

John Marshall Elementary  
4500 Griscom Street  
Philadelphia, PA 19124

Mr. Lawrence, Principal  
Mr. Ben, Assistant Principal

(215) 400 - 3950

*Be relentless with analyzing student data to drive instruction.  
Place students in small groups to meet their individual needs.*

*Everyone will be lifelong learners.  
We will be superheroes to fight for a positive school "neighborhood!"*

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## **Registration Packet**

**Please Submit:**

- Completed Application**
- Birth Certificate**
- Immunization Records**
- Proof of Address**
- ID**

**\*\*Please Call 215-400-3950 with any questions\*\***

SCHOOL DISTRICT OF PHILADELPHIA  
**STUDENT REGISTRATION FORM (EH-40)**  
**PARENT / GUARDIAN MUST COMPLETE THIS FORM AND PROVIDE ALL NECESSARY DOCUMENTS**

Please Print All

**STUDENT INFORMATION - SECTION 1**

Last Name		First Name		M.I.	Date of Birth		STUDENT ID NUMBER	
					MONTH	DAY	YEAR	
House No.	Dir	Street Name			St., Ave., Etc.	Apt#	Zip Code	Phone Number

Race Designation: Is this student Hispanic  Yes or  No      Gender:  Male /  Female      Country of Birth: \_\_\_\_\_

**Check all races that apply:**  
 White    Black / African American       Native Hawaiian / Other Pacific Islander      Home Primary Language \_\_\_\_\_  
 Asian    American Indian / Alaska Native      Date child first enrolled into a U.S. School \_\_\_\_\_

**STUDENT ENROLLMENT HISTORY - SECTION 2**

Indicate city and type of school child last attended       Public School \_\_\_\_\_  
 Philadelphia       Other City: \_\_\_\_\_       Non Public School \_\_\_\_\_

Date Last Attended	Grade Last Attended	Name of School	Address	City	State

If the student attended school outside of the United States, do you have his/her school records?  
 Yes:      If yes, please provide a copy for the school \_\_\_\_\_  
 No:      If no, please contact the school to obtain the records \_\_\_\_\_

Did the child ever attend:    Pre-Kindergarten and/or  Kindergarten

1) Has the child ever received Special Education Services in PA or another state?    Yes    No      If yes, which state: \_\_\_\_\_  
2) Does your child have a current IEP?       Yes    No  
3) Does your child have a current evaluation report?       Yes    No      If yes, what \_\_\_\_\_  
4) Was the child ever enrolled in an Early Intervention Program?       Yes    No  
5) Has the child ever received ESOL/Bilingual services?       Yes    No      If yes, which state: \_\_\_\_\_  
6) Does your child have a 504       Yes    No  
7) Does your child have a Gifted IEP?       Yes    No

**LANGUAGE SURVEY - SECTION 3**

	English	Other	Language
1) What language does the family speak at home most of the time?	<input type="checkbox"/>	<input type="checkbox"/>	_____
2) What language does the parent(s) speak to her/his child most of the time?	<input type="checkbox"/>	<input type="checkbox"/>	_____
3) What language does the child speak to her / his parent(s) most of the time?*	<input type="checkbox"/>	<input type="checkbox"/>	_____
4) What language does the child speak to her/his brothers/sisters most of the time?*	<input type="checkbox"/>	<input type="checkbox"/>	_____
5) What language does the child speak to her/his friends most of the time?*	<input type="checkbox"/>	<input type="checkbox"/>	_____
6) What language does the child speak most frequently?*	<input type="checkbox"/>	<input type="checkbox"/>	_____
7) What other languages does the child speak?   1) _____ 2) _____ 3) _____			

\* If the answer to these questions is other than English, the student must be given the English placement test (W-APT) by a certified administrator.

SCHOOL DISTRICT OF PHILADELPHIA  
STUDENT REGISTRATION FORM (EH-40)  
PARENT / GUARDIAN MUST COMPLETE THIS FORM AND PROVIDE ALL NECESSARY DOCUMENTS

**HOUSEHOLD INFORMATION - SECTION 4**

Student Resides With:

Both Parents (same address)       Mother       Father       Stepparent       Guardian / Other

Parent / Guardian Name: \_\_\_\_\_  
 (Circle) Mother / Father / Stepparent / Guardian / Other \_\_\_\_\_  
 (Circle) Male / Female      [Active Military] Yes / No \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
       (Home) \_\_\_\_\_  
       (Cell) \_\_\_\_\_  
       (Work) \_\_\_\_\_  
 Email: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_  
 (Circle) Mother / Father / Stepparent / Guardian / Other \_\_\_\_\_  
 (Circle) Male / Female      [Active Military] Yes / No \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
       (Home) \_\_\_\_\_  
       (Cell) \_\_\_\_\_  
       (Work) \_\_\_\_\_  
 Email: \_\_\_\_\_

Preferred Language for School Related Communications: \_\_\_\_\_

Preferred Language for School Related Communications: \_\_\_\_\_

**MCKINNEY-VENTO ELIGIBILITY - SECTION 4 (continued) (THIS INFORMATION WILL BE KEPT CONFIDENTIAL)**

Please indicate your current housing status:  Rent     Lease     Own

- In a motel/hotel due to loss of housing, economic hardship or similar reason
- Are you currently living with a family member due to loss of housing, economic hardship or similar reason
- Did you experience a man-made disaster/fire
- Did you experience an eviction

*If the family is eligible for the Homeless Assistance Act of 1987 (known as McKinney-Vento) please contact your school counselor once registration is completed.*

**SIBLING INFORMATION - SECTION 5**

Please list all school aged children (ages 5 and above)

Name	D.O.B.	Current School	Grade	Student ID# if available

**EMERGENCY CONTACT INFORMATION - SECTION 6**

**\* Please list two LOCAL emergency contacts and their relationship to the child in the event a parent or guardian cannot be reached:**

Primary

1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Gender: Male / Female  
 Phone (1): \_\_\_\_\_ Phone (2): \_\_\_\_\_

Secondary

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Gender: Male / Female  
 Phone (1): \_\_\_\_\_ Phone (2): \_\_\_\_\_

By signing below, I am allowing the School District of Philadelphia to register my child as a student. I also certify the information provided on this application to be true and accurate and providing false or incomplete information that is required for registration may delay enrollment.

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

\_\_\_\_\_  
Date



**Student Mask Coverings – Accommodation Request**

The School District of Philadelphia recognizes that some students may have disabilities, medical conditions, or mental health conditions that prevent the student from safely or effectively wearing a mask. To receive an exemption from applicable mask requirements, this form must be completed in its entirety and emailed or dropped off to the IEP/504 accommodation team and/or school nurse. **Students with prior documentation on-file of a medical condition, mental health condition or disability that requires accommodation do not need to complete Part 2.**

Student Name:	Student's Grade:
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**Part 1: For completion by parent/guardian:**

- I request that my child, \_\_\_\_\_, be exempt from mask requirements while at school based on the qualifying medical condition(s) reported by the medical professional below. I understand and agree to the following:
- I confirm that wearing a mask would either cause a medical condition or exacerbate an existing one, including a medical condition, a mental health condition or disability.
- I confirm that my child and I understand there may be an increased risk of exposure to COVID-19.
- I confirm that the school may take additional safety precautions such as encouraging my child's use of a face shield, virtual learning or providing at-home COVID testing.
- I confirm that I am expected to comply with all other COVID-19 mitigation strategies including keeping my child home for any sign of illness.

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

\_\_\_\_\_  
Date

**Part 2: For completion by Medical Professional (MD, DO, PA, or NP):**

I certify that this student has a medical condition, mental health condition or disability that substantially limits a major life activity as described below AND that use of a mask may cause harm to the student.

Impairment type (check): Physical    Medical    Mental	List Impairments:	
List Contraindications of mask wearing & check option below:		
Student may wear mask as tolerated / frequent breaks	Student may not wear a mask	
Medical Professional Name (print):	Medical License #:	Phone #:

\_\_\_\_\_  
Signature of MD, DO, PA, or NP

\_\_\_\_\_  
Date

**The School District of Philadelphia**  
Office of Student Rights & Responsibilities  
440 N. Broad Street, Second Floor  
Philadelphia, PA 19130

Rachel Holzman, Esquire  
Deputy Chief

**Release of Directory Information Opt-Out Form**

The School District of Philadelphia may disclose appropriately designated “directory information” without written consent, unless you have advised the District to the contrary in accordance with District procedures.

Directory information includes the following: name, address, phone number, date and place of birth; field of study; participation in recognized activities and sports; height/weight, if member of athletic team; dates of attendance; degrees, awards, photographs, rosters; previous school(s) attended; and primary language.

The primary purpose of directory information is to allow The School District of Philadelphia to include this type of information from your child’s education records in certain school publications, including: a playbill, showing your student’s role in a drama production; school newsletters, the annual yearbook; honor roll or other recognition lists; graduation programs; and sports activity sheets, such as for basketball, showing weight and height of team members.

This information may also be made available to qualified outside organizations upon request. Qualified outside organizations include, but are not limited to, scholarship providers, trade/technical schools, and potential employers. In recognition of a family’s right to privacy, it is the policy of The School District of Philadelphia that directory information will not be provided to commercial enterprises.

Parents or eligible students (18 years old or above) have the right to have directory information withheld upon written request. If you prefer to deny release of directory information without prior written consent, please complete and return the entire form to your child’s school by **within ten (10) days of your enrollment**. Once this form is completed and returned to the school, your choice will not change until you complete and submit a new form. Use a separate form for each child. **Only return this form if you do NOT want directory information released.**

I DO NOT want directory information to be released and request ONE of the following:

- Do not release my student’s directory information at any time. No information for school publications, school activities, trade schools, scholarship providers or employers.
- Do not release my student’s directory information at any time, except for school publications, school activities and to qualified outside organizations.
- Do not release my student’s directory information at any time, except for school publications and school activities.
- Do not release my student’s directory information to military recruiters ( 11<sup>th</sup> and 12<sup>th</sup> grade only)
- I do not permit my child to take any surveys that concern one or more of the areas listed on the PPRA notice

\_\_\_\_\_  
Student Name (Please Print)

\_\_\_\_\_  
Name of School (Please Print)

\_\_\_\_\_  
Student ID#

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature (if 18 years or older)

SCHOOL HEALTH SERVICES  
**REPORT OF PHYSICAL EXAMINATION**

Date Issued: [Date]		Student ID#:
Name of Student:	Date of Birth:	Grade:
Name of School:	Room/Section/Book	

TO THE PARENT/GUARDIAN:

*I authorize the school nurse to communicate with my child's health care provider and my health care provider to reply as needed regarding my child's care.*

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

TO THE CARE PROVIDER (Please complete all items)

Pennsylvania law requires that students attending school in the state be immunized and receive periodic medical examinations. Payment for these examinations is the responsibility of the parent/guardian. THESE IMMUNIZATIONS ARE REQUIRED FOR SCHOOL ATTENDANCE.

**RECORD OF VACCINE ADMINISTRATION**

*(Please attach complete immunization record including serology results if available)*

▪ Allergies \_\_\_\_\_ ▪ Date of last PPD \_\_\_\_\_ Result \_\_\_\_\_ mm

Does this student have health insurance? \_\_\_\_ Yes \_\_\_\_ No Name of insurance Provider: \_\_\_\_\_

**RECORD THE FOLLOWING**

1.	Visual Acuity: Without Glasses: R _____ L _____ With Glasses: R _____ L _____												
2.	Audiometric Screening: R _____ L _____												
3.	BP _____												
4.	Height _____ inches/cm Weight _____ lb./kg BMI percentile _____												
5.	Scoliosis Screening: _____ Normal _____ Abnormal _____ Referred _____ No Referral												
6.	Activity Recommendation: _____ Full Physical Activity _____ Restricted Physical Activity (Must Complete Phys. E. Medical Exemption/Program Modification Form MEH-23) Specify Restrictions: _____												
7.	List all medications currently being taken: Medications: _____ Reason: _____												
8.	List ALL problems by history or examination: _____ Circle status of problem <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1. _____</td> <td style="width: 10%;">Under Care</td> <td style="width: 10%;">Care Complete</td> <td style="width: 10%;">Referred</td> </tr> <tr> <td>2. _____</td> <td>Under Care</td> <td>Care Complete</td> <td>Referred</td> </tr> <tr> <td>3. _____</td> <td>Under Care</td> <td>Care Complete</td> <td>Referred</td> </tr> </table> <input type="checkbox"/> No Problems Identified	1. _____	Under Care	Care Complete	Referred	2. _____	Under Care	Care Complete	Referred	3. _____	Under Care	Care Complete	Referred
1. _____	Under Care	Care Complete	Referred										
2. _____	Under Care	Care Complete	Referred										
3. _____	Under Care	Care Complete	Referred										

Comments/follow-up treatment plan / Special instructions to school:

Signature of Care Provider (REQUIRED)	Telephone Fax	Care Provider office stamp (REQUIRED)
Address	Date of Exam	

THE SCHOOL DISTRICT OF PHILADELPHIA  
**REPORT OF PRIVATE DENTAL EXAMINATION**

Name of School	Student ID	Date Issued	
Name of Student	Date of Birth	Room/Section/Book	Grade

**TO THE DENTIST**

*Pennsylvania law requires that students attending school in the Commonwealth receive periodic dental examinations at stated intervals (upon original entry, while in third grade, and while in seventh grade).*

*These examinations are required for school attendance. Payment for these examinations is the responsibility of the parent/guardian. If the student/family does not have health insurance the school nurse will help the family apply for health insurance. Please attach a copy of the student's dental examination or record the data below.*

*Thank you for your cooperation.*

UNDER TREATMENT / WORK BEGUN	COMPLETION OF WORK / NO TREATMENT NECESSARY
Date Work Begun	<input type="checkbox"/> No Treatment Required Now
Scheduled Follow-up Appointment	<input type="checkbox"/> All Necessary Dental Work Completed
Date of Dental Examination	Expected Completion Date

*Comments / Follow-up Treatment / Special Instructions to School*

Name of Dentist	Telephone
Signature of Dentist	Date Signed
Address	Fax Number

**IMPORTANT:**

**Return this form to:**

\_\_\_\_\_ Certified School Nurse/Practitioner

\_\_\_\_\_ School

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

\_\_\_\_\_ Phone Number



### Student Contact Information 2023-2024

*Please print on both the front and back of this form.*

Student's Name \_\_\_\_\_  Male  Female

Birth Date \_\_\_\_\_ Grade \_\_\_\_\_ Room \_\_\_\_\_

Home Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_

**Please check if this is a new address.**

*Please Note: You must provide proof of residency in order to make an official change of address with the school.*

Mother/Guardian Name \_\_\_\_\_ Student lives with?  YES  NO

Work Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_ OK to pick up?  YES  NO

Father/Guardian Name \_\_\_\_\_ Student lives with?  YES  NO

Work Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_ OK to pick up?  YES  NO

### Emergency Contact Information

1.) Name \_\_\_\_\_ OK to pick up?  YES  NO

Relationship to Student \_\_\_\_\_ Phone Number \_\_\_\_\_

2.) Name \_\_\_\_\_ OK to pick up?  YES  NO

Relationship to Student \_\_\_\_\_ Phone Number \_\_\_\_\_

3.) Name \_\_\_\_\_ OK to pick up?  YES  NO

Relationship to Student \_\_\_\_\_ Phone Number \_\_\_\_\_



Is there other important information we should know? Medical?

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Other \_\_\_\_\_

**Transportation Information**

To School \_\_\_\_\_

From School \_\_\_\_\_

Is the student picked up by a sibling/relative enrolled at MARSHALL?  YES  NO

**MARSHALL Siblings/Relatives Authorized to Pick Up Grade Relationship to Student**

*(Please note: Students in grades 1-4 will be released to siblings/relatives in grades 5 only.)*

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**Other Marshall Relatives (In grades K-5) Grade Relationship to Student**

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**Other Persons Authorized to Pick Up Student Relationship to Student**

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**Parents, Please read and sign!**

1. Be aware that you **MUST SEND A SIGNED NOTE** to your child's teacher if you need to make a change in how they will get home. **ALL CHANGES MUST BE MADE IN WRITING.**
2. **ONLY PERSONS LISTED** on this contact sheet will be permitted to pick up your child(ren). **Students will not be dismissed to minors for early dismissal. ALL PERSONS LISTED MUST BE PREPARED TO SHOW IDENTIFICATION AT TIME OF PICK UP.**

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_



# THE SCHOOL DISTRICT OF PHILADELPHIA

## COVID-19 Student Testing Consent Form SY 2022-2023

COVID-19 Testing is one of the layers of mitigation that will maximize the safety of our students and staff during the 2022- 2023 school year. Because testing will need to be performed regardless of a parent or guardian's availability at the time a test will be administered, consent for testing is required for all students. The testing will be provided for students at no cost to students or their family.

### Explanation of Test

The testing method is a quick nasal swab of both nostrils. It is found to be fast and painless. (It is **NOT** the deep-sinus swabs that some individuals have found uncomfortable.) The testing method involves inserting a small swab, like a Q-Tip, into the front of the nose in both nostrils. Results will be available in 15 minutes. The test is administered by either a Certified School Nurse or the School District's medical professional testing partners. The type of test being used includes, but is not limited to, Abbott's BinaxNOW COVID-19 Rapid Antigen Test. Molecular tests (PCR) may be identified and utilized as necessary.

The parent/guardian listed on this consent will be notified on the day that their student was tested. All results will be communicated to the student's parent/guardian.

### Testing Guidance

- **Symptomatic Testing:** As a reminder, as a parent/guardian you will be required to evaluate your child for COVID-19 symptoms every morning before leaving for school and to keep your child home if they do not pass the morning pre-entry health screening. If your child passes the morning pre-entry health screening you conducted at home and arrives at school healthy, but develops symptoms of illness associated with COVID-19 infection during the school day, your child will be tested.

*Symptoms include:* Fever of 100.4°F or greater, muscle or body aches, headache, sore throat, congestion or runny nose, fatigue, nausea or vomiting, diarrhea, new or persistent cough, new loss of taste or smell, shortness of breath or difficulty breathing

- **Diagnostic Testing during outbreak:** If your child is a part of a cohort (for example, classroom, sports team or extracurricular activity) of students with multiple positive COVID-19 cases in the cohort, your child will be tested for COVID-19.

**Please contact your school nurse with any questions.**



THE SCHOOL DISTRICT OF  
PHILADELPHIA

**TO BE COMPLETED BY PARENT/GUARDIAN**

**Parent/Guardian Information**

You will be notified of test results within 1 hour either via cell phone or email, or both. Please make sure your contact information is up to date.

**Parent/Guardian Name:**

**Parent/Guardian Cell/Mobile #:**  
Note: results will be sent to this cell#

**Parent/Guardian Email Address:**  
Note: results will be sent to this address

**Child/Student Information**

**Child/Student Name:**

**Student ID Number:**

**School:**

**Grade:**

**Child's Date of Birth (MM/DD/YYYY):**

**Please select the testing model you are consenting to:**

- Symptomatic Testing - provided onsite in schools by School Nurse or Testing Vendor  
 Diagnostic Testing during Outbreak - provided onsite by Testing Vendor

By signing below, I consent to follow and understand that my child must follow School District of Philadelphia Health and Safety protocols, consent to my child's being tested through the testing models checked off above, consent to test results being shared with me at the phone number and/or email address provided above, and also and agree to the following:

- I am signing this form freely and voluntarily and I am the parent or legal guardian of and am authorized to make decisions for the child named above.
- I understand that my student's test results and related information will be forwarded securely to the Philadelphia Department of Public Health, the Pennsylvania Department of Health, and the Centers for Disease Control in accordance with communicable disease reporting.
- I understand that the School District of Philadelphia, school nurse, and/or testing partner are not acting as my child's medical provider and that this testing does not replace treatment by my child's medical provider, and I assume complete and full responsibility to follow up with a medical provider to determine appropriate action with regard to my child's test results.

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



**Permission for Use of Student Image, Voice, Video, Work and/or First Name  
for News Media, District Communications, and Educational Purposes**

Parents/Guardians,

This letter is to request permission (in accordance with Policy 815.1) for your child's image, voice, video, work and/or first name to be published publicly on a School District website, including District social media pages, or any other public website for news media or for general educational purposes.

At times, student images, voices, videos, work and/or first name may be requested to promote or represent the School District, School District programs and/or School District events in the news media including, but not limited to, television, print, and on the web. Student information may be used by credible news media not affiliated with the School District and on School District websites and official School District social media pages (Facebook®, Twitter®, YouTube®, Instagram®).

Student information is also used on the Internet for general educational purposes and to celebrate student work. Websites, applications and Internet resources may collect or require the use of student images, voices, videos, work and/or first name. When these are available publicly, the School District cannot control who can view or share.

Accordingly, the School District will not post student images, voices, videos, work and/or first name on a School District website, including District social media pages, or any other public website for news media or educational purposes without prior written consent from you as the parent or legal guardian. Please return this form to your child's school to indicate if your child's information may be used on the Internet. This permission will be applicable to any use of student information in the school year in which permission is given and will remain in effect until removed from the website or until consent is withdrawn. As parent or legal guardian, you may withdraw your consent at any time by sending a written letter, along with a new form, to the Principal of your child's school. Thank you for your cooperation.

**Check the use(s) of your child's image, video, voice, work, and/or first name that you grant permission for:**

- I agree to the use of my child's image, video, voice, work, and/or first name to be used to promote or represent the School District in news media and School District websites and social media pages as outlined above.
- I agree to the use of my child's image, video, voice, work, and/or first name to be used for general educational purposes and to celebrate student work on websites, applications and Internet resources.

In addition, I agree to release and hold harmless the School District of Philadelphia, School Reform Commission members and Board of Education, agents, officers, contractors, volunteers, and employees from and against any and all claims, demands, actions, complaints, suits or other forms of liability that shall arise out of or by reason of, or be caused by the use of my child's picture, voice, video and/or first name on the Internet.

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

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

Parent/Legal Guardian: (print) \_\_\_\_\_

Parent/Legal Guardian: (sign) \_\_\_\_\_ Date: \_\_\_\_\_

