CANTON AREA SCHOOL DISTRICT

"WARRIOR PRIDE"

ADMINISTRATIVE OFFICES
509 East Main Street - Canton, PA 17724
Ph: (570) 673-3191 Fax: (570) 673-3680

OFFICE OF SUPPORT SERVICES
545 East Main Street - Canton, PA 17724
Ph: (570) 673-3983 Fax: (570) 673-7929

www.canton.k12.pa.us

CANTON AREA ELEMENTARY SCHOOL
545 East Main Street, Canton, PA 17724
Ph: (570) 673-5196 Fax: (570) 673-7929

CANTON JR. SR. HIGH SCHOOL
509 East Main Street, Canton, PA 17724
Ph: (570) 673-5134 Fax: (570) 673-5566

STUDENT ENROLLMENT FORM

Household Name:_____ Date of Birth:_____

Student's Name First_____Middle_____ Last_____

Full Street Address:_____

Canton Boro ____ Canton Twp ____ LeRoy Twp ____ McIntyre Twp ____ McNett Twp ____ Union Twp ____

Student Ethnicity: Hispanic/Latino _____ Not Hispanic/Latino ____

Race (Must choose one; may choose more than one) Hawaiian/Pacific Islander ____ White ____ Multi-Racial ____ Asian ____
Black/African American ____ American Indian/Alaskan Native ____

Gender: _____Primary Language: _____ Birth State/Country:_____

Proof of Birth – Birth Certificate ____ Baptismal Certificate ____ Driver's License ____ Passport ____ Other ____

Do you have custody paperwork? YES ____ NO ____
Do the custody papers limit the child from being picked up by the non-custodial parent? _____

Child lives with: Both Parents _____ Mother _____ Father _____ Legal Guardian _____ Foster Care _____

Previous School's Name / Address / Phone

_____

_____

_____

If child was placed in your custody by an agency, give name and address of agency:

_____

_____

Legal Parent Name & Address

_____

_____

Home School District _____

Parent/Legal Guardian Information

Father's Name: _____

Full Address:_____

Home Phone:_____Cell Phone:_____ Email:_____

Employer:_____

Mother's Name: _____Home Phone:_____Cell Phone:_____

Full Address:_____

Email:_____Employer:_____

School Use Only

Grade_____Age____Homeroom_____Bus #_____Student ID#_____ PA Secure ID#_____

Resident _____ Non-Resident _____ Economically Disadvantaged _____

Curriculum: Regular _____ Learning Support _____ Gifted _____ Alt Ed _____ Special Needs _____

Entry Code _____ Entry Date _____ Withdraw Code _____ Withdraw Date _____ Entered by _____

Canton Area School District is an Equal Opportunity Employer in Compliance with Title IX and Section 504

CANTON AREA SCHOOL DISTRICT

"WARRIOR PRIDE"

ADMINISTRATIVE OFFICES
509 East Main Street - Canton, PA 17724
Ph: (570) 673-3191 Fax: (570) 673-3680

OFFICE OF SUPPORT SERVICES
545 East Main Street - Canton, PA 17724
Ph: (570) 673-3983 Fax: (570) 673-7929

www.canton.k12.pa.us

CANTON AREA ELEMENTARY SCHOOL
545 East Main Street, Canton, PA 17724
Ph: (570) 673-5196 Fax: (570) 673-7929

CANTON JR. SR. HIGH SCHOOL
509 East Main Street, Canton, PA 17724
Ph: (570) 673-5134 Fax: (570) 673-5566

STUDENT RECORD REQUEST FORM

Date:_____

Student Name:_____ Date of Birth_____

Grade: _____

Parent(s)/Guardian(s):_____

Address:_____

City:_____State:_____Zip Code:_____

Phone Number:_____

INFORMATION TO BE RELEASED:

____ CUMULATIVE FOLDER
____ HEALTH RECORD, DENTAL RECORDS
____ ATTENDANCE REPORT
____ TEST RESULTS, INCLUDING PSYCHOLOGICAL
____ I.E.P INDIVIDUAL EVALUATION PLAN / COMPREHENSIVE EVALUATION REPORT
____ THIRD PARTY REPORTS, INCLUDING MEDICAL, PSYCHOLOGICAL, LEGAL, SOCIAL SERVICES
____ OTHER

****

I hereby authorize the Canton Area School District, Canton, PA to receive or release the information specified above upon request from: (please print the name, address, and phone number of the school/office):

_____

_____

I also acknowledge that I have been informed that I may request a copy of the school records if desired.

Parent/Legal Guardian Signature:_____

Please fax/mail/Email records to:
Canton Area Elementary School
545 East Main Street
Canton, PA 17724
Attn: Brianna Ward
Fax: 570-673-7929
bward@canton.k12.pa.us

CANTON AREA SCHOOL DISTRICT

"WARRIOR PRIDE"

ADMINISTRATIVE OFFICES
509 East Main Street - Canton, PA 17724
Ph: (570) 673-3191 Fax: (570) 673-3680

OFFICE OF SUPPORT SERVICES
545 East Main Street - Canton, PA 17724
Ph: (570) 673-3983 Fax: (570) 673-7929

www.canton.k12.pa.us

CANTON AREA ELEMENTARY SCHOOL
545 East Main Street, Canton, PA 17724
Ph: (570) 673-5196 Fax: (570) 673-7929

CANTON JR. SR. HIGH SCHOOL
509 East Main Street, Canton, PA 17724
Ph: (570) 673-5134 Fax: (570) 673-5566

HOUSEHOLD INFORMATION FORM

Surname_____ Date_____

Head of Household_____

Street Address_____ County_____

Mailing Address_____

Household Phone_____

Please check one:
Canton Boro ____ Canton Twp ____ LeRoy Twp ____ McIntyre Twp ____ McNett Twp ____Union Twp ____

PLEASE LIST ALL STUDENTS LIVING IN THIS HOUSEHOLD

	Last Name	First Name	Grade
1.			
2.			
3.			
4.			
5.			
6.			

CANTON AREA SCHOOL DISTRICT

"WARRIOR PRIDE"

ADMINISTRATIVE OFFICES
509 East Main Street - Canton, PA 17724
Ph: (570) 673-3191 Fax: (570) 673-3680

OFFICE OF SUPPORT SERVICES
545 East Main Street - Canton, PA 17724
Ph: (570) 673-3983 Fax: (570) 673-7929

www.canton.k12.pa.us

CANTON AREA ELEMENTARY SCHOOL
545 East Main Street, Canton, PA 17724
Ph: (570) 673-5196 Fax: (570) 673-7929

CANTON JR. SR. HIGH SCHOOL
509 East Main Street, Canton, PA 17724
Ph: (570) 673-5134 Fax: (570) 673-5566

PARENTAL REGISTRATION STATEMENT

Student Name _____

Date of Birth _____ Grade _____

Parent/Legal Guardian Name _____

Address _____

Home Phone _____ Cell Phone _____

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."

Please complete the following:

I hereby swear or affirm that my child ____was ____ was not previously suspended or expelled, or ____ is ____is not 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. 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(s) from which student was suspended or expelled (if more space is needed use the back of this sheet)

_____

Dates of suspension(s) or expulsion(s):

_____

Reason for suspension/expulsion _____

Parent/Legal Guardian Signature_____ Date _____

Any willful false statement made above shall be a misdemeanor of the third degree. This form shall be maintained as a part of the student's disciplinary record.

CANTON AREA SCHOOL DISTRICT

"WARRIOR PRIDE"

ADMINISTRATIVE OFFICES
509 East Main Street - Canton, PA 17724
Ph: (570) 673-3191 Fax: (570) 673-3680

OFFICE OF SUPPORT SERVICES
545 East Main Street - Canton, PA 17724
Ph: (570) 673-3983 Fax: (570) 673-7929

www.canton.k12.pa.us

CANTON AREA ELEMENTARY SCHOOL
545 East Main Street, Canton, PA 17724
Ph: (570) 673-5196 Fax: (570) 673-7929

CANTON JR. SR. HIGH SCHOOL
509 East Main Street, Canton, PA 17724
Ph: (570) 673-5134 Fax: (570) 673-5566

Transportation Enrollment/Change Form

Student Name - _____ Grade - _____ DOB - _____

Parents Name - _____ Phone - _____

Address - _____

Directions to residence from school - _____

_____

Nearest neighbor(s) - _____

Does a bus currently travel by residence? ___ No ___ Yes Bus Number - _____

Existing bus stop closest to your residence (if known) - _____

Please select from the list below how your child will be going to and coming from school -

__ AM __ PM **Home** - Address - _____

__ AM __ PM **Day Care** – Name/Address - _____

__ AM __ PM **Babysitter** – Name/Address - _____

__ AM __ PM **Walker**

Are there any custody arrangements that affect transportation - __ No __ Yes

Please provide necessary information - _____

_____

Parent Signature - _____ Date - _____

Student ID # _____

No. 138-AR-2
Approved 11/30/2018

CANTON AREA SCHOOL DISTRICT

"WARRIOR PRIDE"

ADMINISTRATIVE OFFICES
509 East Main Street - Canton, PA 17724
Ph: (570) 673-3191 Fax: (570) 673-3680

OFFICE OF SUPPORT SERVICES
545 East Main Street - Canton, PA 17724
Ph: (570) 673-3983 Fax: (570) 673-7929

www.canton.k12.pa.us

CANTON AREA ELEMENTARY SCHOOL
545 East Main Street, Canton, PA 17724
Ph: (570) 673-5196 Fax: (570) 673-7929

CANTON JR. SR. HIGH SCHOOL
509 East Main Street, Canton, PA 17724
Ph: (570) 673-5134 Fax: (570) 673-5566

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 first name: _____

Child's family 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. In which language do you prefer to receive information? _____

Parent/Guardian Signature:_____ Date:_____

Interpreter Provided ☐ No ☐ Yes

CANTON AREA SCHOOL DISTRICT

"WARRIOR PRIDE"

ADMINISTRATIVE OFFICES
509 East Main Street - Canton, PA 17724
Ph: (570) 673-3191 Fax: (570) 673-3680

OFFICE OF SUPPORT SERVICES
545 East Main Street - Canton, PA 17724
Ph: (570) 673-3983 Fax: (570) 673-7929

www.canton.k12.pa.us

CANTON AREA ELEMENTARY SCHOOL
545 East Main Street, Canton, PA 17724
Ph: (570) 673-5196 Fax: (570) 673-7929

CANTON JR. SR. HIGH SCHOOL
509 East Main Street, Canton, PA 17724
Ph: (570) 673-5134 Fax: (570) 673-5566

STUDENT NAME:_____

PERMISSION FOR EXAMINATION & HEALTH SCREENING FROM KINDERGARTEN THROUGH 12TH GRADE

I give permission for my child to receive medical and dental examinations and screenings as provided by the School Health Services of Canton Area School District while he/she is enrolled in the district.

I give permission for and understand that the State Law requires:

Physical Examinations – Kindergarten or original entry into school, grade 6, grade 11
(Unless physical exam completed & form returned to the school nurse by Nov 1)

Screening Tests for – Growth – All grades
Vision – All grades
Hearing – grades K, 1, 2, & 3
Scoliosis – grades 6 & 7

I understand that I will be informed if my child has any abnormal results of examinations or tests.

If you have any questions, please feel free to call the school.

Signature of Parent/Legal Guardian:_____Date:_____

Witness:_____

CANTON AREA SCHOOL DISTRICT

"WARRIOR PRIDE"

ADMINISTRATIVE OFFICES
509 East Main Street - Canton, PA 17724
Ph: (570) 673-3191 Fax: (570) 673-3680

OFFICE OF SUPPORT SERVICES
545 East Main Street - Canton, PA 17724
Ph: (570) 673-3983 Fax: (570) 673-7929

www.canton.k12.pa.us

CANTON AREA ELEMENTARY SCHOOL
545 East Main Street, Canton, PA 17724
Ph: (570) 673-5196 Fax: (570) 673-7929

CANTON JR. SR. HIGH SCHOOL
509 East Main Street, Canton, PA 17724
Ph: (570) 673-5134 Fax: (570) 673-5566

Economically Disadvantaged Determination Form 2023/24

Dear Parents of CASD Students:

The district qualifies for a program that allows us to provide a free breakfast and lunch to every student without requiring a free and reduced application. In order to continue to qualify, we must make an effort to maintain accurate records for the District's Breakfast / Lunch Program. CASD must determine which students meet the federal standard to be considered "Economically Disadvantaged". This is determined by the size of the household (**total** number of persons living there), and the income of the household (**total** earned income). Please circle the total number of persons living in your home and the lowest total earned income level that exceeds the income of all of your occupants combined. (Example: 6 total household members and their combined income is $69,500. You would circle 6 and $74,518).

Household Size	Yearly Income
1	$26,973
2	$36,482
3	$45,991
4	$55,500
5	$65,009
6	$74,518
7	$84,027
8	$93,536
Each Additional Person Add	$9,509

You only need to fill out one form per household, but make sure you list all school age children below. Thank you for assisting in this process and assisting us in providing healthy meals for all CASD students.

Please list students:

NAME and GRADE	NAME and GRADE

Print your name:_____ Sign your name:_____

PLEASE RETURN THIS FORM TO EITHER BUILDING OFFICE. Thank You!

CANTON AREA SCHOOL DISTRICT

"WARRIOR PRIDE"

ADMINISTRATIVE OFFICES
509 East Main Street - Canton, PA 17724
Ph: (570) 673-3191 Fax: (570) 673-3680

OFFICE OF SUPPORT SERVICES
545 East Main Street - Canton, PA 17724
Ph: (570) 673-3983 Fax: (570) 673-7929

www.canton.k12.pa.us

CANTON AREA ELEMENTARY SCHOOL
545 East Main Street, Canton, PA 17724
Ph: (570) 673-5196 Fax: (570) 673-7929

CANTON JR. SR. HIGH SCHOOL
509 East Main Street, Canton, PA 17724
Ph: (570) 673-5134 Fax: (570) 673-5566

SCHOOL REGISTRATION – STUDENT HEALTH INFORMATION

Date _____

Student Last Name _____ First Name _____ MI_____

Date of Birth _____

The following information will be placed in your child's school health record and will be kept confidential. It is sometimes beneficial for other school personnel to know about certain health problems in case an emergency occurs. Do you give permission for the school nurse to communicate to administrators, teachers, support staff, and bus drivers any health conditions that would be important for them to know in the event of an emergency?

Yes _____ No _____ Parent or Guardian Signature _____

Does your child currently have or has he/she ever had any of the following conditions?

	Circle	Explanation
1. Allergies		
a. Environmental	Yes No	_____
b. Food **(Doctor's Note Needed)**	Yes No	_____
c. Medicines	Yes No	_____
d. Skin Problems (eczema/psoriasis)	Yes No	_____

Life Threatening Allergic Conditions – Check all that apply

____Severe allergic reactions to bee stings or other insects:_____

____Severe Reactions to peanuts, tree nuts, seeds:_____

Please indicate any of your child's symptoms which would indicate a severe allergy:

____Itching and/or tightness in throat
____Itching or swelling of eyes, lips, or tongue
____Shortness of breath, coughing, wheeze
____Thready pulse, faintness, passing out
____Hives

Has your physician prescribed an Epi-pen or other medication for a life-threatening allergy? YES NO

2. Frequent Colds and Sore Throats	Yes No	_____
3. Arthritis, Rheumatic Disease	Yes No	_____
4. Asthma	Yes No	_____
a. Uses Inhaler	Yes No	_____
b. Uses Nebulizer	Yes No	_____
5. Attention Deficit Disorder/Hyperactivity	Yes No	_____
a. ADD/ADHD Medicines Prescribed	Yes No	_____
6. Autism Spectrum Disorder	Yes No	_____
7. Bedwetting	Yes No	_____
8. Birth Defects/Developmental Problems	Yes No	_____
9. Bleeding Problems, Anemia	Yes No	_____
10. Heart Conditions, heart murmur	Yes No	_____
11. Chicken Pox	Yes No	_____
12. Cystic Fibrosis	Yes No	_____
13. Diabetes	Yes No	_____

	Circle	Explanation
14. Eating Disorders	Yes No	_____
15. Stomach, Digestive, or bowel problems	Yes No	_____
16. Kidney, bladder, or genital problems	Yes No	_____
17. Hearing problems or many ear infections	Yes No	_____
18. Headaches	Yes No	_____
19. High blood pressure	Yes No	_____
20. High lead levels	Yes No	_____
21. Immunosuppressive Conditions	Yes No	_____
22. Cancer	Yes No	_____
23. Neurological Disorders	Yes No	_____
24. Bone/Joint/Orthopedic problems	Yes No	_____
25. Convulsions, seizures, epilepsy	Yes No	_____
26. Sickle Cell Diseases	Yes No	_____
27. Teeth Problems	Yes No	_____
28. Vision Problems or color deficit	Yes No	_____
a. Wears Glasses (please check)	___All the Time ___Distance Only ___Reading Only	
29. Weight disorders	Yes No	_____

Is your child under a doctor's care for any of the above? YES NO
Explain _____

Any Serious accidents/illnesses/concussions? _____

Any Operations/hospitalizations? _____

Family Health History – Circle any of the following diseases that this child's parents, grandparents, aunts, uncles, brothers or sisters have now or have had:

Allergies	Asthma	Cancer	Color Blindness
Deafness	Diabetes	Drug/Alcohol Addiction	Kidney Disease
Heart Disease	Hepatitis	High Blood Pressure	Seizures
Lead Poisoning	Learning Issues	Intellectual Disability	Tuberculosis
Nervous Breakdown	Sickle Cell Anemia		

Other Inherited or family diseases _____

30. Pre-Natal & Birth Health History
    a. Problems or illnesses, if any, mother had during pregnancy_____
    b. Did the mother take and medicines or drugs (other than vitamins) YES NO
    c. Problems, if any, during or after birth_____
    d. Did the baby come: On Time Early Late
    e. Baby's birth weight_____
    f. Problems, if any, that the baby had while at the hospital_____

31. Is your child on medicine at home? YES NO
    Explain_____

32. Does your child need to take any medications at school? YES NO
    Explain_____

33. Does your child have any special diet, food problems, health needs or problems/chronic conditions not already mentioned that the school should know about?
    Explain_____

34. Does your child need any restrictions on play or physical activities? YES NO
    Explain_____

35. Name of Family Doctor or Medical Facility_____