

Hanover Area School District  
Student Registration Office  
1600 Sans Souci Parkway  
Hanover Township, Pa 18706  
Office: 570-829-4707 Fax: 570-408-1152

**KINDERGARTEN**  
**STUDENT REGISTRATION CHECK LIST**

**IMPORTANT - PLEASE READ**

To the Parent/Guardians Enrolling New Students: Please be aware that enrollment **is not** complete and student **may not** start without the following items:

**REQUIRED to have to complete the registration:** (Not having the following will hold up the entry process)

- Student's birth certificate
- Proof of Residence - the following will be accepted: **We do not accept drivers license or cell phone bills as proof of residence**
  - a.  **Homeowner** - **Current** Utility Bill (gas, electric), Mortgage, Agreement of sale or Real estate tax receipt
  - b.  **Rent or Lease** - Rental Agreement, **Current** Lease, and **Current** Utility Bill (gas, electric, water)
  - c.  **Family lives with a Hanover Area resident**- NOTARIZED Letter from the resident **along with** the resident's **Current Lease and Current Utility Bill** (gas, electric, water)
  - d.  **Child lives with a Hanover Area resident other than the parent**- NOTARIZED Resident Affidavit along with a **Current Lease and Current Utility Bill** (gas, electric, water)
- Current Immunization Records**- must be reviewed and approved by the school nurse. **Student will not start without current immunization.**

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

- Act 26** - A NOTARIZED Notification of Offense Involving Weapons, Alcohol or Drugs, Infliction of Injury to Another Person, or Any Act of Violence Committed on School Property Form (enclosed in the packet) **This page must be removed from the packet for notarization and returned to the school.**

**REQUESTED at the time of registration:**

- Current grades** or official transcripts from previous school
- A copy of **student's IEP**
- Court Order / Custody Agreement (attach a copy for student's file)

**Falsification of any information or documents required for this verification may result in revocation of registration for the student.**

**FORMS INCLUDED IN THE REGISTRATION PACKET**

- STUDENT REGISTRATION FORM
- HOME LANGUAGE SURVEY
- APPLICATION FOR HASD INTERNET USE
- AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS FAXED: \_\_\_\_\_ TO: \_\_\_\_\_ ATTN: \_\_\_\_\_
- PERSONAL DATA SHEET
- NURSE'S EMERGENCY INFORMATION SHEET / MEDICAL, DENTAL, VISION EXAM SHEET /PRIVATE PHYSICIAN'S REPORT/ PRIVATE DENTAL REPORT
- SCHOOL INFORMATION (KEEP) / DRESS CODE IS ATTACHED (KEEP)

## HANOVER AREA SCHOOL DISTRICT STUDENT REGISTRATIONS

Registration Date	Has the child ever been enrolled at Hanover Area? Yes <input type="checkbox"/> No <input type="checkbox"/> **Date Last Attended: _____	Is the child a Foster Child? Yes <input type="checkbox"/> No <input type="checkbox"/>	Grade Enrolling
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### STUDENT INFORMATION

Do you -  OWN (need current utility bill)  RENT (need copy of Rental Agreement & current utility bill)  LEASE (need copy of Lease & current utility bill)  
 LIVE WITH A HANOVER RESIDENT (need notarized resident affidavit & resident's current utility bill)  FOSTER CARE  HOMELESS  OTHER

### Student's Name exactly as it is on the Birth Certificate

Student First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Primary Phone Number: \_\_\_\_\_ is this a cell phone  Yes  No Who's Cell? \_\_\_\_\_  
(The Primary Phone Number will be called for early dismissals/cancellations/emergencies)

<b>*Date of Birth</b>	Is the Student Hispanic, Latino or of Spanish origin? Yes <input type="checkbox"/> No <input type="checkbox"/>	Race: <input type="checkbox"/> Multiracial **If checked choose race below <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> White		
Gender Female <input type="checkbox"/> Male <input type="checkbox"/>	Circle One Single Twin Multiple			
Dominant Language: _____ Household Language: _____ Student Needs English Language: Yes <input type="checkbox"/> No <input type="checkbox"/>				
*Birth City	*Birth State	*Date Entered PA	*Birth Country	*Date Entered USA

### PREVIOUS SCHOOL

SCHOOL NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 SCHOOL PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ Last Grade Attended at previous School? \_\_\_\_\_  
 DOES THE CHILD HAVE AN IEP? YES  NO  WAS THE CHILD EVER RETAINED? YES  NO  DATE ENTERED 9<sup>TH</sup> GRADE? \_\_\_\_\_

### PARENT INFORMATION

**IS THERE A COURT ORDER INVOLVING CUSTODY OF THIS CHILD?** YES  NO  (Attach a copy for the file)

**CHILD RESIDES WITH:**  BOTH  FATHER (PRIMARY)  FATHER (SECONDARY)  FATHER (NO CONTACT)  STEP MOTHER  
 MOTHER (PRIMARY)  MOTHER (SECONDARY)  MOTHER (NO CONTACT)  STEP FATHER  
 GUARDIAN (Attach proof of Guardianship)  FOSTER PARENT (Attached Proof)  
 RELATIVE / OTHER: Relationship: \_\_\_\_\_ (Attach Notarized Affidavit)

**Custodial Rights:**  Both  Father  Mother  Guardian      **Receive Correspondence:**  Both  Father  Mother  Guardian

**Circle one: Natural Father / Guardian:** \_\_\_\_\_ / Foster  
 Full Time Active Military?  YES  NO | Deceased?  YES  NO  
 Full Name: \_\_\_\_\_ Suffix: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/ State/ Zip Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/ State/ Zip Code: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Work Cell: \_\_\_\_\_

**Circle one: Natural Mother / Guardian:** \_\_\_\_\_ / Foster  
 Full Time Active Military?  YES  NO | Deceased?  YES  NO  
 Full Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City / State/ Zip Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City / State/ Zip Code: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Work Cell: \_\_\_\_\_

**HANOVER AREA SCHOOL DISTRICT  
STUDENT REGISTRATIONS**

<b>EMERGENCY INFORMATION</b>		
<b>Please provide three contacts other than yourself</b>		
<b>CONTACT #1</b>		
Full Name:	Relationship to the student:	
Full Address/City/State/Zip Code:	Home Phone:	Cell Phone:

<b>CONTACT #2</b>		
Full Name:	Relationship to the student:	
Full Address/City/State/Zip Code:	Home Phone:	Cell Phone:

<b>CONTACT #3</b>		
Full Name:	Relationship to the student:	
Full Address/City/State/Zip Code:	Home Phone:	Cell Phone:

<b>Please list the order in which to be called in case of an illness/emergency, example: 10 (no contact 1, 2, 3, 4, 5)</b>				
Father/Guardian/Foster _____	Mother/Guardian/Foster _____	Contact #1 _____	Contact #2 _____	Contact #3 _____

<b>List all other children living within student's home address</b>	
Full Name:	Full Name:
Date of Birth:	Date of Birth:
Grade:	Grade:
School:	School:
Relationship:	Relationship:

Full Name:	Full Name:
Date of Birth:	Date of Birth:
Grade:	Grade:
School:	School:
Relationship:	Relationship:

**Form Completed by: X \_\_\_\_\_ Relationship: \_\_\_\_\_**

**HANOVER AREA SCHOOL DISTRICT  
STUDENT REGISTRATIONS**

<b>EDUCATION PLACEMENT INFORMATION</b>	
Regular Education:    Yes <input type="checkbox"/> No <input type="checkbox"/>	Special Education:    Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Has this student ever received any of the following services: (please check all that apply)</b>	
ESL (English as a Second Language) <input type="checkbox"/>	Remedial Math <input type="checkbox"/>
Remedial Reading <input type="checkbox"/>	Title I <input type="checkbox"/>
Instructional Support <input type="checkbox"/>	Special Education <input type="checkbox"/>

<b>Gifted Student</b>	
Autistic <input type="checkbox"/>	Deaf or Hearing Impaired <input type="checkbox"/>
Blind or Visually Impaired <input type="checkbox"/>	Intellectual Disabled <input type="checkbox"/>
Neurologically Impaired <input type="checkbox"/>	Physically Disabled <input type="checkbox"/>
Seriously Emotionally Disturbed <input type="checkbox"/>	Learning Disabled <input type="checkbox"/>
Speech and Language Impaired <input type="checkbox"/>	Gifted <input type="checkbox"/>
<b>**** If yes to any of the above, please provide a copy of the student's IEP ****</b>	

<b>MEDICAL INFORMATION</b>
Does this student have any health problems? Please explain.

<b>OFFICE USE ONLY</b>	
Date entered/re-entered:	Homeroom:
Code:	Building:
Grade:	Immunization Verified:    Yes <input type="checkbox"/> No <input type="checkbox"/>
Foster Child?    Yes <input type="checkbox"/> No <input type="checkbox"/>	Residency Verified:    Yes <input type="checkbox"/> No <input type="checkbox"/>
Notes:	

HANOVER AREA SCHOOL DISTRICT  
STUDENT REGISTRATIONS

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.

School District: Hanover Area School District

Name of Child: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

1. What is/was the student's first language? \_\_\_\_\_

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

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

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

4. 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
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Parent/Guardian Signature: X \_\_\_\_\_

\*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 screening 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

HANOVER AREA SCHOOL DISTRICT  
STUDENT REGISTRATIONS

STUDENT CONTRACT AGREEMENT and APPLICATION FOR HASD INTERNET USE

**Directions:** After reading the **Acceptable Use and Internet Policy** for the *Hanover Area School District Computer Network*. Please read and fill out the appropriate portions of the following contract completely and legibly. The signature of a parent or guardian is also required if the child is under the age of 18. This agreement is in effect as long as the student is in the same building or until parents note in writing that is no longer valid.

CONTRACT PORTION OF THE DOCUMENT

I have read, understand and will abide by the stated **Acceptable Use and Internet Safety Policy** for the *Hanover Area School District Network*. Additionally, in consideration for the privilege of using and having access to computers, the internet, and network systems, I hereby agree to indemnify and hold harmless the *Hanover Area School District*, its employees, and any institution with which it is affiliated, from any and all claims and damages of any nature arising out of my use, of computer systems, the internet, and network systems including without limitations, liability for copyright violations. I further understand that any violation of the rules and policies may result in a loss of privileges related to the use of computers, the Internet, and network systems, that disciplinary action may be taken, and that for serious offenses appropriate legal action may also result.

Student (User) Name (please print): \_\_\_\_\_

Student Grade: \_\_\_\_\_ Student Home Room \_\_\_\_\_ School Building: \_\_\_\_\_

Student (User) Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Student (User) Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**PARENT OR GUARDIAN** (If the applicant is under the age of 18, a parent or guardian must also read and sign this agreement) As the parent or guardian of this student, I have read the **Acceptable Use and Internet Safety Policy** for *Use of Hanover Area School District Computer Network*, a copy of which I have received. I understand that this access is designed for educational purposes and that HASD has taken available precautions to eliminate controversial material. However, I also recognize it is impossible for HASD to restrict access to all controversial material and I will not hold them responsible for materials acquired on the network. Further, I accept full responsibility for supervision, if and when my child's use is not in a school setting. I authorize the issuance of an account for my child to use the Internet and certify that the information contained on this form is correct. I too, agree to the above statement as signed by my child.

Parent or Guardian (Please Print): \_\_\_\_\_

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

Daytime Phone Number: \_\_\_\_\_

Evening Phone Number: \_\_\_\_\_

Please return the contract to your teacher.



**HANOVER AREA SCHOOL DISTRICT**  
**Registrations Office**  
**1600 Sans Souci Parkway**  
**Hanover Township, PA 18706**  
**(570) 829-4707- Office (570) 408-1152 Fax**

*Mr. William Jones, Acting Superintendent*  
*Mr. Bryan Finn, Certified School Psychologist*

*Dr. Steven Greenfield, Director of Student Services*  
*Mrs. Shannon Bennett, Director of Special Education*

**AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS**

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Date Entered:** \_\_\_\_\_

The above named student has registered and is attending our school. As such, we request a copy of all academic, disciplinary records, attendance records, health, psychological, special education paperwork, social education and development information regarding this student. If this student left your school before the end of the semester, please include grades earned to date of leaving.

Please be advised that per the **Family Education Rights and Privacy Act (FERPA)**, it is no longer necessary to obtain written consent to release between schools. It states that school officials, including teachers within the educational institution, and officials of other schools systems in which the students may intend to enroll, may receive a student's record without a written consent for such a release.

Please send all records to: \_\_\_\_\_

*(official use only)*

**Address:** - Hanover Green Elementary \_\_\_\_\_  
 Principal's Office \_\_\_\_\_  
 - 561 Main Road \_\_\_\_\_  
 Hanover Township, PA 18706

**Attention:** \_\_\_\_\_

Records requested by: \_\_\_\_\_

Name/Title

Date

I hereby authorized the release of any or all school records to the Hanover Area School District.

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

\_\_\_\_\_ Date

**HANOVER AREA SCHOOL DISTRICT  
PERSONAL DATA SHEET  
2017-2018**

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

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number: \_\_\_\_\_ Birth Place: \_\_\_\_\_

If born outside of Pennsylvania, when did the child enter Pennsylvania? \_\_\_\_\_

If born outside of the United States, when did the child enter the United States? \_\_\_\_\_

Birth Certificate Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
(Optional)

**EMERGENCY INFORMATION**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Living: \_\_\_\_\_ Deceased: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Living: \_\_\_\_\_ Deceased: \_\_\_\_\_

Parents are: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Remarried \_\_\_\_\_ Other \_\_\_\_\_

Child resides with: \_\_\_\_\_

Does the child have a Step Parent / Guardian? \_\_\_\_\_

Race: \_\_\_\_\_ American Indian/Alaskan Native \_\_\_\_\_ Asian/Pacific Island \_\_\_\_\_ Black \_\_\_\_\_ Hispanic  
\_\_\_\_\_ Multiracial \_\_\_\_\_ White

<i>Relationship</i>	<i>Name</i>	<i>Birth Date</i>	<i>Birthplace</i>	<i>Occupation</i>	<i>Last Grade Completed</i>
Father					
Mother					
Guardian					
Guardian					
Children					
Children					
Children					
Children					

Attended Head Start: \_\_\_\_\_ Yes \_\_\_\_\_ No Pre-School Name: \_\_\_\_\_

Are there any Chronic Illnesses/Conditions that may affect your child's learning? \_\_\_\_\_

Does your Child Share Easily? \_\_\_\_\_ Thumb Suck? \_\_\_\_\_

How do you discipline your child? \_\_\_\_\_

How does your child respond? \_\_\_\_\_

Is there anything you may want to tell us to help your child adjust to school? \_\_\_\_\_



Mrs. Megan McCabe  
Elementary School Nurse  
(570) 408-1193  
fax (570) 408-1150

Dear Parents/Guardian:

In past years, the school nurse across the state has collected information relating to student health matter. This information would be shared with the student's teacher by means of a "confidential list". The list was kept in the nurse's office and shared with the teacher in a respectful way to ensure the teacher was aware of special needs or attention that the student requires in the physical, mental or social area. For example, if a student had diabetes, asthma, attention deficit disorder (ADD/ADHD) or other diagnosis, their teacher was alerted to watch for changes or to be especially diligent and / or understanding, while observing that student.

Due to changes in confidentiality, via the Federal Health Privacy Law, I cannot release any medical information concerning your child to their teacher without your **written permission**. Please fill out the bottom of this letter and return it to your child's teacher (ideally in a sealed envelope addressed to the school nurse). The confidential list will be available to the teachers. Please understand a **verbal permission is not enough**. I appreciate your help and attention regarding this important concern. Thank you and have a healthy year.

Educationally yours,

Mrs. Megan McCabe,  
Elementary Certified School Nurse

GRADE

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Student's Name (Please Print)

Birthdate

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Medical Concerns/Allergies

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Parent's Printed Name

Date

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Parent's Signature

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# NURSE EMERGENCY INFORMATION SHEET



Parents- Please complete. If your child is injured enough to go to the emergency room, I will attempt all the numbers listed below. If I am unsuccessful in reaching someone, I, or a designee of the Principal will accompany your child to the emergency room via the ambulance. Therefore, please try to list as many numbers as possible as emergency contacts.

**Student's Name:** \_\_\_\_\_ **Grade/Homeroom** \_\_\_\_\_

Contacts and Phone Numbers:

Name	Relationship	Phone Numbers	✓ <input type="checkbox"/> if you accept text messages
1. _____	Parent	(cell) _____	<input type="checkbox"/>
	(home) _____	(work) _____	
2. _____		(cell) _____	<input type="checkbox"/>
	(home) _____	(work) _____	
3. _____		(cell) _____	<input type="checkbox"/>
	(home) _____	(work) _____	
4. _____		(cell) _____	<input type="checkbox"/>
	(home) _____	(work) _____	
5. _____		(cell) _____	<input type="checkbox"/>
	(home) _____	(work) _____	

## Medical Information

Medical Conditions: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications Taken at home: \_\_\_\_\_

Will your child need any medications at school? \_\_\_\_\_, list \_\_\_\_\_

Do you want the teachers to know about your child's medical conditions? \_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Hanover Area School District  
STUDENT HEALTH QUESTIONNAIRE**

**School:** Hanover Green Elementary

To Parents/Guardians: The information requested on this form will be of help to the school authorities in determining the health status of your child and in assisting him/her to receive maximum benefits from his/her educational opportunity.

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Person with whom child lives: \_\_\_\_\_

Physicians Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Has your child had any of the following diseases?**

Allergy(ies): \_\_\_\_\_ Requires EpiPen? YES  NO

Asthma: \_\_\_\_\_ Requires inhaler? YES  NO  Requires neb? YES  NO

Epilepsy: \_\_\_\_\_ Type of Seizure? \_\_\_\_\_ Date of last Seizure? \_\_\_\_\_

Recurring Illness: \_\_\_\_\_

Operations (Note type and date): \_\_\_\_\_

Emotional Problems: \_\_\_\_\_

Serious Accidents: \_\_\_\_\_

Handicapping Conditions (Congenital or Acquired): \_\_\_\_\_

Rheumatic Fever: \_\_\_\_\_ Pneumonia: \_\_\_\_\_ Chicken Pox: \_\_\_\_\_

Scarlet Fever: \_\_\_\_\_ Tuberculosis (self): \_\_\_\_\_ Family member \_\_\_\_\_

Does your child have frequent colds: \_\_\_\_\_ Sore Throats: \_\_\_\_\_

Is your child on any medications (please list)? \_\_\_\_\_

Is your child under medical treatment at present? \_\_\_\_\_

If so, name provider: \_\_\_\_\_

Are there any special conditions you wish to call to the healthcare providers attention? \_\_\_\_\_

Is Mom employed outside the home? YES  NO  Where: \_\_\_\_\_

Is Dad employed outside the home? YES  NO  Where: \_\_\_\_\_

Name & Phone Number of person to be contacted in an emergency if parents are unavailable: \_\_\_\_\_

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

**HANOVER AREA SCHOOL DISTRICT  
ELEMENTARY SCHOOL NURSE  
VISION/HEARING/DENTAL/PHYSICAL EXAMS**

During the school year, every child has his/her vision tested. Hearing tests will be given in kindergarten, first, second, third, seventh and eleventh grades. If there is a deficit, hearing tests will be given yearly. Height and weight will also be measured yearly. If there is a deficit, you will receive a referral to see a physician. If you are not notified, please know that these tests were within normal limits. Please return all referrals received to the school nurse promptly.

Dental examinations are given to grades kindergarten or 1, 3 and 7. Complete physical exams are given in grades kindergarten, sixth and eleventh (as well as any student transferring to a PA school for the first time).

Please complete all the necessary information on the attached forms and return to the school nurse immediately. This will help us in taking care of your child in school. If at any time your child has a health problem, please feel free to discuss it with the school nurse.

**PLEASE CHECK YOUR PREFERENCES BELOW AND SIGN**

**PHYSICAL:**

- I would like the medical examination done in school
- I would prefer to have the medical examination done by my own physician

**DENTAL:**

- I would like the dental examination done in school
- I would prefer to have the dental examination done by my own dentist

**TOILETING:**

- Please check here if your child has occasional toileting accidents. (It may be a good idea for you to send in a change of clothes to be kept in the nurse's office).

**I REALIZE THAT I MUST RETURN THE PRIVATE EXAM FORM AND/OR SCHOOL PERMISSIN  
SLIPS TO THE SCHOOL NURSE**

**PARENT/GUARDIAN SIGNATURE: X \_\_\_\_\_ DATE \_\_\_\_\_**

**PRIVATE PHYSICIAN'S REPORT OF  
PHYSICAL EXAMINATION OF A PUPIL OF SCHOOL AGE**

DATE \_\_\_\_\_ 20\_\_\_\_

NAME OF SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ HOMEROOM \_\_\_\_\_

NAME OF CHILD			DATE OF BIRTH	SEX
Last	First	Middle		<input type="checkbox"/> M <input type="checkbox"/> F

ADDRESS

No. and Street	City or Post Office	Borough or Township	County	State	Zip Code
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**MEDICAL HISTORY  
IMMUNIZATIONS AND TESTS**

VACCINE	Enter Month, Day, and Year each immunization was given			BOOSTERS & DATES	
	DOSES				
Diphtheria and Tetanus (Circle): DTaP, DTP, DT, TD	1 / /	2 / /	3 / /	4 / /	5 / /
Polio (Circle): OPV, IPV	1 / /	2 / /	3 / /	4 / /	5 / /
Measles, Mumps, Rubella	1 / /	2 / /			
Hepatitis B	1 / /		2 / /		3 / /
HIB	1 / /		2 / /		3 / /
Varicella	1 / /		2 / /		Varicella Disease or Lab Evidence Date: _____
Other: _____					

- MEDICAL EXEMPTION** The physical condition of the above named child is such that immunization would endanger life or health
- RELIGIOUS EXEMPTION** (Includes a strong moral or ethical conviction similar to a religious belief and requires a written statement from the parent/guardian)

**If Applicable:**

Tuberculin Tests Date Applied	Arm	Device	Antigen	Manufacturer	Signature
Date Read	Results (mm)		Signature		

Follow-Up of significant tuberculin tests:  
Parent/Guardian notified of significant findings on \_\_\_\_\_

Result of Diagnostic Studies: \_\_\_\_\_  
Preventive Anti-Tuberculosis – Chemotherapy ordered.  No  Yes \_\_\_\_\_ Date \_\_\_\_\_

**Significant Medical Conditions (√)**

If Yes, Explain

	Yes	No	
Allergies.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Asthma.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cardiac.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chemical Dependency.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Drugs.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Alcohol.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diabetes Mellitus.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gastrointestinal Disorder.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hearing Disorder.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hypertension.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Neuromuscular Disorder.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Orthopedic Condition.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Respiratory Illness.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Seizure Disorder.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Skin Disorder.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vision Disorder.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other (Specify).....	<input type="checkbox"/>	<input type="checkbox"/>	_____

Are there any special medical problems or chronic diseases which require restriction of activity, medication or which might affect his/her education? If so, specify \_\_\_\_\_

**Report of Physical Examination (√)**

	Normal	Abnormal	Not Examined	Comments
▪ Height (inches)				
▪ Weight (pounds) BMI				
▪ Pulse ( )				
▪ Blood Pressure				
▪ Hair/Scalp				
▪ Skin				
▪ Eyes/Vision				
▪ Ears/Hearing				
▪ Nose and Throat				
▪ Teeth and Gingiva				
▪ Lymph Glands				
▪ Heart – Murmur, etc				
▪ Lung – Adventitious Finding				
▪ Abdomen				
▪ Genitourinary				
▪ Neuromuscular System				
▪ Extremities				
▪ Spine (Presence of Scoliosis)				

\_\_\_\_\_  
Date of Examination

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

\_\_\_\_\_  
PRINT Name of Examiner

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

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

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

NAME OF CHILD			AGE	SEX <input type="checkbox"/> M <input type="checkbox"/> F	GRADE	SECTION/ROOM
Last	First	Middle				
ADDRESS						
No. and Street	City or Post Office		Borough or Township	County	State	Zip Code

**REPORT OF EXAMINATION**

TOOTH CHART																	
	TOOTH CHART RIGHT								TOOTH CHART 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 Complete Yes  No

\_\_\_\_\_  
Date of Examination

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

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

\_\_\_\_\_  
Address

**Hanover Area School District**

1600 San Souci Parkway  
Hanover Township, PA 18706  
(570) 831-2332

Mr. William Jones  
Acting Superintendent  
(570) 831-2313

Dr. Steven Greenfield  
Director of Pupil Services  
(570) 831-2300 ext.143

Mrs. Shannon Bennett  
Director of Special Education  
(570) 831-2301

**Notification of Offense Involving  
Weapons, Alcohol or Drugs,  
Infliction of Injury to Another Person, or Any  
Act of Violence Committed on School Property.**

The Hanover Area School District is committed to comply with the Safe Schools Act for the safety and well being of our students.

According to the **Pennsylvania Act 26**, of 1995, "Prior to admission to any school entity, the parent, guardian, or other persons having control of a student shall, upon registration, provide a sworn statement of affirmation stating whether the pupil was previously 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 any act of violence committed on school property, the registration shall be maintained as part of the students disciplinary record". In addition under the **Act 26**, of 1995, "Any willful false statement made under this section shall be misdemeanor of the third degree".

Please be advised that **Pennsylvania Act 26**, of 1995, also required all public and private schools to transfer a students' discipline record and to maintain cumulative disciplinary records.

Thank you for your cooperation.

I, _____, hereby swear or affirm that _____ has <b>NOT</b> (Parent Name) (Student Name) Previously been suspended or expelled for any act of offense listed in Pennsylvania Act 26, of 1995.
I, _____, hereby swear or affirm that _____ has (Parent Name) (Student Name) Previously been suspended or expelled for any act of offense listed in Pennsylvania Act 26, of 1995.

Please identify the act or offense in the space provided:

ACT/OFFENSE	WHERE COMMITTED	DATE(S)

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

**SUBSCRIBED AND SWORN TO BEFORE ME THIS**  
\_\_\_\_\_  
**DAY OF** \_\_\_\_\_ **20** \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF NOTARY PUBLIC**



# HANOVER AREA SCHOOL DISTRICT

## SCHOOLS OPEN

(Keep)



## BUILDING START TIMES

**HANOVER GREEN ELEMENTARY – (KDG and 1<sup>st</sup>) 8:45 AM - 3:15 PM**

561 Main Road  
Hanover Township, PA 18706  
570-824-3941 / 570-408-1150 (Fax)  
570-829-4523 – School Nurse

**LEE PARK ELEMENTARY – (2<sup>nd</sup> and 3<sup>rd</sup>) 8:45 AM - 3:15 PM**

99 Oxford Street  
Hanover Township, PA 18706  
570-824-4741 / 570-824-5714 (Fax)  
570-822-6554 – School Nurse

**MEMORIAL ELEMENTARY – (4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup>) 8:05 AM - 2:35 PM**

80 W. St. Mary's Road  
Hanover Township, PA 18706  
570-822-5103 / 570-823-3096 (Fax)  
570-822-8683 – School Nurse

**HANOVER JR/SR HIGH SCHOOL – (7<sup>TH</sup> - 12<sup>TH</sup>) 7:35 AM - 2:00 PM**

1600 Sans Souci Parkway  
Hanover Township, PA 18706  
570-831-2300 / 570-831-2316 (Fax)  
570-831-2306 – School Nurse

# Hanover Area School District

(Keep)

## Dress Code

All Hanover Area students who attend any District school or the Wilkes-Barre Area Career Technical Center (CTC) will be required to adhere to the Board approved *Dress Code*. Students who attend the CTC are required to adhere to the District *Dress Code* when being transported to and from that technical training facility. Upon arrival at the CTC, students will be allowed to change into their proper vocational-technical training attire. They are required to change back to their approved attire of dress before returning to their home school.

### Pants

Pants must be casual, dress, or corduroy in a **solid color** limited to the following—Khaki (Beige/Tan), Navy Blue, or Black.

- a.) Pants must be sized to fit the student—plus/minus 1 size to the student's measurement.
- b.) They must be secured at the waist and have only 2 pockets in the front and 2 pockets in the back.
- c.) Cargo pants, military fatigues, sweat pants, jeans, denim pants, baggy pants, or excessively tight pants are among those clothing items that are not permitted (see *Articles of Non-Compliance*, page 20).

### Dresses/Skirts

Dresses and skirts must be appropriate in length and of a **solid color** limited to the following—Khaki (Beige/Tan), Navy Blue, or Black.

- a.) Dresses/Skirts must be no shorter than 2 inches above the knee.
- b.) Cargo pockets are not permitted on dresses or skirts.
- c.) Dresses/Skirts must be accompanied by either knee socks or stockings when worn from November 1<sup>st</sup> to March 30<sup>th</sup>.

### Shirts

Shirts (short or long sleeves) must have a collar and be of a **solid color**.

- a.) Only polo, golf, or button-down, dress shirts may be worn.
- b.) All shirts must be buttoned or zipped just below the neck.
- c.) They must be sized to fit the student—plus/minus 1 size to the student's measurement.
- d.) Dress shirts must be tucked inside the pants, and polo/golf shirts may not extend past the middle of the pants pocket(s).
- e.) Hanover Area logos or a manufacturer's logo are permitted on shirts provided they are no larger than 3 inches by 3 inches.
- f.) Patterns may not be worn, and no trim colors are allowed around the neck or sleeves.
- g.) A solid T-shirt may be worn under an approved shirt provided the sleeve length does not exceed that of the polo/golf or dress shirt. Any logos or print on the T-shirt must not be visible through the approved shirt.

### Sweatshirts/Sweaters

Crewneck sweatshirts, cardigan, and vest sweaters may be worn with an approved collared shirt underneath. They must be of a **solid color** with no patterns.

- a.) Sweatshirts and sweaters may not be ripped or torn.
- b.) They must be sized to fit the student—plus/minus 1 size to the student's measurement.
- b.) They may not extend past the middle of the pants pocket(s).
- d.) Hooded sweatshirts are not permitted during the school day. They may be worn to/from school but must be stored in lockers during the school day.
- e.) A solid turtleneck may be worn under a sweater/sweatshirt or approved shirt provided the sleeve length does not exceed that of the sweater/sweatshirt or shirt.
- f.) V-neck sweaters are permitted so long as they are of a solid color worn beneath an approved shirt.
- g.) A lightweight outer garment of a solid color may be worn over an approved shirt. Logos may not be over 3 in x 3 in and garment may not be ripped/torn or excessively baggy or tight.

### **Shorts**

Students will be permitted to wear dress shorts that are appropriate in length and of a **solid color** limited to the following—Khaki (Beige/Tan), Navy Blue, or Black.

- a.) Shorts must be secured at the waist and worn no shorter than 2 inches above the knee.
- b.) They must be sized to fit the student—plus/minus 1 size to the student's measurement.
- c.) They may only be worn from April 1<sup>st</sup> to October 31<sup>st</sup> inclusively.
- d.) Shorts must be pleated or plain with 2 pockets in the front and 2 pockets in the back. Cargo shorts/pockets may not be worn.

### **Belts**

Belts may be worn, but they must be of a **solid color** (no color preference).

- a.) Emblems or logos are not permitted on belts.
- b.) Belt buckles may not exceed 2 inches by 2 inches.
- c.) Chain link or rope-like belts may not be worn.

### **Shoes**

Some type of shoe or sneaker must be worn throughout the school day.

- a.) Backless shoes—including flip-flops, clogs, and crocs—are not permitted.
- b.) Open-toes shoes may not be worn. Shoes must be closed around the foot and secured.
- c.) Moccasins and similar shoes without a solid sole may not be worn.
- d.) Footwear that poses a safety hazard is prohibited.

### **Piercings**

Ear piercings are permitted but limited to 2 piercings per ear.

- a.) Hoop and drop earrings may not be larger than 1 inch in diameter.
- b.) Plug piercings (*tunnel* or *gauge*) are not permitted.
- c.) No visible piercings other than the ear(s) are permitted. Piercings of the eyebrows, lips, nose, or tongue are prohibited.

### **Articles of Non-Compliance**

Specific items of clothing are not permitted under the *Dress Code*. They include but are not limited to the following:

- spandex pants
- skateboard pants
- sweat pants/wind pants
- exercise pants/yoga pants
- jeans/denim pants
- excessively tight pants
- baggy/extra-full pants
- tank tops/T-shirts
- Henley shirts (short/long sleeves)
- excessively tight shirts
- basketball shorts
- cargo pants/shorts
- silky shorts
- fishnet stockings
- exposed undergarment
- backless/open-toe shoes
- shoes without a solid sole
- hats/caps/bandanas
- chains/dog collars
- spike bracelets/necklaces
- offensive/sexually suggestive attire
- clothing condoning violence/suicide
- drug/alcohol/tobacco related clothing
- clothing displaying vulgar language
- torn/ripped/camouflage clothing
- coats/hoods worn inside
- black outfits
- offensive/inappropriate jewelry
- tunnel/gauge/body piercings

#### **Exceptions**

- a.) ***Gym Class***—Elementary students (grades K-6) participating in gym class may wear sweat pants and/or gym shorts (no shorter than 2 inches above the knee) with an approved shirt on their assigned gym day.
- b.) ***Sports Activities/Clubs***—Students participating in a school-sanctioned sporting event or club may wear the respective team/club shirt or jersey over an approved shirt on the day of the event.
- c.) ***Approved Dress Down Days***—On days or instances designated as *dress down* by the District, students will be notified in advance of the approved attire for the given day. Student attire should reflect the character and ideals of the District and not disrupt the educational process nor compromise the safety and security of the school.
- d.) ***Extracurricular Activities***—The *Dress Code* applies to the regular school day. However, students attending school sponsored extracurricular activities outside of the regular school day must dress appropriately. Students attending extracurricular activities are representing the District, and their appearance should reflect the character and ideals invoked by the District. Students found in non-compliance with the *Dress Code* may be removed from the activity or event and subject to further disciplinary action.

## Disciplinary Actions

The District seeks to ensure a safe and disciplined learning environment. Students are expected to dress in a manner that promotes this goal. Violation of the *Dress Code* will result in parental notification and appropriate school action. At the discretion of the Principal, students found in non-compliance will be subject to the disciplinary actions outlined below.

Offense	Disciplinary Action
1 <sup>st</sup> Offense	At the discretion of the Administration, the student will be excluded from class/school (In-School or Out-of-School Suspension) for one day. <i>(For elementary students—depending upon the degree of cooperation from the student and parent—a request for a change of clothing may also be made.)</i> Parents will be notified of the class/school exclusion. The student is expected to return in full compliance with the <i>Dress Code</i> .
2 <sup>nd</sup> Offense	At the discretion of the Administration, the student will be excluded from class/school (In-School or Out-of-School Suspension) for one day. A parent meeting must be held before the child may return to class/school. The student is expected to return in full compliance with the <i>Dress Code</i> .
Successive Offenses	At the discretion of the Administration, the student will be subject to a minimum 3 and possible 10-day Out-of-School Suspension, as well as a 10-day Co-curricular Suspension. A parent meeting must be held before the student may return to school. The student is expected to return in full compliance with the <i>Dress Code</i> .

## Exemptions

Parents who object to the *Dress Code* based on religious or medical grounds must complete and present to the Principal a signed letter detailing the reason for the objection. The parent and building principal will then meet to discuss the exemption request, which must subsequently be reviewed and approved by the Superintendent.