



WILLIAM PENN
ACADEMY

William Penn Academy

80 Fredonia Road, Greenville PA 16125

724-373-8262

School Year 2023-2024

Dear Parent/Guardian,

Welcome to William Penn Academy! We intend to make your transition to our school as smooth as possible. All new William Penn Academy students must register at the main office. Registration is completed by calling for an APPOINTMENT with the main office at 724-373-8262.

****Important Note:** The person registering the student(s) must be the child(s) legal guardian.**

To register a new student, the following documents are required by the Pennsylvania government to be presented at the registration appointment:

- Immunization Record (from previous school or family physician)
- Birth Certificate: Original birth certificate or notarized copy that includes the date, location (county & state), and biological parents' names
- Proof of Residency: Lease/Mortgage Agreement and current utility bill or property tax bill
- Proof of Identity: Driver's License or State ID Card

**PA State Department of Ed Policy #24 P.S. 13-1301-1301306*

William Penn Academy also requires the following documents, if applicable:

- Affidavit of Guardianship
- Custody Order
- Resource Care (Foster Placement)

Sincerely,

Mrs. Lindsey Doutt, M.Ed
Principal



William Penn Academy

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Registration Form

Office Use Only:		
Start Date: _____	Student ID: _____	PA ID: _____
Grade: _____	Home School District: _____	
Immunization Record: ____	Birth Certificate: ____	Proof of Residency: ____
Custody Papers: ____	Guardian DL/State ID: ____	Exp: ____

Student Information:

Name (Last, First, Middle): _____

Address (Street, City, Zip): _____

Date of Birth: _____ Male ___ Female ___ SS#: _____

Primary Contact Cell: _____ Email Address: _____

Federal Ethnicity & Race:

Ethnicity: Is the student Hispanic or Latino? Y ___ N ___

Race: (W) White ___ (I) American Indian or Alaska Native ___ (A) Asian ___

(B) Black or African American ___ (P) Native Hawaiian/Other Pacific Islander ___

Previous School Information:

Previous School Name: _____

School Address/Phone: _____

Does Student receive special education services: Y ___ N ___

Does Student receive Title Services: Y ___ N ___

Parent/Guardian Information:

Student Lives with: Both Parents ___ Mother ___ Father ___ M/Stepfather ___

F/Stepmother ___ Grandparents ___ Self ___ Foster ___

Parents are: Married ___ Divorced ___ Separated ___ Widow ___ Live in Same Household ___

Father's Name & Address: _____

Cell Phone: _____ Work Phone: _____ Employer: _____



Mother's Name & Address: _____

Cell Phone: _____ Work Phone: _____ Employer: _____

Foster Parent (Student Placing Agency) _____

Guardian (notarized or court guardianship required): _____

Siblings: *Include those who live in the same house as student*

Name	Birthdate	Grade	M/F
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Emergency Contact Information: *for medical emergencies*

1: Name: _____ Relationship: _____

Cell Phone Number: _____

2: Name: _____ Relationship: _____

Cell Phone Number: _____

3: Name: _____ Relationship: _____

Cell Phone Number: _____

Primary Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Allergy Information: (please indicate allergy and reaction)

In the event that the parent/guardian cannot be reached, I authorize William Penn Academy to take whatever action is deemed necessary in their judgment for the health of the student. I will



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not hold William Penn Academy financially responsible for the emergency care and/or transportation of the student.

Date: _____ Parent/Guardian Signature: _____

Relationship to Student: _____



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Request for Records

Student Name: _____ **Grade:** _____ **Date:** _____

To: _____
Previous School Name/Address/Phone Number

As a parent/guardian, I hereby grant William Penn Academy permission to release their records, as well as health and dental records, transcripts, state tests, and any other available school records. I also consent to the release of any psychological reports and IEP information, if available.

Parent/Guardian Signature: _____ Date: _____

Student Current (New) Address & Phone: _____

Office Use Only Below

_____ entered William Penn Academy on _____.
Student Name Date

Signature of School Official Title

Please send all information requested to the address below:

William Penn Academy
% Lindsey Douth, Principal
80 Fredonia Road
Greenville, PA 16125
lindseydouth@aedg.education
724-373-8262



William Penn Academy

80 Fredonia Road, Greenville PA 16125 724-373-8262

SAFE SCHOOLS

Parent/Guardian Registration Statement

Student Name: _____
Date of Birth: _____ Grade: _____ School Year: _____
Parent/Guardian Name: _____
Address: _____
Cell Phone Number: _____ Home/Work 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 complete the following:

I hereby swear or affirm that my child (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 of 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, please complete:

Name of the school from which the student was suspended or expelled:

Dates of suspension or expulsion: **Please provide additional schools and dates on the back of the paper.**

Reason for suspension/expulsion:



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Signature of Parent/Guardian:_____ **Date:**_____

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



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Mandated Screenings

Student Name:_____ Birth Date:_____
Grade:_____ School Year:_____

The Pennsylvania School Health Act mandates the following exams be given to the students:

- Growth & Vision Grades: K-8th; 9-12
- Hearing Grades: K-3rd, 7th and 11th, and as necessary
- Scoliosis Grades: 6 and 7

The screening tests are performed in the school during the school year. You will be notified if any concerns are found. The contracted school nurse will complete in designated grades.

Physical Exams (private physician) Grades: K, 7th and **11th**

The physical should be completed by your family physician; if this is not possible, please contact the school for assistance.

Dental Exams (private dentist) Grades: K, 3rd, and **11th**

The dental exam should be completed by your family dentist; if this is not possible, please contact the school for assistance.

Please send copies of immunization records, and physical & dental exams to **William Penn Academy's main office** as soon as you receive the updated information.

Signature of Parent/Guardian:_____ Date:_____



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Student Health History

Name: _____ Date of Birth: _____

Number of Brothers: _____ Number of Sisters: _____ Child Lives with _____

A. Child Development History:	Yes	No	If yes, explain:
1. Did the mother have any illnesses during the pregnancy?			
2. Did the baby arrive on time?			
3. What was the baby's birth weight?			
4. Did the baby have any trouble while in the hospital?			
5. Did the baby have any problems in the first 6 months?			
6. At what age did the child begin to sit without support?			
7. At what age did the child begin to say 2-3 words together?			
8. At what age did the child walk without support?			
9. Can the child use the toilet without help?			
10. At what age did the child stop bedwetting?			
B. Special Health Needs	Yes	No	If yes, explain:
1. Has the student ever been hospitalized?			
2. Does the student take medication on a regular basis?			
3. Does the student take medication during school hours?			
4. Does the student have allergies?			



5. Is the student diabetic?			
6. Has the student had any convulsions/seizures during the past year?			
7. Does the student have any physical limitations?			
a. Will he/she need any special considerations in school?			
b. Does the student have any restrictions on physical activity?			
8. Has the student had a concussion?			
9. Has the child had any trouble with the following? (Check all that apply.)			
<p> <input type="checkbox"/> ears <input type="checkbox"/> joint aches <input type="checkbox"/> constipation <input type="checkbox"/> hearing <input type="checkbox"/> stomach aches <input type="checkbox"/> diarrhea <input type="checkbox"/> eyes <input type="checkbox"/> heart murmur <input type="checkbox"/> blood disorder <input type="checkbox"/> <input type="checkbox"/> glasses/contacts <input type="checkbox"/> urinary <input type="checkbox"/> lead <input type="checkbox"/> teeth <input type="checkbox"/> asthma <input type="checkbox"/> <input type="checkbox"/> wheezing <input type="checkbox"/> sleeping <input type="checkbox"/> headaches <input type="checkbox"/> skin problems <input type="checkbox"/> allergies <input type="checkbox"/> <input type="checkbox"/> diabetes </p>			
10. Does the student have a special diet?			
11. Please list any other medical concerns:			
12. Are there any concerns that you have for the student?			
13. Are there any family health conditions that may affect the student's ability to function in the classroom?			



C. Hearing & Speech Information	Yes	No	If yes, explain:
1. Has the student had ear infections or other problems?			
2. Has the student had any ear surgery?			
3. Does the student's hearing seem to fluctuate?			
4. Has it ever been suggested that the student had a speech or language concern?			
5. Does any member of the student's immediate family have a hearing problem?			



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Acceptable Use of the Internet

Student Letter of Understanding

In order to gain access to the Internet resources at William Penn Academy, I agree to the following:

- The student will use Internet access for activities that are related to classroom assignments and instructional purposes.
- The student will follow the rules in accordance with the William Penn Academy Acceptable Use Policy.

Any use of the system that is considered outside of these areas or any use of language that may be considered inappropriate or offensive will result in the suspension of my access to the Internet resources on the William Penn Academy network according to school disciplinary guidelines.

Student Name: _____ Grade: _____

The student named above (has) _____ (does not have) _____ my permission to access the Internet at William Penn Academy.

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____

Date: _____

Student access to the Internet may be modified by the parent/guardian by presenting themselves in the main office and requesting changes to be made on this form. This form will be applied to the student throughout the school year until graduation.



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**WPA Media Production/Video/Photograph
Consent Form**

_____ I consent _____ I DO NOT consent to the use of Media/Pictures in school.

_____ I consent _____ I DO NOT consent to the use of Video/Photographs outside of school.

(Such as Newspapers, Public TV, and Facebook)

Student Name Grade

to be videotaped/photographed for any Media Production or other video/photography productions or publications for William Penn Academy.

I hereby waive any and all rights that my child and I may have in any videotape, photograph, or television production and understand that neither my child nor I will be compensated for his/her appearances in any WPA Media production or WPA publication. I understand that any video or photograph is the exclusive property of William Penn Academy.

I further acknowledge that I have read and understand the above statements. If my preference changes, I will contact the school's principal in writing.

Date:_____

Parent/Guardian Name (printed):_____

Parent/Guardian Signature:_____