



HELEN THACKSTON CHARTER SCHOOL

625 East Philadelphia Street

York, PA 17403

Phone*717-846-6160 - Fax *717-848-2856

www.helenthackston.org

Denise Butts, Principal/CEO

ENROLLMENT DOCUMENTATION REQUIREMENTS

The following documentation is required at the time of registration. Parent must obtain all documentation prior to appointment, or they will need to reschedule.

- ***Completed Enrollment Packet***
- ***2 Proofs of Residency are required = A)Copy of lease or mortgage & B)License or Bill***
- ***Student's Immunization Record***
- ***Proof of Physical within 1 year***
- ***Student's Birth Certificate***

Court Approved Custody Papers or Agency Placement Letter (Note: This is required if Individual other than Biological Parent is Enrolling Student or if Student's parents have a Custody Agreement)



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2016- 2017 STUDENT ENROLLMENT NOTIFICATION FORM

STUDENT INFORMATION:

Last Name: _____ First Name: _____ MI: _____

Grade: _____ Gender: _____ DOB: _____ Age: _____ Social Security Number: _____

Ethnicity: (please select one box only) Asian Black, Non-Hispanic Hispanic White, Non-Hispanic

Native Hawaiian or Pacific Islander American Indian or Alaskan Native Other _____

Students Address: _____ City/State/Zip: _____

School District of Residence: _____ Main Contact Number: (_____) _____

PARENT/GUARDIAN INFORMATION:

(Note: If any individual other than a natural parent is enrolling student, a documented Custody Agreement thru the Court of Common Pleas or an Agency Placement Letter is required)

1) Last Name: _____ First Name: _____ Relationship: _____

Address (if different from students): _____ City/State/Zip: _____

Home Phone (_____) _____ Cell Phone(_____) _____ Work Phone(_____) _____ Email: _____

2) Last Name: _____ First Name: _____ Relationship: _____

Address (if different from students): _____ City/State/Zip: _____

Home Phone (_____) _____ Cell Phone(_____) _____ Work Phone(_____) _____ Email: _____

EMERGENCY CONTACT INFORMATION: AT LEAST ONE CONTACT MUST BE PROVIDED FOR APPLICATION TO BE COMPLETE

1) Last Name: _____ First Name: _____ Relationship: _____

Home Phone (_____) _____ Cell Phone(_____) _____ Work Phone(_____) _____

2) Last Name: _____ First Name: _____ Relationship: _____

Home Phone (_____) _____ Cell Phone(_____) _____ Work Phone(_____) _____

IS THERE A CUSTODY AGREEMENT IN PLACE? (If yes please provide court documentation) _____ YES _____ NO

PREVIOUS SCHOOL INFORMATION:

Name of Previous School: _____ Withdrawal Date: _____

Has your child ever been retained? _____ YES _____ No If so, what grade(s)? _____



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2016 – 2017 STUDENT ENROLLMENT NOTIFICATION FORM, CONTINUED

DOES STUDENT HAVE AN ACTIVE IEP? YES NO

If yes, please indicate IEP types:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Autistic | <input type="checkbox"/> Learning Support (LS) | <input type="checkbox"/> Occupational Therapy (OT) | <input type="checkbox"/> Emotional Support |
| <input type="checkbox"/> Life Skills Support (LSS) | <input type="checkbox"/> Physical Therapy (PT) | <input type="checkbox"/> Gifted Support (GS/GIEP) | <input type="checkbox"/> Multiple Disabilities Support (MDS) |
| <input type="checkbox"/> Vision Impaired (VI) | <input type="checkbox"/> Hearing Impaired Support (HI) | <input type="checkbox"/> Neurologically Impaired Support (NI) | <input type="checkbox"/> Speech/Language Support (MDS) |

DOES STUDENT HAVE A 504 PLAN? YES NO

COMMENTS THAT ARE CRITICAL TO YOUR CHILD'S SAFETY

(i.e., Do not release child /or information to ____, etc. – Please provide court ordered documentation to support any claims)

FOR TRANSPORTATION PURPOSES, PLEASE INDICATE PICK-UP/DROP-OFF ARRANGEMENTS:

MORNING: Student walks/drives Rabbit Transit District Van Parent drop-off

AFTERNOON: Student walks/drives Rabbit Transit District Van Parent pick-up

PHOTOGRAPHS AND VIDEO OF STUDENT ACTIVITIES: The staff of Helen Thackston Charter School, or those acting on behalf of the educational mission of the district, including publicity, marketing and promotion of district programs, may take photographs or video of individual students, classroom activities, sporting events and or activities of the music or arts. For school publications, including memory books and year books, the identification of students is limited to name, school, grade and activity. Student photos without identification may also be used on the school Web site. If you prefer photos of your child individually not be used in printed, video, or electronic publications of the school, you should submit a written request to the main office. Upon receipt of such a request, the school will take all reasonable efforts to comply. The request will remain in effect until the school has been otherwise informed in writing.

By signing below, I hereby swear and affirm that the information provided on this form is true and accurate to the best of my knowledge.

Parent/Guardian Signature: _____ Date: _____

FOR INTERNAL USE ONLY:

Verification of date of birth: Birth Certificate Other: _____

Proof of residency: Mortgage Statement Lease Utility Bill Other _____

Official Enrollment Date: _____ Anticipated Date of First Attendance: _____

Signature of Charter School Representative: _____



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SWORN STATEMENT

LEGAL AUTHORITY – School Code Section 1304-A

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 suspended or expelled from any public or private school of the 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. The registration shall be maintained as part of the student's disciplinary records.

Any willful false statement made under this section shall be a misdemeanor of the third degree.

I/we, _____, do hereby swear or affirm that I/we am/are the parent(s), guardian(s), or person(s) having control of: _____ who is registering as a student in the Helen Thackston Charter School. I/we further swear or affirm that _____ **↑HAS ↑HAS NOT** ever been 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.

If the student has been suspended or expelled for any of these offenses, it is the undersigned's obligation to provide information relative to the date, the name and location of the school, and the charges on which the suspension or expulsion was based. This information should be provided on the reverse of the form or by way of other official documentation attached to this form.

Parent/Guardian/Other

Telephone Number

Street Address

City

State

ZipCode

Witness

Date

Either a sworn statement with one witness or a notarized sworn statement will be sufficient to meet the requirement under Section 1304-A of the School Code.



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REQUEST FOR RECORDS

Date: _____

Entered Helen Thackston Charter School on: _____

Student First Name: _____ Last Name: _____

Previous School Name: _____

Address: _____

School Phone: _____ Previous School Fax: _____

Please send records to the above address.

Academic Records Health & Dental Records Standardized Tests Attendance

Discipline Report Birth Certificate ESL Records Guardianship/Custody Documents

Original Permission to Evaluate, Initial Evaluation Report, Psychological Evaluation Report, Re-Evaluation Report, IEP, NOREP, and any current documents with signatures

Any and all information regarding performance and behavior observations (FBA, PBSP, Etc.)

Signature of Parent

Signature of School Official

FOR OFFICE USE

Certified disciplinary records are enclosed

This student has no disciplinary records

The signature of the following individual certifies the disciplinary records enclosed are the true and accurate disciplinary records of the above named student.

Signature of School Official

Position

Date

PSC 1305A requires the receiving school district in the state of Pennsylvania to request certified disciplinary records from a student's former school district. Please accept this form as a request for certified disciplinary records.



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HOME LANGUAGE SURVEY

Helen Thackston Charter School is committed to ensuring that all of its students, regardless of their national origin, receive equal opportunity and access to high quality education. To help us accomplish our goal, please complete the Home Language Survey to assist us in identifying and providing educational services, where appropriate, to students whose primary language is other than English, whose primary language spoken at home is other than English or whose primary language used with friends is other than English.

Student Name: _____ School: _____ Grade: _____

Pennsylvania State Entry Date _____ First Date Enrolled in USA School _____

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

Please do not include language studied in school or as part of religious instruction.

1. Is a language other than English spoken in the home? ___ Yes ___ No

If yes, list the language and dialect spoken: _____

2. Does the student frequently speak a language other than English at home? ___ Yes ___ No

3. Does the student frequently speak a language other than English with friends? ___ Yes ___ No

4. What language did the student learn when he/she first learned to talk?

Please list the language: _____

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

___ Yes ___ No If yes, complete the following:

Name of School State Dates Attended

6. Place of birth: _____

7. Do the parents/guardians need to have written information that is sent home from the student's school translated into another language? If yes, list the language: _____

8. Has the student received ESL services in the past? ___ Yes ___ No

How many years? _____ What School? _____



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Health Information for students

Name _____ Male _____ Female _____
Last First

Birthdate _____ Previous School: _____

MEDICAL HISTORY

Allergies to food, medicine, insects? _____

What is the reaction? _____

Does allergy require medication? What? _____

Does your child have a medical diagnosis? _____

Does your child take medication every day? Yes _____ No _____

If "yes", name and dose of medication _____

Name and number of Family Doctor _____

HOSPITAL OF CHOICE _____

*Please give details of any serious injuries, surgeries, hospitalizations or medical conditions such as ADHD, asthma, heart murmur, diabetes, skin conditions, history of high lead levels, etc...

Any hearing problems? Yes _____ No _____ Any vision problems? Yes _____ No _____

Any special considerations or corrective devices? (ex: glasses) _____

Has your child ever had the chicken pox disease? Yes _____ No _____

If "yes" please give the approximate age. _____

*Pennsylvania state law requires your child to have a physical exam in 6th & 11th grade and a dental exam in the 7th grade. You will need to furnish these to the health room.

I give my permission for the school nurse, health aide or physician to share pertinent medical information about my child with their teacher or any school district personnel when it is in the best interest of my child's health.

Signature _____ Date _____



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Consent for Administration of Approved Discretionary Medications

Name: _____ Date of Birth: _____

Medication Allergies/Sensitivities: _____

List any current medications your child receives: _____

List any Medical/Health Conditions: _____

I give permission for my child to receive the medication listed below that I have chosen, as deemed necessary by the school nurse. I understand that generic medication may be used. I understand that frequent dosing of a particular medication may warrant a phone call to parents and possibly a need to see my family physician for treatment for a chronic condition. ***I understand that this permission form is valid for the current year only and must be completed each year that a student attends HTCS. I understand that medications will not be given to a student unless this form is completed***

I would like the following medications made available to my child: (Please check all the preferred options below.)

For relief of pain, headaches, fever or menstrual cramps.

_____ Acetaminophen (Tylenol one or two 325 mg) tablet every 4 hours as needed.

_____ Acetaminophen (Extra Strength Tylenol) one 500 mg. tablet every 4-6 hours as needed.

_____ Ibuprofen (Motrin or Advil) one or two 200 mg. tablet every 4-6 hours as needed.

For an upset stomach.

_____ Chewable antacid tablets (Tums) one to two tablets as needed.

Signature of Parent/Guardian

Date



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Parental Permission Form and Release from Claims

During the school year we will be taking some field trips. These trips may be walking trips in the neighborhood or a bus trip within the city or to nearby communities. We are asking for you to sign one (1) permission and release form for the year. You will be notified each time before a trip is to be taken.

_____ (print student name) has my permission to accompany his/her teacher or other supervisory personnel on field trips authorized by the Helen Thackston Charter School during the **2016-2017** school year. I hereby waive and release all claims against the Helen Thackston Charter School and any teacher, employee, or any other person engaged in field trips during the school year and agree to hold them harmless from any and all liability relating to my above named son/daughter for any personal injury or illness that may be suffered or any loss of property that may occur to my child.

Parent Name (Print) _____ Telephone #: _____

Address: _____

Signature of Parent/Guardian _____ Date: _____