

70 Wildcat Lane
 Homer City, Pa 15748
 Telephone: 724-479-2525
 Fax: 724-479-2208

**HOMER-CENTER HIGH SCHOOL
 REGISTRATION FORM**

Last name		First name		Middle name		Grade		Gender M F		Student Number:	
Street Address		City		State		Zip code		Walk		Ride	
Parent/Guardian Name		Date of birth		Birthplace		Pacific Islander		White		Date of entry	
Phone Number		Is phone unlisted? Yes / No		Ethnic Background: (check one)		Asian		Black		Filipino	
Social Security #		Father only		Mother only		Other*		Indian		Hispanic	
Student Lives with (check one)		Both parents		Separated		Divorced		Employer & Phone #		Cell Phone No.	
Parent's marital status (check one)		Living together		Address (if different from above)		Employer & Phone #		Cell Phone No.		Visitation Rights Yes / No (circle one) If no, please provide school with copy of custody papers	
Father's name		Date of Birth		Living at home? Yes No		Sisters		Date of Birth		Living at Home? Yes No	
Mother's name		Date of Birth		Living at home? Yes No		Sisters		Date of Birth		Living at Home? Yes No	
Brothers		Date of Birth		Living at home? Yes No		Sisters		Date of Birth		Living at Home? Yes No	
Is your child a student at a Vocational Technical School? Give name.		Date of Birth		Living at home? Yes No		Sisters		Date of Birth		Living at Home? Yes No	
Is your child currently involved in a Special Education Program?		Date of Birth		Living at home? Yes No		Sisters		Date of Birth		Living at Home? Yes No	
*****Office Use Only*****											
High School Office		District Office		Cafeteria		Guidance Office		Library		Attendance	

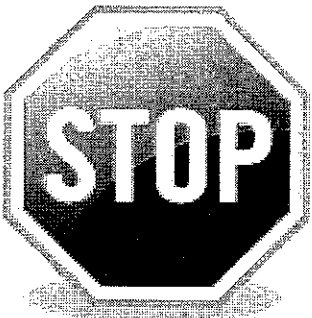
Registration Page 2

Student Name:		Grade:	Date:		
Health problems (check yes or no and explain below):					
Yes	No		Yes	No	
		Surgery			Does your child wear glasses?
		Allergies			Does your child wear contact lenses?
		Illness			
		Is your child presently under treatment? Explain.			
		Is there any restriction on play or physical education? Explain.			
Comments:					
For Educational Placement (check yes or no):					
		Yes	No	Additional information	
Has your child EVER been placed in a special education program?					
Did your child receive speech therapy in a previous school?					
Has your child ever been retained?				If yes, which grade?	
Any additional information that you feel may be useful to us in the placement of your child:					
Is this student deemed homeless?		Does CYS have custody of this student?		Is this student a foster child?	

Your District Student Residency Questionnaire

The McKinney-Vento, as amended by the No child Left behind Act of 2001, defines homelessness and outlines the rights homeless students. Your responses to these questions will help staff determine what residency documents are necessary for enrollment of you child(ren). Thank you for your cooperation.

1. Student name: _____ Birth Date: _____
2. Person Completing form: _____
Relationship to child: _____
3. In what type of setting is the student living now? Please check one box below:

Section A	Section B
<p><input type="checkbox"/> In an emergency or transitional shelter</p> <p><input type="checkbox"/> Sharing the housing of other persons due to loss of housing, economic hardship, or similar reason</p> <p><input type="checkbox"/> In a motel, hotel, campsites, or cars due to a lack of alternative adequate accommodations</p> <p><input type="checkbox"/> In a car, park, public spaces, abandoned building, substandard housing, bus or train stations, or similar settings</p> <p><input type="checkbox"/> Other places not designed for, or ordinarily used as a regular sleeping accommodations for human beings</p> <p>CONTINUE to question 4 if you checked any box in SECTION A</p>	<p><input type="checkbox"/> None of the choices in Section A apply to my family.</p> <div style="text-align: center;">  </div> <p>If you checked this section, you do not need to complete the remainder of this form. Submit this form to school personnel.</p> <p>Thank you</p>

4. Contact number for person completing the form: _____
5. Address where the student is now living: _____
6. The student lives with: Check all that apply

<input type="checkbox"/> Parent (s) or legal guardian	<input type="checkbox"/> Relative, friend(s), or other adults(s)
<input type="checkbox"/> Alone	<input type="checkbox"/> Other: _____

7. School student attended last: _____
Address of school: _____
Telephone number of school: _____
Contact person at school (if known): _____
8. Does the student have an IEP or a Chapter 15/504 agreement?
 NO
 YES, please explain _____

The staff person who is helping you register will contact the Homeless Liaison/Homeless Coordinator to review the information provided. If homelessness is verified, additional information will follow to assist your child(ren). You will be contacted by the Homeless Liaison or Homeless Coordinator for additional information.

Signature of Parent/Legal Guardian:

Date: _____

NOTE TO STAFF: All forms with a checked box in **Section A** are to be faxed or given *immediately* to the Homeless Liaison to eliminate any delay.

Your District Liaison

Regional Homeless Coordinator

Andrea Sheesley, IU28
724-463-5300 ext. 1235



HOME LANGUAGE SURVEY*

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 identification.

Homer-Center School District

Date: _____

Student's Name: _____

Grade: _____

1. What is/was the student's first language? _____
2. Does the student speak a language(s) other than English?
 (Does 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.

Revised 10/17/05



Homer-Center High School
 Homer-Center School District
"Where Everybody is Somebody"

Homer-Center High School
 70 Wildcat Lane
 Homer City, PA 15748
 Jody Rainey - Principal
 Phone: 724-479-8026
 Fax: 724-479-4236

REQUEST FOR STUDENT RECORDS

Date: _____

Name and Address of Former School (s):

We would appreciate the following information on:

Name: _____
 Date of Birth: _____ Grade: _____

Please send records including grades for prior academic school years, grades for current academic school year through date of withdrawal, standardized test scores, health and immunization information, attendance history, disciplinary history, special needs information to include: Comprehensive Evaluation Reports, Individualized Education Programs, Notice of Recommended Assignments, as well as other applicable information.

According to your discipline records, has this student ever been in violation of Act 26: Yes ___ No ___

 Signature of School Official

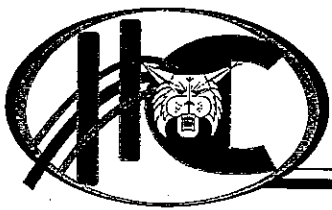
 Date

Please send records to: Guidance Department
 Homer-Center High School
 70 Wildcat Lane
 Homer City, PA 15748
 Phone: 724-479-2525
 Fax: 724-479-2208

PARENT/GUARDIAN NOTIFICATION:

According to the Final-Regulation-Family Educational Rights and Privacy Act - FERPA (Buckley Amendment) dated June 17, 1976, it is no longer necessary to obtain written consent to release records between schools. It states that school officials, including teachers within the educational institution and officials of other schools in school systems in which the student may intend to enroll, may receive a student's records without written consent for such release. *Under current FERPA laws all student records received, including health information, will become a part of the student's educational record and will move with the student from school to school.* A copy of parental rights under this act may be obtained upon request from the school.

 Parent/Guardian Signature



Homer-Center High School

Homer-Center School District

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Jody Rainey - Principal

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In compliance with Act 26 of 1995, amending Pennsylvania School Code to Require Mandatory One Year Expulsions for Possession of Weapons on School Property, the Homer-Center School District is requiring the following certification:

I attest to the fact that (student's name) _____

has/has not (please circle one) been previously suspended or expelled from any public or private school in any state, for an offense involving weapons, alcohol, drugs, the willful infliction of injury to another student, teacher, administrator, or any other employee of a school district or for any other act of violence committed on school property.

In addition, the Homer-Center School District also has the right to receive a certified copy of the student's disciplinary record from the sending school. The sending school has ten (10) days from receipt of this request to supply the certified copy of the student's disciplinary record.

Parents or guardians who intentionally submit a false statement shall be subject to conviction of a misdemeanor of the third degree.

I (**parent/guardian**) certify that I have read and understand the above information and the information given by me is true.

Notary Stamp

Notary Signature

Parent Signature

Date

Date

Homer-Center High School

STUDENT HEALTH HISTORY

Student Name _____ Date _____

Name of Prior School _____ Grade _____

Please complete the following health history: (please explain any yes answers)

Health Item	Yes	No	Comments
Mother's Pregnancy Complications			
Delivery Complications			
Prematurity			
Hospitalizations			
Surgery			
Concussion (Head Injury)			
Fractures			
Lead Poisoning			
Eye or Vision Problems			
Ear or Hearing Problems			
Speech Problems			
Cerebral Palsy			
Meningitis			
Heart Problems/ Heart Murmur			
Behavioral or Emotional Disorder			
Attention Deficit Disorder			
Asthma			
Sickle Cell Anemia			
Diabetes			
Cancer			
Seizure Disorder			
Bleeding Problem			
Limits on Activity or Phys. Ed.			
Bladder or Urinary Problems			
Other Health Concerns			
Currently on Medication (List)			
Allergies to Medication (List)			
Currently under the care of a physician for medical or surgical condition or injury			

Allergies	Yes	No	Treatment (be specific)
Bee Stings			
Insects			
Food (list)			
Latex			
Other			

Homer-Center High School

Personal History Record

Grade _____
Date _____

Student's Name _____ Sex _____
Last
First
Middle

Home Address _____

Phone _____ Emergency Phone _____
Relationship to child _____

Birthdate _____ (verified: _____) Birthplace _____
City - State _____

Immunizations: (Required for original school entrance)*
 (Required for entrance into grade 7)**

		Dates - Basic				Boosters	
Diphtheria*	4 doses	1. _____	2. _____	3. _____	4. _____	_____	_____
Pertussis*	4 doses	1. _____	2. _____	3. _____	4. _____	_____	_____
Tetanus*	4 doses	1. _____	2. _____	3. _____	4. _____	_____	_____
Polio-Oral*	3 doses	1. _____	2. _____	3. _____		_____	_____
Measles*	2 doses	1. _____	2. _____			_____	_____
Rubella*	2 doses	1. _____	2. _____			_____	_____
Mumps*	2 doses	1. _____	2. _____			_____	_____
Hepatitis B*	3 doses	1. _____	2. _____	3. _____		_____	_____
Chicken Pox* (Varicella)	2 doses	1. _____	2. _____			Disease	yes _____ no _____
Meningococcal Conjugate Vaccine**	1 dose	1. _____					
Tetanus, Diphtheria, Acellular Pertussis** (Tdap)	1 dose	1. _____					

Family:

Father's Name _____ Mother's Name _____

Employer _____ Employer _____

Employer's Phone _____ Employer's Phone _____

Marital Status: Parents living together yes _____ no _____
 Separated yes _____ no _____
 Divorced yes _____ no _____
 Visitation Rights yes _____ no _____

Person(s) with whom student lives if other than both natural parents:
 Name _____ Relationship _____

Brothers and Sisters:

Name	Birthdate	Living at home
_____	_____	_____
_____	_____	_____

HOMER-CENTER STUDENT TRANSPORTATION INFORMATION

Check One:

Effective Date: _____

____ New Enrollment _____ Student ID # _____ Proof of Residency Attached
(Must provide within 7 days)

____ Withdrawal

____ Change of Address – Moved Within the District

____ Change of Stop _____ Change of Phone Number

Name _____ Grade _____
(First) (Last) (Initial)

**** (IF WITHDRAWAL, STOP AT THIS POINT) ****

Mother Name _____
(First) (Last)

Father Name _____
(First) (Last)

Address _____
(Street, RD, Box) (Town) (Zip Code)

Home Phone Number _____ Cell Phone Number _____

Emergency Number _____ Emergency Contact Person _____

Student is (circle one): Bus Rider

Walker (circle walker only if bus transportation is NOT available)

For District Office Use Only:

Name of Bus Stop _____

AM Bus # _____ PM Bus # _____

AM Stop Code # _____ PM Stop Code # _____

Superintendent's Secretary Signature

Date