



THE SCHOOL DISTRICT OF PHILADELPHIA  
GIRARD ACADEMIC MUSIC PROGRAM

2136 RITNER STREET  
PHILADELPHIA, PA 19145



Office: 215-400-8230

Fax: 215-400-8231

Dear Parents/Guardians of new GAMP students:

We are glad that your student has selected GAMP and we are looking forward to a great school year! This document will be used as a check list for **all needed documents/forms prior to the start of school (August 26, 2024). This packet can be returned to GAMP's main office beginning August 6, 2014 from 10am-1:30pm.**

**NOTE: Parents/Guardians of Philadelphia Public School Students** - Even though your child's records are forwarded to us by their present school, it is still important that you complete our forms so that we can update your child's records accordingly. This includes **TWO PROOFS OF ADDRESS**. (Utility bill, lease, mortgage).

**Everything listed below is needed PRIOR to the first day of school at GAMP.** If you have any questions when completing the forms, our secretary, Ms. Johnson is available to assist you at 215-400-8230, or by email [@djohnsonstibbins@philasd.org](mailto:djohnsonstibbins@philasd.org) through the end of this school year.

**STUDENTS WILL NEED THESE DOCUMENTS BEFORE THE START OF SCHOOL (IF POSSIBLE)**  
**DROP OFFS WILL BE ACCEPTED AUGUST 6<sup>TH</sup>-12<sup>TH</sup>**

- **EH-40 Form**  
**\*\*A COPY OF THE LEGAL DECREE, or 'DELEGATION OF AUTHORITY', indicating the Custody Agreement in effect for your child if applicable.**
- **Proof of Child's Age.** Students' names will be listed on all school records **exactly** as they appear on the document. Appropriate documentation can be: birth certificate, baptismal certificate, or passport. If using another document, please check with Ms. Johnson first.
- **2 Proofs of Address:** A List of Acceptable Proofs of Address can be found on School District of Philadelphia web page.
- **Media Release Form**
- **Emergency Contact Form - Only the names listed under the Emergency Contacts section will be permitted to see or take the student from school.** If there is a telephone number or address change, please update it on the parent portal. In the event of an **EARLY DISMISSAL, ONLY a parent/legal guardian or an authorized emergency contact** may pick up the student.
- **2 Proofs of Address:** A List of Acceptable Proofs of Address can be found on CAPA's main web page.
- **Student Health Information**
  - Student Emergency Medical Information S-865
  - Physical Examination Form with required immunizations included
  - Request for Administration of Medication, Treatment, or Equipment (Med-1) is only required if your child takes medication in school.

**IT IS UNDERSTOOD THAT YOU MAY NOT BE ABLE TO SCHEDULE A PHYSICAL EXAMINATION DUE TO INSURANCE LIMITATIONS. HOWEVER, PLEASE SUBMIT THE MOST RECENT PHYSICAL EXAM AND IMMUNIZATIONS AS SOON AS POSSIBLE.**



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  
 Check all races that apply:  
 White  Black / African American  Native Hawaiian / Other Pacific Islander  
 Asian  American Indian / Alaska Native

Gender:  Male /  Female  
 Country of Birth: \_\_\_\_\_  
 Home Primary Language \_\_\_\_\_  
 Date child first enrolled into a U.S. School \_\_\_\_\_

**STUDENT ENROLLMENT HISTORY - SECTION 2**

Indicate city and type of school child last attended  
 Philadelphia  Other City: \_\_\_\_\_  
 Public School \_\_\_\_\_  
 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) \_\_\_\_\_ Gender: Male / Female  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Phone (1) \_\_\_\_\_ Phone (2) \_\_\_\_\_

**Secondary**

2) \_\_\_\_\_ Gender: Male / Female  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 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 \_\_\_\_\_



# THE SCHOOL DISTRICT OF PHILADELPHIA

## Student Emergency / Medical Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 School: \_\_\_\_\_ Room/Sec: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home phone: \_\_\_\_\_  
 Mother: \_\_\_\_\_ email: \_\_\_\_\_ phone: \_\_\_\_\_  
 Father: \_\_\_\_\_ email: \_\_\_\_\_ phone: \_\_\_\_\_  
 Guardian: \_\_\_\_\_ email: \_\_\_\_\_ phone: \_\_\_\_\_

Emergency contacts (other than parents) must be local and available for contact:

Name and Relationship to child	Phone
1. _____	_____
2. _____	_____

Childs Doctor/Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Medical Insurance: MA \_\_\_ CHIP \_\_\_ Private \_\_\_  
 Insurance company name: \_\_\_\_\_ Policy Number \_\_\_\_\_

Please circle below to give permission to the school nurse to give your child medication.

Acetaminophen(Tylenol)	Yes	No
Ibuprofen (Motrin)	Yes	No

Please CIRCLE the following if your child:

Wears: Glasses      Hearing aid  
 Has: Seizures    Diabetes    Asthma    ADHD

List Allergies: Food substitution requires a new order yearly from a health care provider: \_\_\_\_\_

Other Health Problems: \_\_\_\_\_

Does your child take medication? \_\_\_NO \_\_\_YES (please list)

Medication	Dose	Frequency/Time	Reason

Your signature gives permission for emergency treatment; as well as for SDP School Nurses to administer medications you indicate on this emergency form, during school hours, on field trips and after school activities. 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.





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

