



Northern Lehigh School District

1201 Shadow Oaks Lane • Slatington, PA 18080

(P): 610-767-9800 x1004 • (F): 610-767-9826

(E): enrollment@nlsd.org • www.nlsd.org

Student Enrollment Information Sheet

Who may enroll students in NLSD?

Natural/Adopted Parents, Guardians, or Foster Parents who reside in Northern Lehigh School District may enroll a student.

What is the process to enroll a student in NLSD?

Enrollment takes place by appointment during the regular school calendar Monday through Friday 8:30am – 3:00pm at the District Office. ***Please note: Summer Days/Hours may vary.** The average appointment to enroll (1) student takes approximately 15-20 minutes. Prior to scheduling an appointment, you must complete an enrollment packet and bring the required documents along with proofs of residency to the appointment.

What is included in the enrollment packet?

Kindergarten:

Enrollment Form
Parent Questionnaire
Health Questionnaire
Immunization Requirement
Medical Exam Form (**Kindergarten**)
DOH Physical Form
Dental Exam Form (**Kindergarten**)
DOH Dental Form
Medical Transportation Letter / Form
Transportation Request Form
Home Language Survey
Records Request (*if transferring mid-school year*)

Grades 1-12:

Enrollment Form
ACT 26 – Parent Affidavit regarding Safe Schools
Health Questionnaire
Immunization Requirement
Medical (**6th, 11th**)
Dental Form (**3rd / 7th grade**)
Records Request
Medical Transportation Letter / Form
Transportation Request Form
Home Language Survey

In addition to the complete enrollment materials, you will need to bring the following to your appointment:

- **Original** Birth Certificate **If trouble obtaining, contact District in advance of appointment for further instructions*
- Immunization / Shot / Vaccination Records
- Legal Custody / Guardianship / Adoption / Foster documentation (*if applicable*)
- Any Educational records from previous school including:
 - For Special Education or Gifted Students: a copy of most recent IEP or GIEP or 504 Plan
- Valid photo ID: State Issued ID, Driver's License, Passport. ***Note: Cannot be not expired**
- Two (2) **different** proofs of residency (listing current address) within the district for parent/legal guardian:
 - Driver's license or State Issued ID – with updated address or address change card
 - Vehicle Registration / Insurance - with updated address
 - Current Utility / Credit card bill
 - Current Property Tax Document / Receipt
 - Moving Permit: *Contact Boro of Slatington, Walnutport or Washington Township – whichever applies.*
 - Signed Lease / Deed / Property Sales Contract / Mortgage Document
 - Current Bank Statement
 - Copy of **State/Federal Program** Enrollment / Medical Insurance Information
 - Multiple Occupancy Notarized Form – *if necessary. Inquire for further information*



NORTHERN LEHIGH SCHOOL DISTRICT

1201 Shadow Oaks Lane • Slatington, PA 18080
(P): 610-767-9800 Ext. 1004 • (F): 610-767-9826
(E): enrollment@nlsd.org • www.nlsd.org

K-12 GRADE ENROLLMENT FORM

STUDENT NAME: _____
LAST FIRST MI SUFFIX

ADDRESS _____

PHONE # _____ SEX: ___MALE ___FEMALE ___OTHER:
IDENTIFIES AS: _____

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

GRADE _____ REQUESTED START DATE _____ PREVIOUSLY ATTEND NLSD? ___YES ___NO

ARE PARENT/S **ACTIVELY** SERVING IN ANY BRANCH OF THE MILITARY? ___YES ___NO
HAVE PARENT/S **PREVIOUSLY** SERVED IN ANY BRANCH OF THE MILITARY? ___YES ___NO

ETHNICITY IS THIS STUDENT HISPANIC OR LATINO? ___YES ___NO
RACE (Please check all that apply regardless of ethnicity):
___AMERICAN INDIAN / NATIVE ALASKAN ___ASIAN
___BLACK / AFRICAN AMERICAN ___WHITE/CAUCASIAN
___NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER ___OTHER (specify): _____

PENNSYLVANIA SCHOOL ENTRY DATE _____
NAME OF PREVIOUS SCHOOL _____
ADDRESS OF PREVIOUS SCHOOL _____

IS STUDENT A MIGRANT? ___YES ___NO
INITIAL U.S. ENTRY DATE (IF FIRST TIME ENROLLING IN U.S. SCHOOL) _____
WHAT IS THE STUDENT'S FIRST LANGUAGE? _____
PREFERRED COMMUNICATION FROM SCHOOL ___ENGLISH ___OTHER(LIST) _____
HAS STUDENT ATTENDED ANY US SCHOOL IN ANY 3 YEARS DURING THEIR LIFETIME? ___YES ___NO

NAME OF OTHER PREVIOUS SCHOOL(S)	STATE	DATES ATTENDED

DOES STUDENT CURRENTLY HAVE AN IEP?	___YES ___NO	DO YOU HAVE A COPY? ___YES ___NO ___YES ___NO ___YES ___NO
DOES STUDENT CURRENTLY HAVE A GIEP?	___YES ___NO	
DOES STUDENT CURRENTLY HAVE A 504 PLAN?	___YES ___NO	
IS STUDENT A FOSTER CHILD? (If YES , attach Certificate of Entrance that names foster parents.)	___YES ___NO	

NORTHERN LEHIGH SCHOOL DISTRICT ENROLLMENT FORM CONTINUED:

___ PARENT ___ LEGAL GUARDIAN ___ FOSTER PARENT	___ PARENT ___ LEGAL GUARDIAN ___ FOSTER PARENT
___ RESIDES WITH ___ CUSTODY DOCUMENTATION	___ RESIDES WITH ___ CUSTODY DOCUMENTATION
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 ___ YES ___ NO	PERMISSION TO ACCESS STUDENT INFO ___ YES ___ NO

****If Guardian is other than Parent, additional documents will be required. Limitation of contact or 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
NAME	NAME
DOB	DOB
SCHOOL ATTENDING	SCHOOL ATTENDING

PRINT PARENT / GUARDIAN NAME: _____
 PARENT / GUARDIAN SIGNATURE: _____
 DATE: _____

FOR OFFICE USE ONLY		
LOCAL ID# _____	STATE ID# _____	PS ID# _____
DATE _____	ENTERED BY _____	01/2023



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ACT 26 – AFFIDAVIT FOR PARENTS/GUARDIANS ENROLLMENT STATEMENT

Student Name: _____ Date of Birth: _____ Grade: _____
Parent/Guardian Name: _____
Address: _____
Telephone Number: _____

Pennsylvania School Code §13-1304-A states in part "Prior to admission to any school entity, the parent, guardian or other person having control or charge of a student shall, upon registration provide a sworn statement or affirmation stating whether the pupil was previously or is presently suspended or expelled from any public or private school of this Commonwealth or any other state for an action of offense involving a weapon, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property."

Please read & complete the following:

I hereby swear or affirm that the student listed above ___ was ___ was **not** previously suspended or expelled, or ___ is ___ is **not** presently suspended or expelled from any public or private school of this Commonwealth or any other state for an act or offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property. I make this statement subject to the penalties of 24 P.S. §13-1304-A(b) and 18 Pa. C.S.A. §4904, relating to unsworn falsification to authorities, and the facts contained herein are true and correct to the best of my knowledge, information and belief.

If this student has been or is presently suspended or expelled from another school, complete the following:

School from which student was suspended or expelled:

(School Name) (City/State) (Phone #)

Dates of suspension or expulsion: _____

** If necessary, please provide additional schools / dates of expulsion or suspension on back of this page. **

Reason for suspension/expulsion (optional): _____

Is the student currently on probation? No Yes If Yes, list State and County of Probation Dept:

(Signature of Parent/Guardian)

(Date)

Any willful false statement made above shall be a misdemeanor of the third degree. This form shall be maintained as part of the student's disciplinary record.

FOR OFFICE USE ONLY: LOCAL ID# _____ STATE ID# _____
PSID# _____ ENTERED BY: _____ DATE: _____ rev04/2021



Northern Lehigh School District

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www.nlisd.org

SCHOOL HEALTH QUESTIONNAIRE

To Parent(s) / Guardian(s):

The information request on this form will be of assistance to the school district in determining the health status of the student and assisting them to receive maximum benefits from this education opportunity.

Student's Name: _____

Date of Birth: _____ Sex: ___ M ___ F ___ Other, Identifies as: _____

Student's Address: _____

Parent(s) / Guardian(s) Name(s): _____

Phone number(s): _____

SIGNATURE OF PARENT / GUARDIAN COMPLETING FORM

Date _____

ATTACH COPY OF IMMUNIZATION RECORD

Name of Student's Physician: _____ Phone: _____

Name of Student's Dentist: _____ Phone: _____

- Was the student's hearing ever tested? ___ YES ___ NO
If YES, when? _____ Name of Examiner: _____
Results: _____
- Has the student ever had an eye examination? ___ YES ___ NO
If YES, when? _____ Name of Examiner: _____
Were glasses prescribed? ___ YES ___ NO Must the child wear them constantly? ___ YES ___ NO
- List Medications, herbal supplements/home remedies currently being taken:

<i>Medication Name</i>	<i>Dosage</i>	<i>How often</i>

- List Hospitalizations and/or Surgeries:

<i>Date</i>	<i>Description of why hospitalized / type of surgery</i>

- Tuberculosis Skin Test: ___ Never had one ___ Negative Test ___ Year ___ Positive Test ___ Year
- Does the student have an Epi Pen / Epi Pen Jr. ___ YES ___ NO

CONTINUE ON OTHER SIDE → → →

7. Was there any complication during pregnancy and / or labor / delivery? ___YES ___NO
 If YES, Explain: _____
8. Is the student presently under medical treatment? ___YES ___NO
9. Has the student had any serious accidents? ___YES ___NO
 If YES, explain: _____
10. Describe briefly, any traumatic events that the student has experience (for example: death of close relative, divorce, family crisis, etc.): _____
11. List specific Allergies and Treatment: _____

Health History, Include Infancy & Early Childhood History

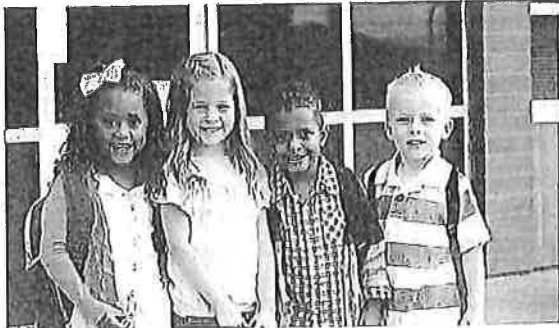
Check below any of the following illnesses / conditions the student has had. Indicated approximate date of onset (first symptoms) and explain, treatment and health professionals involved.

Check		Check		Check	
	Arthritis		Difficulty with dressing self		Mumps
	Asthma		Diphtheria		Nail biting
	Bedwetting		Ear Infections		Negative reaction to affection
	Bladder Infection		Eczema		Pneumonia
	Blood disorder		Extremely tired		Polio
	Blood pressure -- HIGH		Fainting		Poor coordination
	Blood pressure -- LOW		Frequent headaches		Rheumatic Fever
	Bowel / Bladder problems		Frequent stumbling / falling		Rubella (German Measles)
	Broken Bones		Headaches / Migraines		Scarlet Fever
	Bronchitis		Heart Murmur		Seizures / Convulsions
	Cancer		Heart Problems		Short Attention Span
	Chickenpox		Hepatitis		Speech is not clear
	Concussion		High Fever		Stuttering
	Defiance of authority		Hives		Temper tantrums
	Diabetes		Hyperactivity		Thyroid Disease
	Difficulty cutting with scissors		Influenza		Tonsillitis
	Difficulty expression needs		Kidney Disease		Tuberculosis
	Difficulty holding a pencil		Malaria		Typhoid
	Difficulty playing with peers		Measles		Unusual fears
	Difficulty separating from parent(s) / guardian(s)		Meningitis		Unusual tics / twitches
	Difficulty understanding directions		Mono		Whooping Cough
	Other:		Other:		Other:

Comments: _____

SCHOOL VACCINATION REQUIREMENTS FOR ATTENDANCE IN PENNSYLVANIA SCHOOLS

FOR ATTENDANCE IN ALL GRADES CHILDREN NEED THE FOLLOWING:



- 4 doses of tetanus, diphtheria, and acellular pertussis* (1 dose on or after the 4th birthday)
 - 4 doses of polio (4th dose on or after 4th birthday and at least 6 months after previous dose given)**
 - 2 doses of measles, mumps, rubella***
 - 3 doses of hepatitis B
 - 2 doses of varicella (chickenpox) or evidence of immunity
- *Usually given as DTP or DTaP or if medically advisable, DT or Td*
*** A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose*
****Usually given as MMR*



ON THE FIRST DAY OF SCHOOL, unless the child has a medical or religious/philosophical exemption, a child must have had at least one dose of the above vaccinations or risk exclusion.

- If a child does not have all the doses listed above, needs additional doses, and the next dose is medically appropriate, the child must receive that dose within the first five days of school or risk exclusion. If the next dose is not the final dose of the series, the child must also provide a medical plan (red and white card) within the first five days of school for obtaining the required immunizations or risk exclusion.
- If a child does not have all the doses listed above, needs additional doses, and the next dose is not medically appropriate, the child must provide a medical plan (red and white card) within the first five days of school for obtaining the required immunizations or risk exclusion.
- The medical plan must be followed or risk exclusion.

FOR ATTENDANCE IN 7TH GRADE:

- 1 dose of tetanus, diphtheria, acellular pertussis (Tdap) on the first day of 7th grade.
- 1 dose of meningococcal conjugate vaccine (MCV) on the first day of 7th grade.

ON THE FIRST DAY OF 7TH GRADE, unless the child has a medical or religious/philosophical exemption, a child must have had the above vaccines or risk exclusion.

FOR ATTENDANCE IN 12TH GRADE:

- 1 dose of MCV on the first day of 12th grade. If one dose was given at 16 years of age or older, that shall count as the twelfth grade dose.

ON THE FIRST DAY OF 12TH GRADE, unless the child has a medical or religious/philosophical exemption, a child must have had the above vaccines or risk exclusion.

The vaccines required for entrance, 7th grade and 12th grade continue to be required in each succeeding school year.

These requirements allow for the following exemptions: medical reason, religious belief, or philosophical/strong moral or ethical conviction. Even if your child is exempt from immunizations, he or she may be excluded from school during an outbreak of vaccine preventable disease.

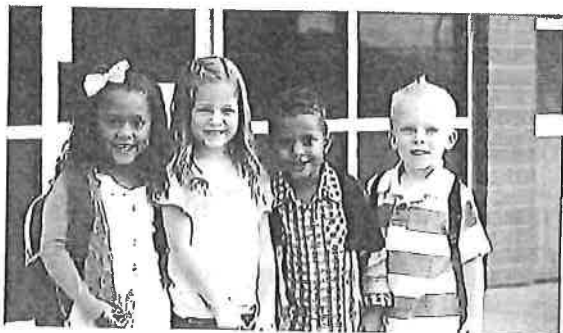
Pennsylvania's school immunization requirements can be found in 28 Pa. CODE CH. 23 (School Immunization). Contact your healthcare provider or call 1-877-PA-HEALTH for more information.



pennsylvania
DEPARTMENT OF HEALTH

REQUISITOS DE VACUNACIÓN ESCOLAR PARA ASISTIR A LAS ESCUELAS DE PENNSILVANIA

PARA ASISTIR A TODOS LOS GRADOS, LOS NIÑOS NECESITAN LAS SIGUIENTES VACUNAS:



- 4 dosis de la vacuna contra el tétanos, la difteria y la tos ferina acelular* (1 dosis a partir de cumplir los 4 años)
- 4 dosis de la vacuna antipoliomielítica (4ta dosis a partir de cumplir los 4 años y, al menos, 6 meses después de la dosis anterior)**
- 2 dosis de la vacuna contra el sarampión, las paperas y la rubéola***
- 3 dosis de la vacuna contra la hepatitis B
- 2 dosis de la vacuna contra la varicela o evidencia de Inmunidad

* Por lo general, se aplica como DTP o DTaP o, si es recomendable desde el punto de vista médico, como DT o Td.

** No es necesaria una cuarta dosis si la tercera dosis se administró a partir de los 4 años de edad y, al menos, 6 meses después de la dosis anterior.

*** Por lo general, se aplica como MMR.

EL PRIMER DÍA DE ESCUELA, a menos que el niño tenga una exención médica, religiosa o filosófica, debe haber recibido, al menos, una dosis de las vacunas antes mencionadas o corre el riesgo de ser excluido de la escuela.

• Si el niño no tiene todas las dosis antes mencionadas, si necesita dosis adicionales y la siguiente dosis es apropiada desde el punto de vista médico, debe recibir dichas dosis en el transcurso de los primeros cinco días de clases o corre el riesgo de ser excluido de la escuela. Si la siguiente dosis no es la dosis final del esquema, debe presentar también un plan médico (tarjeta roja y blanca), en el transcurso de los primeros cinco días de clases, para recibir las vacunas obligatorias o corre el riesgo de ser excluido de la escuela.

• Si el niño no tiene todas las dosis antes mencionada, si necesita dosis adicionales y la siguiente dosis no es apropiada desde el punto de vista médico, debe presentar un plan médico (tarjeta roja y blanca), en el transcurso de los primeros cinco días de clases, para recibir las vacunas obligatorias o corre el riesgo de ser excluido de la escuela.

• Se debe cumplir con el plan médico o el niño corre el riesgo de ser excluido de la escuela.

PARA ASISTIR A 7º GRADO:

- 1 dosis de la vacuna contra el tétanos, la difteria y la tos ferina acelular (Tdap) el primer día de 7º grado.
- 1 dosis de la vacuna antimeningocócica conjugada (MCV) el primer día de 7º grado.

EL PRIMER DÍA DE 7º GRADO, a menos que el niño tenga una exención médica, religiosa o filosófica, debe haber recibido las vacunas antes mencionadas o corre el riesgo de ser excluido de la escuela.

PARA ASISTIR A 12º GRADO:

- 1 dosis de MCV el primer día de 12º grado. Si se administró una dosis a partir de los 16 años de edad, dicha dosis será considerada como la dosis de 12º grado.

EL PRIMER DÍA DE 12º GRADO, a menos que el niño tenga una exención médica, religiosa o filosófica, debe haber recibido las vacunas antes mencionadas o corre el riesgo de ser excluido de la escuela.

Las vacunas obligatorias para el ingreso escolar, 7º grado y 12º grado siguen siendo obligatorias cada año escolar posterior.

Estos requisitos permiten las siguientes exenciones: motivos médicos, creencia religiosa o firme convicción filosófica, moral o ética. Incluso si su hijo está exento de la vacunación, podría ser excluido de la escuela durante un brote de una enfermedad evitable mediante vacunas.

Código de Pensilvania n.º 28, capítulo 23 (Vacunación escolar).
Comuníquese con su proveedor de atención médica o llame al
1-877-PA-HEALTH para obtener más información.



pennsylvania
DEPARTMENT OF HEALTH



Northern Lehigh School District

Medical Examination Form

Dear Parent(s) / Guardian(s):

The Pennsylvania School Health Act requires a medical examination of every student entering school for **the first time in Kindergarten, Sixth grade, and Eleventh grade.**

The Law gives you a choice of having the examination done by the school physician or by your family physician at your own expense. Because your family physician has a better knowledge of the student's past physical history than the school physician and is in the best position to recommend necessary remedial treatment, and give necessary immunizations, we urge you to consider having the examination done by your family physician.

If you choose to take the student to your family physician, the attached Family Physician Report must be returned to the school by December 31st of the current school year. The private physician examination must have been completed no earlier than July 1st of the previous school year.

If the physician examination, as required through the Department of Health, is not completed and proof submitted to the appropriate school nurse, the student may be excluded from school.

If you choose to have the examination done by the school physician during the school year, you will be advised of any condition requiring the attention of your family physician.

****Please complete and sign the lower portion of the form and return to the school nurse. ****

Sincerely,

Superintendent of NLSD

(COMPLETE, SIGN, & RETURN THIS PORTION TO THE SCHOOL NURSE)

STUDENT'S NAME: _____

SCHOOL BUILDING: _____ GRADE: _____

CHOOSE ONE OF THE FOLLOWING:

____ I CHOOSE TO HAVE THE STUDENT'S PHYSICAL EXAMINATION DONE BY MY FAMILY PHYSICIAN. Date of Exam by Family Physician: _____

____ I CHOOSE TO HAVE THE STUDENT'S PHYSICAL EXAMINATION DONE BY THE SCHOOL PHYSICIAN AND GIVE MY PERMISSION BY SIGNING BELOW.

Parent(s) / Guardian(s) Signature Date



Northern Lehigh School District

Dental Form

Dear Parent(s) / Guardian(s):

The Pennsylvania School Health Act requires a dental examination of every student entering school for **the first time in Kindergarten, Third grade, and Seventh grade.**

The Law gives you a choice of having the examination done by the school dentist or by your family dentist at your own expense. Because your family dentist has a better knowledge of the student's past dental history than the school dentist and is in the best position to recommend necessary remedial treatment, we urge you to consider having the examination done by your family dentist.

If you choose to take your child to your family dentist, the attached Family Dentist Report must be returned to the school by December 31st of the current school year. The private dental examination must have been completed no earlier than July 1st of the previous school year.

If the dental examination, as required through the Department of Health, is not completed and proof submitted to the appropriate school nurse, your child may be excluded from school.

If you choose to have the examination done by the school dentist during the school year, you will be advised of any condition requiring the attention of your family dentist.

****Please complete and sign the lower portion of the form and return to the school nurse. ****

Sincerely,

Superintendent of NLSD

(COMPLETE, SIGN, & RETURN THIS PORTION TO THE SCHOOL NURSE)

STUDENT'S NAME: _____

SCHOOL BUILDING: _____ GRADE: _____

CHOOSE ONE OF THE FOLLOWING:

I CHOOSE TO HAVE THE STUDENT'S DENTAL EXAMINATION DONE BY MY FAMILY DENTIST.

Date of Exam by Family Dentist: _____

I CHOOSE TO HAVE THE STUDENT'S DENTAL EXAMINATION DONE BY THE SCHOOL DENTIST AND GIVE MY PERMISSION BY MY SIGNATURE BELOW.

Parent(s) / Guardian(s) Signature

Date



Northern Lehigh School District Centralized Registration

1201 Shadow Oaks Lane • Slatington, PA 18080
(P): 610-767-9800 Ext. 1004 • (F): 610-767-9826
Email: Enrollment@nlsd.org

Authorization for Release of Records to:

<input type="checkbox"/> Peters Elementary 4055 Friedens Rd Slatington, Pa 18080 (E): PERegistration@nlsd.org (P): 610-767-9827 (F): 610-767-9857	<input type="checkbox"/> Slatington Elementary 1201 Shadow Oaks Ln Slatington, Pa 18080 (E): SERegistration@nlsd.org (P): 610-767-9821 (F): 610-767-9808	<input type="checkbox"/> NL Middle School 600 Diamond St Slatington, Pa 18080 (E): MSRegistration@nlsd.org (P): 610-767-9812 (F): 610-767-9850	<input type="checkbox"/> NL High School 1 Bulldog Ln Slatington, Pa 18080 (E): HSRegistration@nlsd.org (P): 610-767-9837 (F): 610-767-9853
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Student Name: _____ Date of Birth: _____ Grade: _____

I hereby authorize release of educational, medical, and health information records regarding the above-mentioned student to Northern Lehigh School District from:

Previous School / Physician, or Entity Name: _____

Address: _____

Phone # _____ Fax # _____

****The following documents are being requested IMMEDIATELY to continue processing initial enrollment. Please email to ENROLLMENT@NLSD.ORG or if necessary, Fax to: 610-767-9826**

Please release all records that applies to the student to the NLSD Building checked above:

- | | |
|--|--|
| <input type="checkbox"/> Birth Certificate / Date of Birth documentation | <input type="checkbox"/> Transcripts/ Report cards |
| <input type="checkbox"/> Immunizations / Medical Records | <input type="checkbox"/> Discipline Records |
| <input type="checkbox"/> Academic Records | <input type="checkbox"/> Individual Education Plans |
| <input type="checkbox"/> Standardized Test Scores (i.e: PSSA's, KEYSTONES) | <input type="checkbox"/> IEP / NOREP / ER / RR |
| <input type="checkbox"/> IQ Tests | <input type="checkbox"/> GWR / GIEP / NORA |
| <input type="checkbox"/> Attendance Records | <input type="checkbox"/> Section 504 Service Agreement |
| | <input type="checkbox"/> Any other pertinent education records |

I understand and acknowledge that to protect the limited confidentiality of records, 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 my signature, unless otherwise specified. I also understand that this consent is revocable except to the extent that action has been taken in reliance thereon.

(Parent / Guardian Signature)

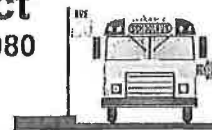
(Date)

FOR OFFICE USE ONLY

NLSD ID # _____ PA SECURE ID # _____ DATE _____ INITIALS: _____

NEW CHANGE

Northern Lehigh School District
 1201 Shadow Oaks Lane • Slatington, PA 18080
 (P): 610-767-9846 • (F): 610-767-9809
 (E): transportation@nlsd.org



REQUEST FOR TRANSPORTATION

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

NLSLD Building: Peters Elem Slatington Elem NL Middle School NL High School Other

Student Home Address: _____

Parent(s) / Guardian Name: _____

Parent(s) / Guardian Email address: _____

Parent(s) / Guardian(s) Home WorkCell# _____

Transportation Request is for:

Both Morning AND Afternoon Morning ONLY Afternoon ONLY

Other Stop Address / Location Requested if not home address Daycare Babysitter Other

Requested Start Date _____ Stop Date: _____

Name / Relationship / (Cell) Phone Number of Primary Person Meeting the Bus: _____

***Northern Lehigh School District requires three (3) 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 / Guardian Signature: _____ Date: _____

➡ **KINDERGARTEN PARENTS/GUARDIANS: Must complete other side** ➡

****FOR OFFICE USE ONLY****

Add Change Remove From:

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

Location _____

Bus # _____ (PM) Drop off Time _____

Location _____

Approved by _____

Effective date: _____

>> KINDERGARTEN PARENTS/GUARDIANS 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 / guardian or other authorized individual listed below is present to meet the child. For the student'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 student 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 student. For the student's safety, they will be returned to their school.

The following people are authorized to meet:

(Student's name)

NAME	ADDRESS/TELEPHONE #	RELATIONSHIP TO STUDENT

All authorized individuals listed must provide photo 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 or emailing transportation@nlsd.org. **NOTE: 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 or listed under the Transportation Policy on www.nlsd.org .



Northern Lehigh School District

Transportation Department 610-767-9846 / 610-767-7706

1201 Shadow Oaks Lane • Slatington, Pa • 18080

****CONFIDENTIAL****

TRANSPORTATION EMERGENCY CONTACT / MEDICAL INFORMATION RELEASE FORM

► This form is used for TRANSPORTATION ONLY ◀

****PLEASE PRINT****

EMERGENCY CONTACT INFORMATION FOR STUDENT

Male Female Other:

Student's Last Name First Middle

Date of Birth

Identifies as _____

Parent / Guardian's Name

Parent / Guardian's Name

Telephone: Cell Home Work (check all that apply)

Telephone: Cell Home Work (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 STUDENT

List Allergies / Chronic Issues Driver Should Be Aware of:

(i.e. Allergies, Asthma, Diabetes)

List Medications Student is **CURRENTLY** taking

Student's Physician / Pediatrician Name

Student'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.

NORTHERN LEHIGH SCHOOL DISTRICT

1201 Shadow Oaks Lane
Slatington, 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 cursive script that reads "Greg Derr". The signature is written in dark ink and is positioned above the printed name and title.

Greg Derr
Director of Support Services

GD/tme



NORTHERN LEHIGH SCHOOL DISTRICT

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):

Student's first name: _____

Student's last name: _____

Student's Date of Birth: _____
(Month / Day / Year)

Questions for Parents or Guardians:

1. Is a language other than English spoken in the Student's home? No Yes

(If Yes, Specify Language): _____

2. Does your child communicate in a language other than English? No Yes

(If Yes, Specify Language): _____

3. What is the language that your child first learned to speak? _____

Parent/Guardian Signature: _____ Date: _____

Interpreter Provided: No Yes

