ROCKWOOD AREA SCHOOL DISTRICT

STUDENT UPDATED ENROLLMENT FORM

STUDENT INFORMATION

2021-2022

STUDENT'S LAST NAME	FIRST NAME	MIDDLE NAME	SEX _____M _____F
DATE OF BIRTH	CITY/STATE OF BIRTH		CURRENT GRADE LEVEL
MAILING ADDRESS	APT. NO	MAIN CONTACT PHONE NUMBER	
STREET ADDRESS (IF DIFFERENT FROM ABOVE)	CITY	STATE/ZIP CODE	
DIRECTIONS TO YOUR HOME FROM THE SCHOOL		TOWNSHIP OR BOROUGH	

FAMILY INFORMATION

STUDENT LIVES WITH: _____BOTH PARENTS _____MOTHER ONLY _____FATHER ONLY _____OTHER (Relationship)_____	
PARENT/GUARDIAN (FATHER)	RELATIONSHIP
ADDRESS IF DIFFERENT THAN STUDENT'S	PHONE NUMBER IF DIFFERENT THAN STUDENT'S HOME: CELL: **EMAIL:**
PLACE OF EMPLOYMENT: OCCUPATION	WORK PLACE PHONE: EXT.
PARENT/GUARDIAN (MOTHER)	RELATIONSHIP
ADDRESS IF DIFFERENT THAN STUDENT"S	PHONE NUMBER IF DIFFERENT THAN STUDENT'S HOME: CELL: **EMAIL:**
PLACE OF EMPLOYMENT: OCCUPATION	WORK PLACE PHONE: EXT.
Active Military Family: _____ Yes _____No	

EMERGENCY INFORMATION

Parents will always be contacted first. In the event we can not reach the parents, please list additional family members or neighbors to contact in the event of illness/accident or emergency. Please list in the order of priority.

NAME	RELATION TO STUDENT	PHONE NUMBER (Please circle Home or Cell)
NAME	RELATION TO STUDENT	PHONE NUMBER (Please circle Home or Cell)
NAME	RELATION TO STUDENT	PHONE NUMBER (Please circle Home or Cell)

HEALTH INFORMATION
PERMISSION SLIP FOR MEDICATION DISPENSED DURING SCHOOL

The Pennsylvania Department of Health has mandated rules and regulations for the administering of first aid and emergency care. The Rockwood Area School District procedures which involve the use of any "over the counter" medications are listed below. If you would like your child to receive any of these medications, should the need arise, please mark which ones your child may receive, sign the form and return it to the school nurse as soon as possible. Also, if you wish for your child to receive an over-the-counter medication not listed here, you must send it to the nurse with a handwritten permission signed by you.

Please circle the appropriate response:

Yes	No	Tylenol, Acetaminophen, non-aspirin – dose will be age/weight appropriate
Yes	No	Motrin, Advil, Ibuprofen – dose will be age/weight appropriate
Yes	No	Tums – for upset stomach
Yes	No	Bacitracin or Bactine for small wounds after they have been cleaned
Yes	No	Halls or a similar product for coughs unrelated to a more serious illness
Yes	No	Anbesol or orajel for toothaches
Yes	No	Blistex for chapped lips
Yes	No	Benadryl pills or liquid for reaction to bug bites/stings, seasonal allergies, or severe itching as necessary. May cause drowsiness.
Yes	No	Topical Benadryl Cream or Spray – for bug bites, non-serious rashes or itching

Physician Name			Phone Number
Dentist Name			Phone Number
Allergies to medicines	_____ Yes	_____ No	If yes please list what medication
Other Allergies	_____Yes	_____No	List allergies with reactions
Medications required at school	_____ Yes	_____No	If yes, medication name Time given
Please list Medications taken on a daily basis at home:			
Special health needs the school should be aware of:			
Has your child experienced any traumatic events recently that the school should be aware of, such as death, serious illness, accident, separation or divorce? If so, do you feel your child may be in need of support to aid in coping with the incident? Yes_____ No_____ If yes someone from the school will contact you.			

Permission To Share Health Information:

I give permission to the Rockwood Area School District to share any medical information on this form that may affect the health or safety of my child to school personnel. Please understand that the information is used by school employees only to provide for the health, safety, and well being of the student and will be handled confidentially. As parent/guardian of the above named student, we hereby release the School District and all its employees from any and all liability for damages that our child may endure as a result of this request.

Parent/Guardian Signature: _____ Date:_____

STUDENT'S NAME_____

GRADE_____HOME ROOM_____

LIST SIBLING(S)

NAME_____AGE_____GRADE_____

NAME_____AGE_____GRADE_____

NAME_____AGE_____GRADE_____

NAME_____AGE_____GRADE_____

NAME_____AGE_____GRADE_____

NAME_____AGE_____GRADE_____

NAME_____AGE_____GRADE_____

NAME_____AGE_____GRADE_____

List additional siblings on the back

PHOTO RELEASE:
I give permission for my child to be photographed/videotaped by the Rockwood Area School District for instructional purposes; and/or by the newspaper or television stations for community projects or awards give, and/or by yearbook staff for pictures to appear in the school yearbook. I understand that my child's name may appear along with his/her picture.
Parent/Guardian Signature _____ Date _____

PLEASE CHECK IF ANY OF THE FOLLOWING APPLY

_____HOMELESS _____MIGRANT _____EMANCIPATED MINOR

(Verification forms will be needed)

1. Is your current address a temporary living arrangement? Yes No

2. Is this temporary living arrangement due to loss of housing or economic hardship? Yes No

YOUR SIGNATURE IS REQUIRED WHETHER YOU CIRCLED YES OR NO BELOW

If you answered YES to the above questions, please complete the remainder of this form.
If you answered NO, you may stop here.

1. Where is the student presently living? *(Check one)*
_____In a motel: ***Name of motel***_____
_____In a shelter: ***Name and location of shelter***_____
_____With more than one family in a house, mobile home, or apartment
_____Moving from place to place
_____In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite
_____None of the above: ***Briefly describe your present living situation*** _____

_____

2. How long do you anticipate living at this location? _____

3. Check one that best describes with whom the student resides.
_____Parent(s) Mother Father Both Mother and Father
_____Legal guardian: Relationship to child _____
_____Caregiver(s) who are not legal guardian(s): friends, relatives, parents of friends, etc.
_____Other
3a. Name of person with whom student resides: _____
Address _____
City Zip _____
Home Phone # _____Cell Phone #_____ Other Emergency #_____

4. Other Factors contributing to the student's current living situation: (Check all that apply)
_____Family issues such as divorce, domestic violence, kicked out by parents, student left due to family conflict, etc.
_____Military: Parent/guardian deployed, injured or killed in action
_____Incarceration of parent/guardian
_____Incapacitation of parent/guardian due to health, hospitalization, mental health, drugs/alcohol, etc.
_____Death of parent/guardian
_____Home fire not due to natural causes: faulty equipment/appliances/wiring, furnace, stove, fireplace, etc.
_____Natural disaster/Act of nature: tornado, storm, flood, etc.
_____Economic hardship
  _____Loss of job/Loss of income
  _____Eviction
  _____High medical bills that leave little or no money for housing
  _____Income from part-time or low paying job does not cover cost of housing
_____Abandonment by parent(s)
_____Separated from family: ***Briefly explain***
_____Lack of affordable housing in the area
_____Minor student: unable to afford housing on my own
_____Other poverty-related situation: ***Briefly explain***
_____None of the above: ***Briefly explain the contributing factors for present living situation***_____

_____

_____

On July 22, 1987, the Stewart B. McKinney Homeless Assistance Act became law. This was the first comprehensive federal law dealing with the problems of homelessness in America. The McKinney-Vento Act, as amended by the No Child Left Behind Act of 2001, defines homelessness and outlines the rights of homeless students.

_____ _____

Signature of Parent/Legal Guardian/Caregiver/Unaccompanied Student **Date**