

_____ FATHER OR _____ LEGAL GUARDIAN* _____ RESIDES WITH	_____ MOTHER OR _____ LEGAL GUARDIAN* _____ RESIDES WITH
NAME:	NAME:
DAY PHONE:	DAY PHONE:
EMPLOYER:	EMPLOYER:
CELL PHONE:	CELL PHONE:
EMAIL:	EMAIL:
ADDRESS (IF DIFFERENT FROM PAGE 1)	ADDRESS (IF DIFFERENT FROM PAGE 1)
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 RECORDS: Y or N	PERMISSION TO ACCESS STUDENT RECORDS: 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
NAME:	NAME:
RELATIONSHIP:	RELATIONSHIP:
CELL PHONE:	CELL PHONE:
HOME PHONE:	HOME PHONE:

OTHER CHILDREN LIVING IN HOUSEHOLD	OTHER CHILDREN LIVING IN HOUSEHOLD
NAME:	NAME:
DOB:	DOB:
SCHOOL ATTENDING:	SCHOOL ATTENDING:
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# _____	
DATE: _____	ENTERED BY: _____		
<input type="checkbox"/> ENROLLMENT	<input type="checkbox"/> FOOD SERVICE/TECHNOLOGY	<input type="checkbox"/> TRANSPORTATION	<input type="checkbox"/> SPECIAL EDUCATION

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: _____

FOR OFFICE USE ONLY

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

ENTERED BY: _____ DATE _____

Northern Lehigh School District

Centralized Registration

1201 Shadow Oaks Lane
 Slatington, PA 18080
 Phone: (610) 767-9800 Ext. 3 • Fax: (610) 767-9826

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 (IEP,NOREP,RR,ER) 	<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 ● Other: _____
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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: 610-767-9837
 Fax: 610-767-9853

_____ Please **FAX** the following **IMMEDIATELY** to the Central Registration for enrollment:

Fax: (610) 767-9826

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.

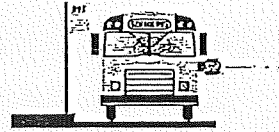
 Parent/Guardian Signature

 Date

NLSID ID # _____ PA SECURE ID # _____ DATE _____

NEW
 CHANGE

Northern Lehigh School District
 1201 Shadow Oaks Lane
 Slatington, PA 18080
 610-767-9846
 Fax 610-767-9809



REQUEST FOR TRANSPORTATION

Student's Name _____ D.O.B. _____ Grade _____

Building (Please enter school name) _____

Student Home Address _____

Parent(s) / Guardian Name _____

Home / Cell phone number _____ Email address _____

(Circle one)

Father's Work or Cell _____ Mother's Work or Cell # _____

(Circle one)

(Circle one)

Transportation Request is for Both Morning AND Afternoon

Morning ONLY

Afternoon ONLY

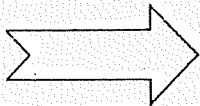
Other Stop Location Requested if not home address (i.e. Daycare/Babysitter): _____

Requested Start Date _____

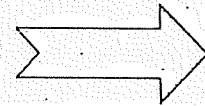
Name and Phone Number of Primary Person Meeting the Bus (Cell Phone # if Available)

*Northern Lehigh School District requires two (2) working business days after the Transportation Department receives the request form to update the necessary required rosters and put into place the proper transportation arrangements. Adding new stops may require additional days because of the evaluation of the safety of the stop location, route adjustment and the proper communication of the change to all students affected. The completed form can be returned to student's school building or emailed to transportation@nlsd.org.

Parent Signature _____ Date _____



KINDERGARTEN PARENTS: Complete other side of this form



FOR OFFICE USE ONLY

Add / Change to (circle one): _____ Remove From: _____

Bus # _____ (AM) Pickup Time _____ Bus # _____

Location _____

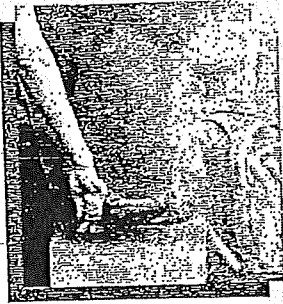
Bus # _____ (PM) Drop off Time _____

Location _____

Approved by _____

Effective date: _____

KINDERGARTEN PARENTS MUST COMPLETE THIS SIDE OF THE FORM



Northern Lehigh School District Kindergarten students will not be permitted to exit the bus at their designated bus stop unless a parent or other authorized individual listed below is present to meet the child. For the child's safety, NL kindergarten students will be returned to the Y-Care Program at Peters Elementary. The school will contact the parent/guardian to pick up the child at Peters Elementary.

Early Intervention students, Non-Public, or Charter School Kindergarten students also will not be permitted to exit the bus at their designated bus stop unless a parent or other authorized individual listed below is present to meet the child. For the child's safety, they will be returned to their school.

The following people are authorized to meet:

_____ (Child's name)

NAME	ADDRESS/TELEPHONE #	RELATIONSHIP TO CHILD

All authorized individuals listed must provide identification to the bus driver upon request. Additions or changes to your list of authorized individuals can only be made through the District Office - Transportation Department by calling 610-767-9846. Bus drivers do not have the authority to make changes and cannot accept notes. Detailed bus rules and regulations are included in your student handbook.

NORTHERN LEHIGH SCHOOL DISTRICT

1201 Shadow Oaks Lane
Slattington, PA 18080
(P) 610-767-9800 / (F) 610-767-9809



Greg Derr
Director of Support Services
gderr@nlsd.org

Dear Parent/Guardian

Enclosed you will find a **Confidential Emergency Medical Information Form** for your child. The information on this form will only be used to assist Emergency Responders in the event of an emergency on the Van/Bus. Copies of the form will be available to the driver/aide on the Northern Lehigh Van/Bus and in the Transportation office. The form will expire at the end of the current school year. This form is strictly voluntary to complete, but should you choose to have the information on file during the current school year, please return the completed form to the bus or van driver.

Feel free to contact the Transportation Department at 610-767-9846 should you have any questions regarding this matter.

Sincerely,

A handwritten signature in black ink that reads "Greg Derr". The signature is written in a cursive, flowing style.

Greg Derr
Director of Support Services

GD/tme



Northern Lehigh School District

Transportation Department 610-767-9846 / 610-767-7706
1201 Shadow Oaks Lane • Slatington, Pa • 18071

****CONFIDENTIAL****

TRANSPORTATION EMERGENCY CONTACT / MEDICAL INFORMATION RELEASE FORM

▶ **This form is used for TRANSPORTATION ONLY** ◀

****PLEASE PRINT****

EMERGENCY CONTACT INFORMATION FOR A CHILD

Child's Last Name First Middle			Date of Birth	<input type="checkbox"/> M <input type="checkbox"/> F (Sex)
Mother / Guardian's Name			Father / Guardian's Name	
Telephone: <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home (check all that apply)			Telephone: <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home (check all that apply)	
Street Address			Street Address	
City, State, Zip Code			City, State, Zip Code	
Employer			Employer	
Email Address			Email Address	

MEDICAL INFORMATION FOR A CHILD

List Allergies / Chronic Issues Driver Should Be Aware of:	(i.e. Allergies, Asthma, Diabetes)
List Medications Child is CURRENTLY taking	
Child's Physician / Pediatrician Name	Child's Physician / Pediatrician Telephone

PERMISSION TO RELEASE EMERGENCY FORM

I give permission for this Emergency Medical Form to be given to Van/Bus Drivers and Emergency Responders.

Parent or Guardian Printed Name / Signature _____ Date _____

NOTE: FORM IS VALID FOR THE CURRENT SCHOOL YEAR AND EXPIRES AT THE END OF THE SCHOOL YEAR.