

Southeast Delco School District

610-522-4300 x5301

School Aged Registration for September 2024-2025

Southeast Delco School District school aged registrations are being accepted at the Southeast Delco Administration building at **1560 Delmar Drive in Folcroft** for the 2024-2025 school year. Registration packets are available at the Kindergarten Center, at all four elementary schools, and at the Southeast Delco Administration building, and must be completed and presented with the documents listed below.

Requirements for attending Kindergarten in the fall include the following:

- Your child must be 5 years old on or before September 1, 2024
- You and your child must be a resident of the Southeast Delco School District

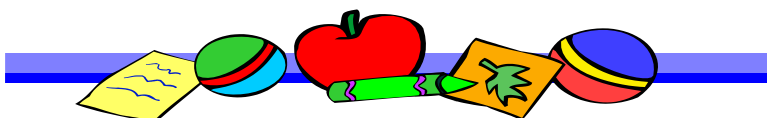
You must bring the following items for successful registration*:

- One of the following Proofs of Residence**
 - Monthly mortgage payment document, or
 - School Tax Bill, or
 - Rental lease- must include Landlord's address and phone number
- All the following proofs of address:
 - Current driver's license or State Picture ID w/current address
 - Two current utility bills
- Child's Birth Certificate
- Immunization Record from physician- must be up to date to begin school.
- Annual Physical Assessment - 5 year exam required
 - Please call your child's physician to schedule if needed-
 - Forms available on sedelco.org if needed
- Dental Exam - 2024
 - Please call your child's dentist to schedule if needed
- Please provide all required documents to complete your child's registration, including IEP's or other pertinent documents to assist with classroom assignment. Incomplete registrations may delay start of school. If you have any questions, please call the Kindergarten Center office.

*Guardianship papers must be presented for successful registration

**If you reside with someone in the district, and your name is not on the lease/mortgage, you must contact Mrs. Contrisciani at the Southeast Delco Registration Office prior to registration to complete a Certification of Residency at 610-522-4300 ext. 5301.

Your child's first day of school is an exciting time for both you and your child. Please take the time to promptly complete the registration process so as not to delay your child's first day of school.



Southeast Delco School District

1560 Delmar Drive, Folcroft, PA 19032

New Student Registration Form

Office Use Only:
Immunization (on file)
Birth Certificate (on file)
Proof of Residency (on file)
Student # _____
State ID # _____

Registration Date _____

Student Name _____

Last Name First Name Middle Name

Sex: M F Date of Birth ____/____/____ Birthplace _____ Birth Country _____
Month Date Year City State

Student's Home Address

Address _____
 Apartment# _____ PO Box# _____
 City _____ State _____ Zip Code _____

Ethnicity – Please check:
<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Asian
<input type="checkbox"/> Black/African American
<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Native Hawaiian/Pacific Islander
<input type="checkbox"/> White
<input type="checkbox"/> Other

Did the child ever attend school in this district? Y N

If so, which School? _____ Grades? _____

If no, Previous School? _____

Address _____

Was the child in any of the following programs at his/her previous school?
Yes _____ No _____
If yes, please circle all that apply:
<input type="checkbox"/> ESL <input type="checkbox"/> Gifted <input type="checkbox"/> Speech <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Vision Impaired
<input type="checkbox"/> Alternative Education <input type="checkbox"/> Special Education (a copy of current IEP/NOREP is needed)

Who has legal custody of student?

Both Parents Mother Father Child Care Agency
 Guardian Other _____

Adults who reside with child at above address:

Mother/Father Mother Mother/Stepfather Father Father/Stepmother Other _____

Father
Name _____
Address _____
Place of Employment _____
Home Phone _____
Cell Phone _____
Work Phone _____ Ext _____
Email _____

Mother
Name _____
Address _____
Place of Employment _____
Home Phone _____
Cell Phone _____
Work Phone _____ Ext _____
Email _____

Step Parent/Guardian
Name _____
Address _____
Place of Employment _____
Home Phone _____
Cell Phone _____
Work Phone _____ Ext _____
Email _____

NAME OF ALL CHILDREN AT CHILD'S ADDRESS	RELATIONSHIP TO CHILD	AGE	SCHOOL	GRADE

I certify that the above information is correct:

Parent's Signature: _____ Date: _____

Official Use:	Start Date _____	School _____	Grade _____
Special Education: _____	Transportation _____	Foster _____	Homeless _____ Certification _____

SOUTHEAST DELCO SCHOOL DISTRICT
SWORN STATEMENT OF AFFIRMATION

Under the provisions of Article XIII-A of Act 26 of 1995, prior to a student's admission to any school entity, a sworn statement is required concerning the student's prior disciplinary record.

AFFIDAVIT

Commonwealth of Pennsylvania
County of Delaware

Before me, the undersigned authority, personally appeared _____
Name of Parent/Guardian
who being duly sworn according to law, deposes and says as follows:

_____ is requesting admission as a student to the Southeast Delco
Name of Student
School District in grade _____ for _____.
Building

_____ was previously enrolled as a student in the following
Name of Student
School district(s) or schools.

NAME OF DISTRICT PRIVATE/PAROCHIAL SCHOOLS	GRADE	BUILDING
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ was/was not previously suspended nor expelled
Name of Student
from any school for an act regarding weapons, alcohol, drugs or violence to persons or property.

That I understand that a certified copy of _____'s
Disciplinary records will be transmitted to the Southeast Delco School District and that it will be inspected only by the student, school officials, state and local law enforcement officials or me, as Parent/Guardian.

Signature/Seal of Notary Public

Signature of Parent/Guardian

My Commission Expires on _____ Date _____

**SOUTHEAST DELCO SCHOOL DISTRICT
FOLCROFT, PA**

POLICY #202 ELIGIBILITY OF NON-RESIDENT STUDENTS

THEFT OF SERVICE: Any person falsifying his/her residence for the purpose of obtaining admission to the Southeast Delco School District shall be assessed the prorated tuition cost calculated from the day of such actual falsification. Failure to pay such cost when due shall lead to court action to retrieve monies owed.

SECTION 3926, PA CRIMINAL CODE: Section 3926 of the Criminal Code provides that a person is guilty of Theft of Service if he intentionally obtains service for himself or for another which he knows are available only for compensation, be deception of threat or other trick to avoid payment for the service. An offense under Section 3926 constitutes a summary offense when the value of the services obtained is less than \$50.00, a misdemeanor of the second degree when the value involved is between \$50.00 and \$200.00, and a misdemeanor of the first degree when the amount involved is between \$200.00 and \$2,000.00.

A person who has been convicted of a summary offense may be sentenced to pay a fine not exceeding \$300.00 and to imprisonment for a term not to exceed ninety (90) days. A person convicted of a second degree misdemeanor may be sentenced to a fine not to exceed \$10,000.00 and to imprisonment for a period of time not to exceed five (5) years. A person convicted of a felony of the third degree may be sentenced to pay a fine not exceeding \$15,000.00 and to imprisonment for a term not to exceed seven (7) years. Upon conviction of theft of services, the offender may also be sentenced to make restitution.

NOTE: This law (Section 3926) applies to policies pertaining to non-resident student(s) registered in the Southeast Delco School District under Section 1302 of the Pennsylvania School Code.

I have read this section of Southeast Delco School District policy #202 and have received a copy of same.

Signature of Parent/Guardian

Southeast Delco School District Folcroft, PA

Dear Parent/Guardian:

At a regular meeting of the Board of School Directors held February 22, 1996, the Board approved the Southeast Delco School district Prohibition of Weapons Policy. This policy has been established pursuant to PA Act 26 of 1995, which requires that all public schools take a mandatory course of action in the event that a student is found to be in possession of a weapon.

The law requires the arrest and expulsion, for at least one (1) year, of any student found in possession of a weapon on school property, in a school program, or while traveling to or from a school program, including time on public transportation.

As defined by Act 26, a weapon shall include but not be limited to, any knife, cutting instrument, cutting tool, firearm, shotgun, rifle and any other tool or implement capable of inflicting serious bodily injury. There is no requirement that the student use or try to use the weapon. Possession of a weapon for self-protection is not a defense. Parents are encouraged not to send tools or supplies, such as metal of pointed scissors to school with your children unless you receive a written request from the teacher.

Violations of the law will become a part of a student's permanent record, and will be available to any school in which the student may later enroll. Parents will be required to sign an affidavit prior to enrolling their child in any public school to disclose the existence of any prior weapons violations or other serious violations.

Parents are urged to review the Prohibition of Weapons Policy and discuss the importance of this safety issue with their children. Copies of the policy are available for review in the Main Office and Library of each school building.

You are requested to acknowledge receipt of this letter on the form below. Your cooperation and assistance in this matter is appreciated.

.....

Please sign and return this form.

PARENT ACKNOWLEDGEMENT OF NOTICE PROHIBITION OF WEAPONS POLICY

My signature acknowledges that I have been notified of the Southeast Delco School District's policy to prohibit any weapons on school premises at any time. I am aware that violations of this policy can result in a mandatory one-year expulsion from school.

Student Name _____

Parent Signature _____

Date _____

SOUTHEAST DELCO SCHOOL DISTRICT
EDUCATIONAL SERVICE CENTER
1560 Delmar Drive Folcroft, PA 19032
Office 610-522-4300 Fax 610-532-6252

COMMUNICATION SYSTEM INFORMATION

Full Student's Name: _____

School: _____ Grade: _____

Dear Parents:

In order to update our records and maximize the effectiveness of our communication tool, School Messenger, we will need three contact phone numbers in their order of priority for emergency situations. For general information announcements, we will need your current home phone number. For student absence or lateness, please enter the phone number you want us to call.

Emergency Broadcast Numbers:

1. _____ 2. _____ 3. _____

Home Phone Number: _____

Absence or Lateness Call Number: _____

This system will not call phone numbers with extensions, so please make sure that if you have a work number listed above that phone number will reach you directly.

This dynamic tool is not intended to replace, but rather to enhance our current modes of communication. This School Messenger Communication System is a positive reinforcement to our commitment to remain personally connected to parents through directed telephone contact, general school announcements, inclement weather school closings, and critical or emergency school announcements. Information will still be available on the web at www.sedelco.org and other traditional media.

We thank you for staying involved in your child's education and for allowing us the means to raise the standards of excellence in our schools.

SOUTHEAST DELCO SCHOOL DISTRICT

HOME LANGUAGE SURVEY*

The Civil Rights Law of 1964, Title VI requires that school districts/charter schools identify limited English proficient (LEP) students. Pennsylvania has selected the Home Language Survey as the method for this identification.

Student's Name _____ Date _____

School _____ Grade _____

1. What was the student's first language? _____

2. Does the student speak a language other than English?

If yes, specify language _____

(Do not include languages learned in school)

3. What language(s) is/are spoken in your home?

Person completing this form (if other than parent/guardian) _____

Parent/Guardian Signature _____

* The school district/charter school 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 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 may conduct screenings or ask for related information about students who are already enrolled in the district as well as from students who enroll in the school district/charter school in the future.

A COPY OF THIS SURVEY SHALL BE PLACED IN THE STUDENT'S PERMANENT FILE.

SOUTHEAST DELCO SCHOOL DISTRICT
VIDEO/PHOTOGRAPH RELEASE

From time to time, school activities are covered or promoted by local, regional, state, or national media. In addition, in-district programs are taped for the school district channel. Students also can enter curriculum related contests during the year in which their work may be displayed in various settings. Students who participate in these activities, contests, and/or programs are therefore part of the process and consequently can appear in the newspaper or on TV, or have their work displayed.

If you would like your child to participate in our school related activities and programs, please indicate your request by signing below. Your signature acknowledges that at times, your child may appear in photo or video or your child's work may be displayed.

If you choose not to sign, then we will permit your child only to participate in the educational program, and they will not be permitted to be part of our school activities program.

Thank you for your cooperation in this matter.

Yes, I permit my child to be part of these activities.

No, I prefer my child not be part of these activities.

Parent/Guardian's Signature

Date

Student's Name

Southeast Delco School District

SPECIAL EDUCATION DEPARTMENT

1560 Delmar Drive

Folcroft, PA 19032

610-522-4300 – Ext. 5311 Fax: 610-532-6252

Student's Name : _____

Date of Birth: _____ Grade: _____

This student: _____ **DOES** receive Special education Services or Support for a
504 Agreement

_____ **DOES NOT** receive Special Education Services

_____ I have attached my child's Special Education documents as indicated:

() ER/RR () IEP () NOREP () Behavior Plans () 504 Agreement

.....

_____ I hereby give Southeast Delco School District permission to request all Special
Education documents from my child's previous school:

Name of School: _____

School's Phone #: _____ Fax #: _____

Parent/Guardin Signature: _____

Today's Date: _____

SOUTHEAST DELCO SCHOOL DISTRICT

SPECIAL EDUCATION AND PUPIL SERVICES

P.O. BOX 328

FOLCROFT, PA 19032

TELEPHONE: (610) 522-4300 FAX: (610) 532-6252

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

STUDENT'S NAME: _____ DATE OF BIRTH: _____

We are requesting that you authorize the release of specified records containing confidential information regarding the above named student.

___ SEDSD HAS PERMISSION TO RELEASE INFORMATION TO:

Name: _____ Phone Number: _____

Address: _____

___ SEDSD HAS PERMISSION TO REQUEST INFORMATION FROM:

Name: _____ Phone Number: _____

Address: _____

RECORDS REQUESTED:

___ Transcripts & immunizations

___ Psychological Evaluation(s)

___ OT/PT Assessments

___ Medical (Psychiatric, Neurological, etc.)

___ IEP/Treatment Plans

___ Other: _____

___ Academic Assessments(s)

___ Speech-Language

___ Vision-Hearing

___ Summary Reports(CER,MDT,etc)

___ Teacher Reports

PURPOSE OF DISCLOSURE: ___ Educational Planning

___ Student Transfer

___ Other: _____

I have been fully informed and understand the school's request for my consent for release of the student's records as described above. I understand that my consent is voluntary and may be revoked at any time.

___ YES ___ NO I grant consent for release of records as specified above.

Signature of Parent/Guardian/Adult student

Date Signed

Southeast Delco School District

Speech/Language/Hearing Questionnaire

Student's Name _____ Birthdate _____

Address _____ City _____

Phone _____

- | | | |
|--|------------|-----------|
| 1. Do you easily understand your child? | Yes | No |
| 2. Do others easily understand your child? | Yes | No |
| 3. Does he/she speak in complete sentences? | Yes | No |
| 4. Has your child been previously evaluated for any of the following problems? | | |
| Speech | Yes | No |
| Language | Yes | No |
| Hearing | Yes | No |

If so, where? _____

Please attach copy of records.

- | | | |
|--|------------|-----------|
| 5. Does your child currently have a Speech IEP? | Yes | No |
| 6. Does your child have trouble hearing? | Yes | No |
| 7. Does your child ask you to repeat or talk louder? | Yes | No |
| 8. Does your child have a history of ear infections/tubes? | Yes | No |
| 8. Does your child have frequent colds or allergies? | Yes | No |
| 9. Does your child currently attend school or receive special services for any of the above reasons? | Yes | No |

If so, where? _____

Comments:

Southeast Delco School District

Internet Use Board Policy 815

Note: For student users, parent/guardian must also read and sign this agreement.

Parent/Guardian Agreement

Due to the nature of the Internet and e-mail, it is neither practical nor possible for the Southeast Delco School District to ensure compliance at all times with the Southeast Delco School District's Internet Access, e-mail, and Network Resources Acceptable Use Policy. Accordingly, parents/guardians must recognize that each student will be required to make independent decisions and use good judgement in his/her use of the Internet and e-mail. Therefore, parents/guardians must participate in the decision whether to allow their child access to the Internet and must communicate their own expectations to their child regarding appropriate use of Internet.

As a parent/guardian of _____, I acknowledge that I received and understand the Southeast Delco School District's Internet Access, e-mail and Network Resources Acceptable Use Policy and the Southeast Delco School District's Internet, e-Mail and Network Access Agreement being signed by my child.

I understand that Internet access is designated for educational and instructional purposes and that the Southeast Delco School District will discourage access to inappropriate and objectionable material and communications. However, I recognize it is impossible for the Southeast Delco School District to prevent access to all inappropriate and objectionable material, and I will not hold Southeast Delco School District responsible for materials acquired or contacts made through the Internet or e-mail. I understand that a variety of inappropriate and objectionable materials are available through the Internet and e-mail and that it may be possible for my child to access these materials if she/he chooses to behave irresponsibly. I also understand that it is possible for undesirable or ill intended individuals to communicate with my child over the Internet and e-mail; that there is no practical means for the Southeast Delco School District to prevent this from happening; and that my child must take responsibility to avoid such communications if they are initiated. Additionally, I acknowledge my child's responsibility to report to school authority any suspected misuse or abuse of the Internet or electronic email accessed through the Southeast Delco School District. While I authorize the Southeast Delco School District to monitor and review all such communications to or from my child on the Internet, I recognize that it is not possible for the Southeast Delco School District to monitor and review all such communications. I have determined that the benefits of my child having access to the Internet outweigh potential risk. I understand that any conduct by my child that is in conflict with these responsibilities is inappropriate, and that such Behavior may result in the termination of access, disciplinary action, up to and including expulsion and/or legal action. I have reviewed these responsibilities is inappropriate, and that such behavior may result in the termination of access, disciplinary action, up to and including expulsion and/or legal action.

I have reviewed these responsibilities with my child, and I hereby grant permission to the Southeast Delco School District to provide my child with Internet access and e-mail. I agree to compensate the Southeast Delco School District for any expenses or costs it incurs as a result of my child's violation of the Internet Access and Electronic Mail Acceptable Use Policy or its administrative procedures; and I further agree that I will not hold the Southeast Delco School District's Internet Access, Electronic Mail and Network Resources Acceptable Use Policy or (b) any materials acquired by my child, or contacts made by or to my child, through the Internet or e-mail.

Signature: _____

Date: _____

Print Name: _____

Health History

School: _____

Date: _____

Name of Child: _____

Sex: _____ DOB: _____

Address: _____

Town: _____

Name of Child's Physician: _____

Telephone: _____

Has your child had any of the following? (Give details and note complications, if any)

A doctor's note is required for all medications and to confirm allergies and conditions below.

- | | |
|--|-------------------------------|
| 1. Allergy: Food allergy _____ Medication Allergy _____ | |
| 2. Asthma _____
inhaler/nebulizer needed in school Yes ___ No ___ | 9. Headaches |
| 3. Diabetes | 10. Heart Murmur |
| 4. Epilepsy/ Seizure Disorder | 11. Fainting Spells |
| 5. Operations | 12. Skin Problems |
| 6. Sickle Cell Disease | 13. Ear infections |
| 7. Emotional Problems | 14. Bowel / Bladder Problems |
| 8. Chicken Pox | 15. Toilet Trained...Yes...No |

Comments/Details: _____

Serious Accidents/Illnesses: _____

Is your child presently under medical treatment? Yes _____ No _____

Is your child presently taking daily medication? Yes _____ No _____

If yes to either of the above, please explain: _____

Pre-Natal Health History

Put a circle around the answer

Did the mother have any illness during the pregnancy? No Yes

If yes, please explain _____

Did the mother take any medication , drugs, or alcohol (other than iron or vitamins) during her

pregnancy? No Yes

Was the mother/family under any unusual strain/stress during the pregnancy? No Yes

Did the baby come on time? No Yes

Was it a difficult birth? No Yes

Developmental History

What was the baby's birth weight? _____

Would you describe the baby as average, quiet or active? _____

Did the baby have any trouble while in the hospital?No Yes

If yes, please explain _____

Was weight gained at a normal rate? No Yes

Is the child clumsy, awkward? No Yes

Is he/she able to use a pencil or scissors? No Yes

Was speech delayed? No Yes

Was the baby jaundiced? No Yes

.....

Family Health History

Circle any of the following diseases that this child's parents, grandparents, aunts, uncles, brothers,

sisters, have had: Allergy, asthma, cancer, drug or alcohol addiction, diabetes, heart disease,

nervous breakdown, seizures, tuberculosis, lead poisoning, sickle cell, vision, hearing, learning problems,

anemia, other inherited or family diseases.

Parent/Guardian Signature

Southeast Delco School District

DENTAL EXAMINATION

Dear Parents/Guardians:

The Pennsylvania School Health Law requires dental examinations for the following students:

1. Kindergarten
2. 3rd graders
3. 6th graders

Your child should be given a dental examination by your private dentist before school begins in September. Please ask your dentist to complete the form below and return to the school office.

Thank you for your cooperation.
School Nurse

To be completed by dental provider.

FAMILY DENTIST REPORT

Name of Child _____

Address _____

School _____ Grade _____

Teacher _____ Room # _____

The above named child last visited my office on _____
Date

All necessary dental corrections have been made: **Yes** _____ **No** _____

If the answer is NO, please complete the following:

This child is in need of treatment for one or more of the following:

Primary teeth _____ Fillings _____ Extractions _____
Permanent teeth _____ Fillings _____ Extractions _____
Diseases of the Support Tissues _____
Gross Malocclusion _____ Congenital Malformations _____
Prosthetic Replacements for lost or missing teeth _____
Other _____

This child is currently under treatment: Yes _____ **No** _____

Dentist's Name: _____ **D.D.S./D.M.D.**

Please print

Address: _____ **Phone:** _____

Signature: _____

SOUTHEAST DELCO SCHOOL DISTRICT
EDUCATIONAL SERVICE CENTER

1560 Delmar Drive

Folcroft, PA 19032

Phone: 610-522-4300 ext. 5301 Fax: 610-461-4874

Request for Release of Records

_____ has enrolled in
the Southeast Delco School District.

We are requesting the following documents:

- Grades earned in each subject/transcripts
- Explanation of grading system
- Subjects in progress and grades to date
- Results of Standardized Tests
- Special Education Records (CER,NORA,IEP)
- Health records including immunizations
- Attendance data
- Discipline records
- Other Schools records_____

I give my permission to forward all school records requested.

Student's Date of Birth _____ / _____ / _____

Parent / Guardian Signature_____

Today's Date_____

School Name_____

Fax Number_____

SOUTHEAST DELCO SCHOOL DISTRICT
DRESS CODE FOR STUDENTS IN GRADES K - 12

Shirts/Tops:

1. Shirts must fit properly. Midriff or undergarments should not be visible.
2. No “spaghetti strap” tops are permitted. Straps on top must be at least three inches wide and must conform to the first rule in this section.
3. Hooded sweatshirts are permissible as long as the hood is not pulled over the head while inside the school.

Pants:

1. Pants must fit properly and be worn at the waist. Midriff or undergarments should not be visible.
2. The length of all shorts and skirts must approach the top of the knee while standing.
3. All types of pants (i.e. cargo, yoga, sweatpants, leggings) are permissible as long as they conform to the first rule in this section. Any manufactured rips in pants must be below fingertip length.

Shoes:

1. Shoes must be completely secured on the feet.
2. No flip flops, slides, slippers, or spiked heels are permitted.

Accessories:

1. No headwear of any kind is permissible. The only exceptions to this rule are for religious dress or a medical necessity documented by a physician.

Clarifications:

1. Mesh sports jerseys require a separate shirt to be worn underneath.
2. No clothing items may contain inappropriate language or images (i.e. violence, drugs/alcohol, etc..)
3. A Southeast Delco uniform may be worn for compliance to the district dress code.
4. If you are not sure if an article of clothing conforms to the dress code requirements, please do not wear it.