT | EMERGENCY CONTACT |
| RELATIONSHIP | RELATIONSHIP |
| NAME | NAME |
| PHONE # | PHONE # |

| | |
|------------------------------------|------------------------------------|
| OTHER CHILDREN LIVING IN HOUSEHOLD | OTHER CHILDREN LIVING IN HOUSEHOLD |
| NAME | NAME |
| DOB | DOB |
| SCHOOL ATTENDING | SCHOOL ATTENDING |

| | |
|------------------------------------|------------------------------------|
| OTHER CHILDREN LIVING IN HOUSEHOLD | OTHER CHILDREN LIVING IN HOUSEHOLD |
| NAME | NAME |
| DOB | DOB |
| SCHOOL ATTENDING | SCHOOL ATTENDING |

PRINT PARENT'S NAME: _____

PARENT'S SIGNATURE: _____

DATE: _____

| | | |
|----------------------------|-----------------|--------------|
| FOR OFFICE USE ONLY | | |
| LOCAL ID# _____ | STATE ID# _____ | PS ID# _____ |
| ENTERED BY: _____ | DATE _____ | |

ACT 26 DOCUMENTATION

Is the student currently or has the student ever been suspended or expelled from school for an act or offense involving weapons, alcohol, drugs or the willful infliction of injury to another person or for any act of violence committed on school property? _____ YES _____ NO

If YES, what is the name of the school district? _____

Dates of expulsion or suspension? _____

Is the student currently on probation? _____ YES _____ NO

If YES, list County and State Probation Department: _____

Any willful false statement made under this section shall be a Misdemeanor of the Third Degree.

PRINT PARENT'S NAME: _____

PARENT'S SIGNATURE: _____

DATE: _____

BLACKBOARD CONNECT PARENT/GUARDIAN CONTACT FORM

HOME PHONE # _____

CELL PHONE # _____

WORK PHONE # _____

ALTERNATE HOME PHONE # _____

ALTERNATE CELL PHONE # _____

ALTERNATE WORK PHONE # _____

E-MAIL ADDRESS: _____

ALTERNATE EMAIL: _____

SMS ADDRESS: _____

(THIS IS A MOBILE PHONE NUMBER AS AN E-MAIL ADDRESS FOR TEXT MESSAGING TO A CELL PHONE OR PDA. FOR EXAMPLE: 6105551212@MOBILE.VERIZON.NET)

| | | |
|----------------------------|-----------------|--------------|
| <u>FOR OFFICE USE ONLY</u> | | |
| LOCAL ID# _____ | STATE ID# _____ | PS ID# _____ |
| ENTERED BY: _____ | DATE _____ | |

Dear Parent/Guardian:

The district has contracted with a service called Blackboard Connect which allows authorized school personnel to contact parents/guardians quickly via telephone using an automated system. There are four (4) basic types of calls that can be made from this system - community outreach, survey, attendance, and emergency.

Community outreach calls are calls that are made to announce something or let you know that a particular event is taking place at the school/district, such as parent-teacher conferences, band or choral concerts, standardized testing dates, etc. Community outreach calls are made to the **student's home telephone number**, which is contained in our student information system.

The second type of call is a **Survey** call that asks for a response to a question posed by the school/district. This type of call is used to gather parent/guardian opinion or information that will be used in decision making; again this type of call is only made to the **student's home telephone number**.

The third type of call is an **Attendance** call telling the parent/guardian that their child was not in attendance at school and **asking them** to contact the school nurse. This type of call is again made to the **student's home telephone number, but can be changed** to another telephone number stored in the Blackboard Connect contact's data record such as a parent/guardian's cell phone or work number if requested by the parent/guardian.

The last type of call that can be made is an **Emergency** call which is made to **all telephone numbers** contained in the Blackboard Connect system and additionally sent to two (2) different **e-mail addresses** and a **text message** to a PDA or cell phone... The emergency call will only be used in cases of a true emergency such as early school closure due to weather, mechanical or electrical failures, or threats of any type which force school/district closure.

The telephone numbers that are used by Blackboard Connect are the student's home telephone number, parent/guardian's work number, p/g mobile (cell) number, p/g alternate home phone number, p/g alternate mobile (cell) number, p/g alternate work phone number. These phone numbers **must be in a ten (10) digit format** (xxx-xxx-xxxx) and **no extensions** are allowed. Because an increasing number of parents/guardians are replacing their land line phones with cell phones, please make sure that the voice mail has been set up to take calls when your phone is off; otherwise the system will report it as a bad phone number to us.

Complete the attached form and return it to school with your child so that we may update our system with the latest information for contacting you using the Blackboard Connect system. If you have any questions please don't hesitate to call your child's school or e-mail connected@nlsd.org.

Thank you,

John Hrizuk
Director of Technology

Northern Lehigh School District

1201 Shadow Oaks Lane
Slatington, PA 18080

Phone: 610-767-9800
Fax: 610-767-9809

Educational Records Request

We/I hereby authorize:

Previous School Name: _____

Address: _____ Phone # _____

_____ Fax # _____

To release information from the records of:

Student: _____ Birthdate: _____

For the purpose of enrollment in Northern Lehigh School District.

Please release all data that applies to the student:

| | | |
|--|--|--|
| <ul style="list-style-type: none"> • Immunization/Medical Records • Academic Records • Up to date semester grades • Records in regard to special education program | <ul style="list-style-type: none"> • IQ Tests • Achievement Tests • Discipline Records • Section 504 Service Agreement | <ul style="list-style-type: none"> • Birth date documentation • Attendance Records • Individual Education Plans • Other: _____ |
|--|--|--|

Please forward information to:

| | | |
|---|--|--|
| _____ Peters Elementary School 4055 Friedens Road Slatington, PA 18080 Ph: 610-767-9827 Fax: 610-767-9857 | _____ Northern Lehigh SD Special Education Dept 1201 Shadow Oaks Ln Slatington, PA 18080 Ph: 610-767-9849 Fax: 610-767-9826 | _____ Slatington Elementary School 1201 Shadow Oaks Lane Slatington, PA 18080 Ph: 610-767-9821 Fax: 610-767-9808 |
|---|--|--|

| | |
|--|--|
| _____ Northern Lehigh Middle School 600 Diamond Street Slatington, PA 18080 Ph: 610-767-9812 Fax: 610-767-9850 | _____ Northern Lehigh High School 1 Bulldog Lane Slatington, PA 18080 Ph: 610-767-9832 Fax: 610-767-9853 |
|--|--|

_____ Please **FAX** the following **IMMEDIATELY** to the District Office for enrollment:
 _____ Fax: 610-767-9809

We/I have been told that in order to protect the limited confidentiality of records our/my agreement to obtain or release information is necessary and that this consent is limited for the purposes and to the person listed above and will be effective for one (1) year after the date of our/my signature(s), unless specified below. We/I also understand that this consent is revocable except to the extent that action has been taken in reliance thereon.

 Parent/Guardian Signature Date

| | | |
|------------------|----------------------|------------|
| NLSID ID # _____ | PA SECURE ID # _____ | DATE _____ |
|------------------|----------------------|------------|