



## HOME LANGUAGE SURVEY

**ALL newly registering students regardless of race, nationality, or language origin MUST complete this form.** Federal law requires that all Local Education Agencies (LEAs) utilize a non-biased procedure for identifying which students are potential English Learners (ELs) in order to provide appropriate language instruction educational programs and services. Given this responsibility, LEAs have the right to ask for the information contained on this and other forms associated with the identification process.

### Student Information (Parents/Guardians should complete this section):

Child's name: \_\_\_\_\_

Child's Date of Birth (Month/Day/Year): \_\_\_\_\_

### Questions for Parents or Guardians

1. Is a language other than English spoken in the child's home?  No  Yes (language) \_\_\_\_\_
2. Does your child communicate in a language other than English?  No  Yes (language) \_\_\_\_\_
3. What is the language that your child first learned to speak? \_\_\_\_\_
4. Has your child 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: \_\_\_\_\_ Date: \_\_\_\_\_

Interpreter Provided  No  Yes

[wissahickoncharter.org](http://wissahickoncharter.org)

#### Fernhill Campus

Wissahickon Charter School  
4700 G Wissahickon Avenue  
Philadelphia, PA 19144  
267.338.1020

#### Awbury Campus

Wissahickon Charter School  
815 E Washington Lane  
Philadelphia, PA 19138  
267.774.4370



**Wissahickon**  
**CHARTER SCHOOL**

**Parental Registration Statement**

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

Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

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

\_\_\_\_\_

Telephone 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, including conviction or delinquent adjudication related to sexual assault.”

Please complete the following:

I hereby swear or affirm that my child **was** \_\_\_\_\_ /**was not** \_\_\_\_\_ (**check one**) previously suspended or expelled, or **is** \_\_\_\_\_ /**is not** \_\_\_\_\_ (**check one**) 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 including conviction or delinquent adjudication related to sexual assault. 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.



**Wissahickon**  
CHARTER SCHOOL

If this student has been or is presently suspended or expelled from another school, please complete:

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

\_\_\_\_\_

Dates of suspension or expulsion:

\_\_\_\_\_  
(Please provide additional schools and dates of expulsion or suspension on back of this sheet.)

Reason for suspension/expulsion (optional) \_\_\_\_\_

\_\_\_\_\_ (Signature of Parent or Guardian)

\_\_\_\_\_ (Date)

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.



# Charter School Student Enrollment Notification Form

**For School Year:**

Warning: A child enrolled in another public school, or a nonpublic or private school cannot, at the same time, enroll in a charter school.

Name of Charter School:

Address:

Charter School Contact Person:

Telephone:

Email:

## Student Information

Last Name:

First Name:

MI:

Home Address:

City:

State:

Zip:

County:

Telephone:

Mailing Address (if different from home address):

City:

State:

Zip:

Date of Birth:

Age:

## School District of Residence and Former School Information

School District of Residence:

Former School Information (Other Than Pre-School):

Public School

Charter School

Home School

Nonpublic/Private School

Student Not Enrolled in School Preceding Enrollment in Charter School Because:

Entering Kindergarten

Re-Enrolling Dropout

Other:

Name of Former School:

Address of Former School:

Previous Grade:

Withdrawal Date from Former school:

Was your Child receiving Special Education Services Based on an IEP?

Yes

No

If yes, do you have the Child's Special Education Records (IEP)?

Yes

No

## Parent/Guardian Information

Child Lives with:      Both Parents              Both Parents Alternately      Parent #1 Only      Parent #2 Only  
   Legal Guardian              Foster Parents              Other Adult

Special Custodial Court Instructions:      Yes              No  
(If Yes, please provide a copy of the court order)

### Complete Parent/Guardian Name and Address Information as Applicable:

Parent #1 Name:

Address:

City:    State:    Zip:

Home Telephone:                              Email Address:

Parent #2 Name:

Address:

City:    State:    Zip:

Home Telephone:                              Email Address:

### If the student is not living with parents, please complete this section:

Guardian              Foster Parent              Other Adult

Name:

Address:

City:    State:    Zip:

My signature on this form indicates my decision to have my child attend the charter school named on page 1 of this form and signifies my request that appropriate school records be forwarded from the school district to the charter school. ***My signature also certifies that my child is not, and will not be, enrolled in another public school, a nonpublic school or a private school at the same time he or she is enrolled in this charter school.***

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Signature of Parent/Guardian

Date

### To Be Completed by Charter School:

Verification of Date of Birth:      Birth Certificate              Other:

Proof of Residency:      Mortgage Statement      Lease      Utility Bill      Other:

Official Enrollment Date:                      Anticipated Date of Attendance:

Grade Student is Entering:

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Signature of Charter School Representative

Date



**Wissahickon**  
CHARTER SCHOOL

**Request for Student Records**

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

From: Wissahickon Charter School

To: (Enter School Name): \_\_\_\_\_

School Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (Street) (Zip)

RE: (Student's Name): \_\_\_\_\_

Student's DOB: \_\_\_\_\_ Student's ID#: \_\_\_\_\_

\_\_\_\_\_  
(City) (Street) (Zip)

The student named above has been admitted to our school for the school year beginning September \_\_\_\_\_.

Please forward the following records as soon as possible:

- Academic Records (Report Card, etc.)
- Health Records
- Standardized Test Scores
- Special Education Records (IEP, NORA, CER, Psychological Evaluations, etc.)

Parent Authorization

I authorize the release of my child's entire records noted above to the Wissahickon Charter School.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for your prompt response to this request.

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# EMERGENCY CONTACT / PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.124(a)(b), 3270.181 & 182; 3280.124 (a)(b), 3280.181 & 182; 3290.124 (a)(b), 3290.181 & 182

<b>CHILD'S NAME</b>		<b>BIRTHDATE</b>
<b>ADDRESS</b>		
<b>MOTHER'S NAME/LEGAL GUARDIAN</b>		<b>HOME TELEPHONE NUMBER</b>
<b>ADDRESS</b>		
<b>BUSINESS NAME</b>		<b>BUSINESS TELEPHONE NUMBER</b>
<b>ADDRESS</b>		
<b>FATHER'S NAME/LEGAL GUARDIAN</b>		<b>HOME TELEPHONE NUMBER</b>
<b>ADDRESS</b>		
<b>BUSINESS NAME</b>		<b>BUSINESS TELEPHONE NUMBER</b>
<b>ADDRESS</b>		
<b>EMERGENCY CONTACT PERSON(S)</b>	<b>NAME</b>	<b>TELEPHONE NUMBER WHEN CHILD IS IN CARE</b>
<b>PERSON(S) TO WHOM CHILD MAY BE RELEASED</b>	<b>NAME</b>	<b>ADDRESS</b>
		<b>TELEPHONE NUMBER WHEN CHILD IS IN CARE</b>
<b>NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER</b>		<b>TELEPHONE NUMBER</b>
<b>ADDRESS</b>		
<b>SPECIAL DISABILITIES (IF ANY)</b>	<b>ALLERGIES (INCLUDING MEDICATION REACTION)</b>	
<b>MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION</b>	<b>MEDICATION, SPECIAL CONDITIONS</b>	
<b>ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD</b>		
<b>HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS</b>		<b>POLICY NUMBER (REQUIRED)</b>
<b>PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT</b>		
<b>OBTAINING EMERGENCY MEDICAL CARE</b>	<b>ADMIN. OF MINOR FIRST - AID PROCEDURES</b>	
<b>WALKS AND TRIPS</b>	<b>SWIMMING</b>	
<b>TRANSPORTATION BY THE FACILITY</b>	<b>WADING</b>	

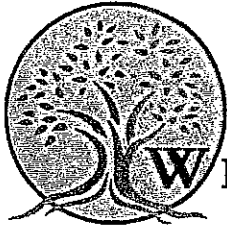
**PERIODIC REVIEW**

\_\_\_\_\_  
SIGNATURE OF PARENT or GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT or GUARDIAN

\_\_\_\_\_  
DATE



# WISSAHICKON CHARTER SCHOOL

## PHOTO RELEASE FORM

I hereby grant Wissahickon Charter School permission to use my likeness in photograph(s) in WCS newsletter, on WCS website, or in any other media or publications as Wissahickon Charter School deems appropriate. I will make no monetary or other claims against WCS for use of the photograph.

Student Name (print full name) \_\_\_\_\_

Relationship to student \_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

No, I do not wish for child to be photograph.



## Student/Family Residency Questionnaire

The answers to the following questions can help determine the services this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435. The McKinney-Vento Act provides services and supports for children and youth experiencing homelessness. You can find more information on pages 75 & 76 of your WCS Student Handbooks.

<b>DATE:</b>					
<b>1. Do you currently own or rent your home?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If you answered "YES", skip to Section 3.</i>					
<b>2. Presently, are you and/or your family living in any of the following situations? Check all that apply.</b>					
<input type="checkbox"/> Staying in a shelter (family shelter, domestic violence shelter, youth shelter) or FEMA trailer <input type="checkbox"/> Temporarily with another family due to loss of housing, economic hardship or similar reason <input type="checkbox"/> Living in a car, park, campground, abandoned building, or other inadequate accommodation <input type="checkbox"/> Temporarily living in a motel or hotel due to loss of housing, economic hardship or similar reason <input type="checkbox"/> Living alone as a minor student(s) without an adult (unaccompanied youth) <input type="checkbox"/> Moved within the last 3 years to seek temporary or seasonal work in agriculture (including Poultry processing, dairy, nursery, and timber) or fishing					
<b>3. Please list all children currently living with you (use back if needed).</b>					
First Name	Last Name	Gender	DOB	Grade	School Name

**The undersigned parent/guardian certifies that the information provided above is accurate.**

<b>Print Parent/Guardian Name</b>	<b>Signature</b>	<b>Date</b>
<b>Phone number</b>	<b>Street Address</b>	<b>City</b>
	<b>State</b>	<b>Zip</b>

*The McKinney Vento Homeless Education Assistance Act ensures the educational rights above for students who lack permanent housing. If you wish to have a copy of this document, please ask the staff person helping you today to make one.*

**[SCHOOL USE ONLY]**

WCS staff assisting with this process: \_\_\_\_\_

<b>NAME</b>	<b>SIGNATURE</b>	<b>DATE</b>
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**Wissahickon**  
CHARTER SCHOOL

**2026-27 STUDENT DISMISSAL PLAN**

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

Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_

Parents, please fill this out and send it in with your child on their first day of school.

Only the following people will be permitted to pick up your child:

- 1.
- 2.
- 3.
- 4.
- 5.

Please fill the form out below to let us know how your child will be getting home each day. If this should change for any day, you **MUST** send a note into the teacher or call the office. **We will not permit the child to go home by a different mode unless we hear from you.** Thank you for working with us to keep your child safe.

Day	How will your child get home? <ul style="list-style-type: none"><li>● School bus (1st to 6th only)</li><li>● Pick up- name of person who will pick up</li><li>● Walking/Septa</li><li>● WCS after school program</li><li>● Van service- name of service and driver</li></ul>
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	



**Wissahickon**  
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Student name: \_\_\_\_\_ Grade entering: \_\_\_\_\_

Did your child receive any of the following at your previous school? If not applicable, check here.

\_\_\_\_\_ Counseling services

\_\_\_\_\_ Therapeutic Support Staff (TSS, wrap around, one/one)

\_\_\_\_\_ Reading specialist support

\_\_\_\_\_ Special Education (please attach documents)

\_\_\_\_\_ Evaluation (please attach)

\_\_\_\_\_ IEP (individualized education plan) **Please attach the most recent IEP and Evaluation report**

\_\_\_\_\_ 504 plan (please attach)

\_\_\_\_\_ Speech and language therapy

\_\_\_\_\_ Other please explain below

Thank you

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date