

GRADE _____ Assigned to **ADVISORY** _____

Date of Registration _____ Reg. Ed _____ or Spec. Ed _____

WARREN G. HARDING MIDDLE SCHOOL NEW ADMISSION/INTAKE FORM

Reason for Admission:

Regular Transfer (T25) _____ Disciplinary Transfer (EH-21) _____ Transfer (EH-36E) _____

First-time Admission to Philadelphia School District _____ From School Outside of Phila. _____

Restoration from Placement _____ From Charter School _____ From Parochial School _____

PLEASE PRINT

STUDENT'S NAME: _____ Student ID# _____

ADDRESS: _____ ZIP CODE: _____

Student's Date of Birth: _____ Grade _____ Home Phone #: _____

Sex: { } Male { } Female

Race Designation: Circle one -- White, African -American, Hispanic, Asian, Other _____

MOTHER'S/*GUARDIAN'S NAME: _____

Home Phone # _____ Cell Phone # _____ Work# _____

Email _____

FATHER'S / GUARDIAN'S NAME: _____

Home Phone # _____ Cell Phone # _____ Work # _____

(* If "Guardian", attach documentation (Court papers, DHS, Delegation of Authority)

Which two Proofs of Residency Documentation? DOT Driver's or Non-Driver's ID _____

New Deed _____ Utility Bills: Gas _____ Electric _____ Water _____ PA Car Registration _____ Post Office _____

Pay Stub with names & addresses of employer & employee _____ Voter's _____ Registration Card: _____ PHA or

Section 8 Lease _____ Notarized Lease _____ Current Credit Card Bill: _____ Property Tax Bill: _____

Please list **names of siblings** presently attending Harding M.S.: _____

Has your child ever received Special Ed Services? Yes ___ No ___ (If yes, attach IEP, ER, NOREP)

Does your child need ESOL services? Yes ___ No ___

Has your child ever received ESOL? Yes ___ No ___

Has your child ever attended a Philadelphia Public School? Yes ___ No ___

If yes, which last Philadelphia {public School? _____ When? _____

List school student is transferring from: Name: _____ (Public or Private)

Phone #: _____ Address: _____

Fax #: _____ City/ST: _____ Zip _____

EMERGENCY CONTACT "other than" parent/ guardian. (Parent is always called first.)

Name: _____ Relationship: _____

Home Phone Number" _____ Cell Phone #: _____

THE SCHOOL DISTRICT OF PHILADELPHIA
WARREN G. HARDING MIDDLE SCHOOL
TORRESDALE AVENUE AND WAKELING STREET
PHILADELPHIA, PA 19124

TELEPHONE (215) 537- 2528

Fax Number: (215) 537- 2850

CONSENT FOR RELEASE OF INFORMATION

To Whom It May Concern:

I hereby authorize your school/organization to communicate with Harding Middle School as needed and to release copies of records concerning my child.

Student: _____ Date of Birth _____

PLEASE MAIL or FAX REQUESTED INFORMATION TO:

WARREN G. HARDING MIDDLE SCHOOL
4900 TORRESDALE AVENUE
Philadelphia, PA 19124

ATTN:

Fax # 215-537-2850

I understand that the information provided will be used to evaluate the educational status of this student on an individual basis and to help in providing a program of health and educational management.

I understand that this authorization will remain in effect from the date hereof to the end of the current school year unless sooner revoked by me at any time in writing.

Signature of Parent/Guardian/Student (if emancipated)

Date signed _____

WARREN G. HARDING MIDDLE SCHOOL

Permission Form For Use Of Student Image/
Written Work on the School District Of Philadelphia Website

This is a request for permission to use the written work, image, video, and/or voice of your child on the official School District of Philadelphia World Wide Web page on the Internet. This request also includes permission to participate in a teacher monitored online educational web log.

Student images are used on the Internet to promote a wide range of student activities.

However, the use of images is strictly controlled to best assure student safety and confidentiality. In some instances, students whose images are displayed on the Internet may not be identified. However, if the student is identified, it will be by first name only.

Please return this form to your child's teacher or the representative of the sponsoring School District department to indicate that your child's image and/or voice may be used on the Internet. This permission will stay in effect until cancelled in writing by a parent or guardian.

Thank you for your cooperation.

School/Office Name: Warren G. Harding Middle School

Name of Child: _____

As the parent or legal guardian, I grant the school or the sponsoring School District office permission to use my child's image and/voice on the official School District of Philadelphia web page named above on the Internet.

Parent or legal Guardian's Signature

PRINT-Parent or Legal Guardian's Name

Date Signed

To be completed by school/office for file purposes

Attach image or identify from photo and video files

<http://www.phila.k12.pa.us/schools/harding>

Web address of image {s}

Parental Registration Statement
SCHOOL DISTRICT OF PHILADELPHIA

Student Name _____
Date of Birth _____ Grade _____
Parent or Guardian Name _____
Address _____
Telephone number _____

Pennsylvania School Code §13-1304-A "Prior to admission to any school entity, the parent, guardian or other person having control or charge of a student shall, upon registration provide a sworn statement or affirmation stating whether the pupil was previously or is presently suspended or expelled from any public or private school of this Commonwealth or any other state for an action of offense involving a weapon, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property."

Please complete the following:

I hereby swear or affirm that my child was/was not (circle one) previously suspended or expelled, or is/ is not (circle 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. I make this statement subject to the penalties of 24 P.S. §13-1304-A (b) and 18 Pa. C.S.A. §4904, relating to unsworn falsification to authorities, and the facts contained herein are true and correct to the best of my knowledge, information and belief.

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

Name of the school from which 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 records.

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Fax Number: (215) 537- 2850

REQUEST FOR SCHOOL RECORDS

TO _____

RE: _____ DATE OF BIRTH: _____
(Student's Name)

The parent/guardian of the above-named student has applied for admission of his/her child to Harding Middle School. Please send education, health, and psychological files (if applicable) for the above named student to Harding Middle School.

Please Include: Transcript of Grades --- (Grade student in presently)

(or LAST GRADE COMPLETED AND PASSED if not attending)

Latest Standardized Test cores

Proof of Physical Exam and Immunizations

Attendance Records

Withdrawal Grades

Birth Certificate

Alternative Education Records (If applicable)

Exceptional Student Education (If applicable)

ESOL Testing Records (If applicable)

Please indicate if student is in any Special Education Programs. If so, please include current IEP, most recent psychological report, and eligibility/placement form.

Thank you for your assistance.

Signature of Parent/Legal Guardian

Date:

THE SCHOOL DISTRICT OF PHILADELPHIA

LANGUAGE SURVEY FORM

STUDENT'S NAME _____ GRADE _____

SCHOOL _____

The following information is required by the Pennsylvania State Department of Education to be kept as part of each student's permanent record.

Please complete and return to your school.

1. What is the student's first language? _____
2. Does the student speak a language other than English () Yes () No
If yes, specify language _____
3. What language (s) is/are spoken at home? Specify language (s) _____
4. In what language does the family want documents sent home? Specify _____

Signature of Parent Guardian _____ Date _____

E-162 (Rev. 8/04) Comm. Code 61602445113

1. **Have you requested** that your child be tested for Special Education? _____
2. Has your child ever been tested for Special Education? _____
3. Does your child have a **current IEP**? _____

Signed: _____ (Parent/Guardian)

Witnessed: _____ Dated: _____