



RADNOR TOWNSHIP SCHOOL DISTRICT  
Wayne, Pennsylvania 19087

**REGISTRATION PROCEDURES**

STUDENT'S NAME: \_\_\_\_\_ Circle one: **M** or **F**

GRADE LEVEL: \_\_\_\_\_ For \_\_\_\_\_ - \_\_\_\_\_ School Year

DATE OF REGISTRATION: \_\_\_\_\_

Dear Parents/Guardians:

Please check off each item that has been completed as part of the registration process in the column labeled "Parent." Office personnel will also check through the packet when you register and check off items completed under "Office." **All components must be complete to register.** Thank you!

**Forms and Documentation to be Completed and Returned:**

Parent    Office

- |       |       |    |  |
|-------|-------|----|--|
| _____ | _____ | 1. | <p><b>Registration Forms</b> are complete and have been signed by natural parent or guardian. (Pages 3-7)</p> <p>FAMILIES AWAITING APPROVAL OF GUARDIANSHIP of a student must contact our Child Accounting Office (610-688-8100) before completing this registration packet in order to secure information regarding <u>required documentation</u>. FOSTER CHILDREN need a placement letter from their foster agency.</p>  |
| _____ | _____ | 2. | Student's <b>Social Security Number</b> is noted on registration form. (Page 3)  |
| _____ | _____ | 3. | <b>Record of Divorced, Separated, or Single Parent Form</b> is completed, if applicable. (Pages 9-10)  |
| _____ | _____ | 4. | <b>Request for Records Form</b> is completed in order to send for your child's records from his/her previous school. (Page 11)   |
| _____ | _____ | 5. | <b>Questionnaire</b> for Parents Moving Into or Out of Radnor Township School District. (Page 13)  |
| _____ | _____ | 6. | <p><b>Health records/immunizations are up to date and signed by physician.</b> (Pages 15-18)</p> <ul style="list-style-type: none"> <li>• All students must have <b>proof of immunizations</b> listed on Page 15.</li> <li>• All K, 6th and 11th grade students and any students new to Pennsylvania must have a complete <b>physical examination</b> by their doctor. (Page 16)</li> <li>• All K, 3<sup>rd</sup> and 7<sup>th</sup> grade students and any students new to Pennsylvania must have a complete <b>dental examination</b> by their dentist. (Page 18)</li> </ul> |
| _____ | _____ | 7. | <p><b>Proof of Birth:</b> <u>Original</u> birth certificate or passport must be provided. The child's name must match his/her proof of birth. No name can be used without documentation of legal name change process presented at registration. Documentation will be photocopied and returned at time of registration.</p> <p>NON-CITIZENS (Without Birth Certificate) must provide one of the following:<br/>CIRCLE ONE:    Passport    Visa. (All pages will be copied.)</p>  |



Parent Office

\_\_\_\_\_ 8.

**Proof of Residency:**

**One** of the following documents must be provided:

- Original lease or deed signed by both parties
- Mortgage payment booklet
- Agreement of Sale, followed by original copy of settlement papers within 45 calendar days of settlement

Plus **any two** of the following:

- Valid drivers license or change of address card with your current address
- Valid vehicle owner's card with your current address
- Utility bill within 30 days in your name with your current address
- Pay check stub within 30 days with your address
- Tax bill (most recent)
- Sewer bill (most recent)

**FAMILIES BUILDING OR BUYING A HOME** who request admittance prior to when district residency is established must contact the Child Accounting Office in the Administration Building (610-688-8100) to secure an approval letter from the Superintendent of Schools before submitting this registration packet. They must move into the district within 45 calendar days of student's entry date.

**FAMILIES WHO RESIDE WITH ANOTHER FAMILY** within the school district must contact the Child Accounting Office in the Administration Building (610-688-8100) in order to secure a Dual Occupancy Certificate before submitting this registration packet.

**Multiple Occupancies will be validated periodically.**

\_\_\_\_\_ 9.

**Request for Special Education Services Procedures**

If student has an IEP for special education or gifted, you must contact the Director of Special Education immediately (610-688-8100). Placement cannot be completed without his/her instructions. A copy of the registration, health record, IEP and all paper work from former school will be needed.

\_\_\_\_\_ 10.

**Additional Forms:** (if applicable)

- Parent Survey for Pre-School Experience (page 19)
- Parent Survey of Incoming First Graders (page 21)

\_\_\_\_\_  
SIGNATURE OF PARENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF SCHOOL REPRESENTATIVE

\_\_\_\_\_  
DATE

**YOU MUST HAVE ALL OF THE REQUIRED ITEMS TO REGISTER.**

**EXCEPTIONS WILL NOT BE MADE.**

**THANK YOU**



## RADNOR TOWNSHIP SCHOOL DISTRICT REGISTRATION FORMS

Student's Social Security Number: \_\_\_\_\_ Date: \_\_\_\_\_

Grade Entering: \_\_\_\_\_ Sex:  Male  Female

Student's Ethnicity: Hispanic / Latino / Spanish Origin  Yes  No

Select one or more races:  American Indian or Alaska Native  Asian  Black or African American  
 Native Hawaiian or Other Pacific Islander  White

Student's  
Legal Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street Bldg/Apt.#; Box #  
\_\_\_\_\_  
City State Zip Code

Home Telephone: \_\_\_\_\_  Listed  Unlisted

Student's Date of Birth: \_\_\_\_\_ Place of Birth (City, State): \_\_\_\_\_

Verification for date of birth:  Birth Certificate  Passport  Other \_\_\_\_\_

Father's Name: \_\_\_\_\_  
or Guardian Last First Middle

**Circle title:**  
Dr. Mr.

Mother's Name: \_\_\_\_\_  
or Guardian Last First Middle

**Circle title:**  
Mrs. Ms.  
Miss Dr.

Student's Primary  
Residence:  Both Parents  Mother  Father  Step Parent  Other (Specify) \_\_\_\_\_

In the case of separation or divorce, is there a legal restraining order preventing parent access to student records or to student personally? \_\_\_\_\_

If yes, legal document must be produced and page 10 must be completed.

Last School Attended: \_\_\_\_\_ Withdrawal Date: \_\_\_\_\_

Reason for Withdrawal: \_\_\_\_\_

School Address: \_\_\_\_\_

Has Student ever been in a special services / special education program?  Yes  No

If yes, special services received: \_\_\_\_\_

Does your child have an existing IEP/GIEP/Service Plan?  Yes  No

**(If yes, please provide copies of most recent IEP/GIEP/Service Plan, Evaluations and Re-Evaluations.)**

## Media Release Information

I hereby grant the Radnor Township School District the right and permission to publish/use photographs or video and/or audio tapes of my child, and any material derived from the child, to publicize or promote the school district through its own media productions or through the commercial media.

In addition, I accept responsibility, knowing that this release form is on file for the extent of my child's career in the Radnor Township School District. If I deem it necessary to remove such consent, I shall notify the school district in writing of my intent.

Please check one:

**YES**

Signature: \_\_\_\_\_

**NO**

Date: \_\_\_\_\_

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## Parental Discipline Registration Statement

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 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."

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 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. § 13-1304A(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.

**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.

24 P.S. §13-1304-A

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

The information requested above for basic student identification purposes will be maintained by the district for 100 years as required by the state. Please notify the school of any changes that occur during your child's years of attendance. Should the pupil leave Radnor School District, this information and the pupil's grades, attendance record, discipline record and achievement test scores will be transferred to the receiving school. You will be notified of the transmittal and have the opportunity to receive a copy of the record and challenge its content if desired.



## RADNOR TOWNSHIP SCHOOL DISTRICT REGISTRATION FORMS - CONTINUED

**STUDENT'S NAME:** \_\_\_\_\_

**MOTHER'S FULL NAME:** \_\_\_\_\_

Circle One:    Living            Deceased

Mother's relationship to student: (CIRCLE ONE)    Parent    Guardian    Step    Foster

Marital Status: (CIRCLE ONE)    Married    Single    Widowed    Separated    Divorced    Remarried

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Educational Background: \_\_\_\_\_ Occupation: \_\_\_\_\_

Place of Business: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Native Language: \_\_\_\_\_

If you speak another language, do you have English proficiency? (Circle one):    YES            NO

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**FATHER'S FULL NAME:** \_\_\_\_\_

Circle One:    Living            Deceased

Father's relationship to student: (CIRCLE ONE)    Parent    Guardian    Step    Foster

Marital Status: (CIRCLE ONE)    Married    Single    Widowed    Separated    Divorced    Remarried

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Educational Background: \_\_\_\_\_ Occupation: \_\_\_\_\_

Place of Business: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Native Language: \_\_\_\_\_

If you speak another language, do you have English proficiency? (Circle one):    YES            NO





RADNOR TOWNSHIP SCHOOL DISTRICT  
Wayne, Pennsylvania 19087

**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 the identification.

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Date: \_\_\_\_\_

1. What is / was the student's first Language: \_\_\_\_\_

2. Does the student speak a language(s) other than English? Check one:  Yes  No  
(Do not include languages learned in school.)

If yes, specify the language(s): \_\_\_\_\_

3. What languages(s) is/are spoken in your home? \_\_\_\_\_

4. City of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_

If your child was not born in this state, what was his/her date of entry into Pennsylvania? \_\_\_\_\_

5. Country of birth: \_\_\_\_\_

If your child was not born in this country, what was his/her date of entry into the United States? \_\_\_\_\_

**To assist the school district to comply with Federally Mandated reporting, please complete the following:**

Student's Ethnicity: Hispanic / Latino / Spanish Origin  Yes  No

Select one or more races:  American Indian or Alaska Native  Asian  Black or African American  
 Native Hawaiian or Other Pacific Islander  White

6. 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

Parent/Guardian signature: \_\_\_\_\_

Person completing this form (if other than parent/guardian): \_\_\_\_\_

\* 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.

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## RADNOR TOWNSHIP SCHOOL DISTRICT

# PROCEDURES FOR CHILDREN WHOSE PARENTS ARE DIVORCED, SEPARATED OR SINGLE

### Children of Divorced Parents with Custody Agreement

At registration time, the parent must present the custody document to the school principal. The school district will follow the terms of the custody agreement specifically. A copy of the document will be maintained in the child's school file.

### Children of Single, Separated or Divorced Parents with No Custody Agreement

Both parents will be allowed access to the child as well as to all data pertaining to the child: report cards, educational and health records, the right to attend parent conferences and school activities. The parent with whom the child is living will routinely receive all report cards and other communications regarding his/her child. The nonresident parent may request, in writing, the same information. This request should be addressed to the building principal. The district will make reasonable efforts to comply with such requests.

Both parents will be notified and urged to attend meetings pertaining to special education placement, discussions pertaining to promotion or retention, suspensions, expulsions or other serious disciplinary matters. Therefore, it will be the parents' responsibility to keep the school informed of their current addresses and phone numbers.

The parent with whom the child is living will be notified in the event of serious accidents. If this parent is not available, the person(s) listed on the health emergency card will be contacted. If these contact persons are not available, the non-resident parent will be contacted if possible. The non-resident parent may request, in writing, that he/she be notified in the event of a serious accident. The district will make reasonable efforts to comply with such requests.

### **Registration Details**

If a custody agreement exists, a copy must be filed with the school district. If no custody agreement is provided, the person registering a child will be asked for the name, address and phone number of the parent with whom the child is not living. **A copy of these procedures, with the signature page, will then be provided to each parent.** Parents are then responsible for carrying out their responsibilities regarding these procedures.

# RADNOR TOWNSHIP SCHOOL DISTRICT

## RECORD OF DIVORCED, SEPARATED, SINGLE PARENTS

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_

Parents are: (CIRCLE ONE)          Divorced          Separated          Single

Custody Agreement: (CIRCLE ONE)          Yes          No  
(If yes, copy must be attached to this sheet.)

### **Parent with whom the child is living:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### **Parent with whom the child is not living:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

By my signature, I affirm that the information above is correct to the best of my knowledge and that I have received a copy of the school district's procedures for children whose parents are divorced, separated, or single.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



## RADNOR TOWNSHIP SCHOOL DISTRICT

135 S. Wayne Ave.  
Wayne, PA 19087

### REQUEST FOR RECORDS

Name Of School Last Attended: \_\_\_\_\_

Address Of School Last Attended: \_\_\_\_\_

The Following Student Has Enrolled In Our School:

Student: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade \_\_\_\_\_

PLEASE FORWARD TO THE SCHOOL CHECKED BELOW:

1. Transcript of courses and grades at the time of withdrawal
2. Testing results (including group and individual tests)
3. Complete health records
4. Disciplinary records
5. PA Secure ID number
6. Special or Gifted education records

	<b>ITHAN ELEMENTARY</b> 695 Clyde Road Bryn Mawr, PA 19010 Tel. 610-527-1357 Fax 610-527-0459		<b>RADNOR ELEMENTARY</b> 20 Matsonford Road Radnor, PA 19087 Tel. 610-788-9300 Fax 610-788-2378
	<b>WAYNE ELEMENTARY</b> 651 W. Wayne Avenue Wayne, PA 19087 Tel. 610-687-8480 Fax 610-293-0490		<b>RADNOR MIDDLE SCHOOL</b> 150 Louella Avenue Wayne, PA 19087 Tel. 610-386-6300 Fax 610-688-2491
	<b>RADNOR HIGH SCHOOL</b> 130 King of Prussia Road Radnor, PA 19087 Tel. 610-293-0855 Fax 610-989-9146		

I hereby give my permission for the school checked above to request all school records pertaining to my child.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

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# RADNOR TOWNSHIP SCHOOL DISTRICT

## QUESTIONNAIRE FOR PARENTS MOVING INTO OR OUT OF THE RADNOR TOWNSHIP SCHOOL DISTRICT

Your opinions are very important to us as we continue to plan for and improve our programs. Your response to the following questions will assist us in planning facilities and in better understanding enrollment changes in our district. We appreciate your time in responding.

1. How much did you know about the Radnor school system before you moved here?

Nothing \_\_\_\_\_ Quite a bit \_\_\_\_\_ A little \_\_\_\_\_

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2 a. Why did you move into this district?

Job \_\_\_\_\_ School system \_\_\_\_\_ Socioeconomic character of community  
Family or friends \_\_\_\_\_ Other \_\_\_\_\_ (kind and quality of neighborhood) \_\_\_\_\_

---

b. If leaving, why are you leaving?

Job \_\_\_\_\_ School system \_\_\_\_\_ Socioeconomic character of community  
Family or friends \_\_\_\_\_ Other \_\_\_\_\_ (kind and quality of neighborhood) \_\_\_\_\_

---

3. a. What was your opinion of this school system before you moved here?

Excellent \_\_\_\_\_ Poor \_\_\_\_\_ No opinion \_\_\_\_\_  
Good \_\_\_\_\_ Fair \_\_\_\_\_ What were your sources of information?  
\_\_\_\_\_

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b. If leaving, what is your opinion of the school system?

Excellent \_\_\_\_\_ Poor \_\_\_\_\_  
Good \_\_\_\_\_ Fair \_\_\_\_\_

4. Where did you move from? \_\_\_\_\_ Public School \_\_\_\_\_ Private School \_\_\_\_\_  
(Town, State) Parochial School \_\_\_\_\_

5. Why did you choose Radnor Township rather than an adjacent community or neighborhood?

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6. Marital Status: (Optional) Married \_\_\_\_\_ Single \_\_\_\_\_ Separated or divorced \_\_\_\_\_ Widowed \_\_\_\_\_

7. Number of children: \_\_\_\_\_ Ages of children: \_\_\_\_\_

8. If you have other school-age children, where will you send them?

Radnor Public Schools \_\_\_\_\_ Private School \_\_\_\_\_  
Parochial School \_\_\_\_\_ Other \_\_\_\_\_



***Thank you very much for your response.***

BLANK



## RADNOR TOWNSHIP SCHOOL DISTRICT WAYNE, PENNSYLVANIA

Dear Parent/Guardian:

Pennsylvania School Law requires a medical examination by a physician for all students entering Kindergarten, Grade 6, and Grade 11, plus all new students to Pennsylvania schools regardless of grade level. In addition, the following immunizations are currently mandated for all students attending Pennsylvania schools:

**The new requirements for 2011-2012 are in bold print.**

- 4 doses of Diphtheria & Tetanus Vaccine (DtaP, DPT, Td, or DT). *The 4<sup>th</sup> dose must be administered on or after the 4<sup>th</sup> birthday.*
- **One dose of Diphtheria, Tetanus, Acellular Pertussis Vaccine (Tdap) at grade 7.**
- **One dose of Meningococcal (MCV) at grade 7.**
- 3 doses of Polio Vaccine.
- 2 doses of Measles containing vaccine (1<sup>st</sup> dose must be administered at 12 months or older). **2 doses of Mumps**, 1 dose of Rubella Vaccine. These are usually given as MMR.
- **2 doses of Varicella Vaccine** or physician verification of having had Varicella disease (Chickenpox). *The 1<sup>st</sup> dose must be given on or after the 1<sup>st</sup> birthday.*
- 3 doses of Hepatitis B Vaccine (HBV).
- 1 test for Tuberculosis done within the last six months of admission to school, or a physician notation on the physical form that the child is “low risk” for tuberculosis.

Medical, moral or religious exemptions are allowed by law if the appropriate forms are completed and kept on record at your child’s school. This form may be obtained by contacting your child’s school nurse. Students with medical, moral or religious exemptions may be excluded from school in the event of an outbreak of vaccine preventable diseases.

Radnor Township School Health Services



**RADNOR TOWNSHIP SCHOOL DISTRICT**  
Wayne, Pennsylvania

School: \_\_\_\_\_

School Year: 2011 - 2012

**This portion to be completed by PARENT:**

Name of Student \_\_\_\_\_ Sex M \_\_\_\_\_ F \_\_\_\_\_ Grade \_\_\_\_\_

Address of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

School Last Attended \_\_\_\_\_ Physician's Name \_\_\_\_\_

Has your child had any of the following? Please check and give details or date.

Allergies \_\_\_\_\_ Mumps \_\_\_\_\_ Scarlet Fever \_\_\_\_\_  
 Asthma \_\_\_\_\_ Measles \_\_\_\_\_ Diabetes \_\_\_\_\_  
 Chicken Pox \_\_\_\_\_ Rubella \_\_\_\_\_ Operation \_\_\_\_\_  
 Recurring Illness \_\_\_\_\_ Physical Disability \_\_\_\_\_

Is your child at present under medical treatment? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain.

**This portion to be completed by PHYSICIAN:**

Required immunization dates (details on reverse side).

VACCINE	BASIC SERIES DATES OF DOSES and BOOSTERS				
Diphtheria and Tetanus DtaP, DPT, DT or Td	1	2	3	4	5
Tetanus, Diphtheria and Acellular Pertussis (Tdap)	1	2	3	4	5
Polio (OPV or IPV)	1	2	3	4	5
Hepatitis B	1	2	3		
Measles-Mumps-Rubella (MMR)	1	2	or Measles serology: Date Titer		
Varicella (Vaccine or Disease)	1	2	Rubella Serology: Date Titer		
Meningococcal (MCV)	1	2			
Other	1	2	Mumps disease diagnosed by a physician: Date		

Tuberculosis Test: \_\_\_\_\_ Date \_\_\_\_\_ Result \_\_\_\_\_

**Medical History - Operations, accidents, allergies, serious illness. Specify and give dates.**

Present medication:

**Findings upon Physical Examination:**

Blood Pressure \_\_\_\_\_ Pulse \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ BMI # \_\_\_\_\_ / \_\_\_\_\_ %

Is this BMI in recommended range? Yes \_\_\_\_\_ No \_\_\_\_\_ Was counseling initiated? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Is scoliosis present? Yes** \_\_\_\_\_ **no** \_\_\_\_\_ Under care? \_\_\_\_\_

Vision: - Far – Right \_\_\_\_\_ Near – Right \_\_\_\_\_ Hearing: Right \_\_\_\_\_ Left \_\_\_\_\_  
 Left \_\_\_\_\_ Left \_\_\_\_\_  
 OU \_\_\_\_\_ OU \_\_\_\_\_

Should this student have any restriction on physical education activities? **No** \_\_\_\_\_ **yes** \_\_\_\_\_

If **yes**, please specify.

What recommendations do you wish to make to teachers or nurses which might benefit this child at school?

Signature of Physician \_\_\_\_\_ Address \_\_\_\_\_ Telephone # \_\_\_\_\_ Date \_\_\_\_\_



**RADNOR TOWNSHIP SCHOOL DISTRICT**  
Wayne, Pennsylvania

To: Parent/Guardian of Children in Kindergarten, and/or Grades 1,  
3 and 7

From: School Health Services

Re: Dental Health Requirement

The Pennsylvania Department of Health Guidelines require all children to have a dental examination upon original entry into school (Kindergarten or Grade 1), as well as in Grades 3 and 7.

The Dental Examination form on the reverse side of this letter should be completed by your child's dentist and returned to the school nurse. Examinations within four months prior to the opening of the school year are accepted as required proof of dental care.

Submit the completed form to the school nurse with your registration materials for new students. Students starting 3<sup>rd</sup> and 7<sup>th</sup> Grades will submit their completed forms on the first day of school.

If it should be a financial hardship to have the dental examination done by your dentist, please complete the lower part of this form and return it to the school nurse who will recommend a treatment alternative.

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTH

PRIVATE DENTIST REPORT OF  
DENTAL EXAMINATION OF A PUPIL OF  
SCHOOL AGE

NAME OF SCHOOL \_\_\_\_\_ DATE \_\_\_\_\_

NAME OF CHILD			AGE	SEX	GRADE	SECTION/ROOM
Last First Middle				M / F		

ADDRESS \_\_\_\_\_

No. and Street	City or Post Office	Borough or Township	County	State	Zip
----------------	---------------------	---------------------	--------	-------	-----

REPORT OF EXAMINATION																	
TOOTH CHART																	
RIGHT									LEFT								
UPPER	1	2	3	4 A	5 B	6 C	7 D	8 E	9 F	10 G	11 H	12 I	13 J	14	15	16	UPPER
LOWER	32	31	30	29 T	28 S	27 R	26 Q	25 P	24 O	23 N	22 M	21 L	20 K	19	18	17	LOWER
UPPER																	UPPER
LOWER																	LOWER

Is the Child Under Treatment? YES  NO

Treatment Completed? YES  NO

Date of Dental Examination: \_\_\_\_\_

Signature of Dental Examiner \_\_\_\_\_

Print Name of Dental Examiner \_\_\_\_\_

Address \_\_\_\_\_



RADNOR TOWNSHIP SCHOOL DISTRICT  
Wayne, Pennsylvania 19087

**PARENT SURVEY OF PRE-SCHOOL EXPERIENCES**  
For Kindergarten Students Only

Child's Name: \_\_\_\_\_

Has your child participated in pre-school programs prior to registering for kindergarten in Radnor Township School District?

Check one:       Yes                       No

If you answered "Yes" to the above question, please provide the information requested below. If your child has attended more than one pre-school program, space has been provided for you to describe a second school/program. If your child has attended more than two programs, please provide the same information on the reverse side of this paper. Thank you!

---

Name of School/Program \_\_\_\_\_ Location (City. State) \_\_\_\_\_

---

Age when child attended      Number of years in school      Hours per day in school

Would you describe this program as:

- predominantly a play program
- predominantly an academic program
- a combination of play and academics

---

Name of School/Program \_\_\_\_\_ Location (City. State) \_\_\_\_\_

---

Age when child attended      Number of years in school      Hours per day in school

Would you describe this program as:

- predominantly a play program
- predominantly an academic program
- a combination of play and academics

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

BLANK



RADNOR TOWNSHIP SCHOOL DISTRICT  
Wayne, Pennsylvania 19087

**PARENT SURVEY OF INCOMING FIRST GRADERS**  
For Kindergarten Students Only

If your child attended a kindergarten program in another school before registering in Radnor Township School District for first grade, please provide us with the information below.

Child's Name: \_\_\_\_\_

School attended for kindergarten: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Reason child attended kindergarten in school named above:

- Lived in another school district
- Wanted full-day kindergarten and Radnor Township does not offer this.
- Preferred keeping child in school where child attended pre-school.
- Other – please explain. Thank you!

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_