

NEW STUDENT REGISTRATION FORMS

Attached you will find the link to the forms needed to register your child for McCullough.

Please complete them and either email them to the school secretary or fax them back to the school. We will also need a copy of your child's birth certificate and proof of residency.

Mrs. Sandy Kerna kernas@penntrafford.org

Fax Number 724-744-1076

Student #: _____
PA State ID: _____

**REGISTRATION INFORMATION
PENN-TRAFFORD SCHOOL DISTRICT**

School: McCullough

Date Enrolled: _____

Kdg. AM _____ PM _____

Date Registered: ____/____/____

Preference: _____

Last Name First Name Middle Name Entering Grade Male / Female Race

Birthdate Month / Day / Year Place of Birth

Connect Ed Number: _____ (Number used for school-to-parent automated communication system)

Cell Number for Text Alert: 1. _____ Email alerts: 1. _____
2. _____ 2. _____

Mailing address (If PO Box, please give street name and # for transportation purpose:

Family Information:

Number of children in household: Total: _____ Girls: _____ Boys: _____ Older: _____ Younger: _____

Father's Name: _____ Cell #: _____

Father's Work: _____

Mother's Name: _____ Cell #: _____

Mother's Work: _____

Parents separated / divorced: Yes _____ No _____ If yes, specify which parent has primary custody of student: _____

Foster: Yes _____ No _____ Ward of the State: Yes _____ No _____

Guardian/Foster Name	Relationship	Address	Phone

List the last school which the student attended:

School Name	District	Address	Phone

Place an "X" next to the service(s) or program(s) the child receives:

- | | |
|---|---------------------------|
| 1. CTC Education _____ | 6. Hearing _____ |
| 2. Learning Support _____ | 7. Remedial Reading _____ |
| 3. Gifted _____ | 8. Remedial Math _____ |
| 4. Socially Emotionally Disturbed _____ | 9. Speech _____ |
| 5. Vision _____ | 10. Other _____ |

I understand this is a tentative placement until records are received and reviewed by the administration.

Parent/Guardian Signature

Date



PENN-TRAFFORD SCHOOL DISTRICT

"Effective, Efficient, Quality Education"

McCullough Elementary School
213 Watt Road
Jeannette, Pennsylvania 15644
www.mc.penntrafford.org

Mr. Joseph Marasti
Principal
724-744-7441

REQUEST TO RELEASE RECORDS

From: _____

LAST NAME OF STUDENT	FIRST NAME	MIDDLE NAME	DOB	GRADE
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PENN-TRAFFORD SCHOOL DISTRICT ENROLLMENT DATE: _____/_____/_____
Day Month Year

Please release the following information to the address circled:

Harrison Park Elementary School
10 Dell Avenue
Jeannette, PA 15644
Phone: 724-744-2161
Fax: 724-744-1865

Trafford Elementary School
100 E. Brinton Avenue
Trafford, PA 15085
Phone: 412-372-6600
Fax: 412-372-1551

Sunrise Estates School
171 Sunrise Drive
Irwin, PA 15612
Phone: 724-861-6700
Fax: 724-861-0226

Level Green Elementary School
650 Cypress Court
Level Green, PA 15085
Phone: 412-372-6603
Fax: 412-372-0114

Trafford Middle School
100 E. Brinton Avenue
Trafford, PA 15085
Phone: 412-372-6600
Fax: 412-372-1551

Penn-Trafford High School
3381 Route 130
Harrison City, PA 15636
Phone: 724-744-4471
Fax: 724-744-4426

McCullough Elementary School
213 Watt Road
Jeannette, PA 15644
Phone: 724-744-7441
Fax: 724-744-1076

Penn Middle School
11 Penn Middle Way
Jeannette, PA 15644
Phone: 724-744-4431
Fax: 724-744-1215

- Official administrative record (name, address, birth date, grade level, report card grades, class standing, attendance, standardized achievement test scores)
- School/counselor generated tests such as intelligence and aptitude scores
- Health records with the immunization card
- Disciplinary records
- Special education records including psychological/psychiatric workup
- Other _____

Please complete:

The last day of attendance for the student named above was _____

AUTHORIZATION FOR THE RELEASE OF RECORDS:

Signature of Parent/Guardian: _____ Date: _____

Signature of School Official/Title _____ Date: _____

"Effective, efficient, quality education"

Penn Trafford School District
Harrison City, Pennsylvania 15636
724-744-4496

Home Language Survey*

The Civil Rights Law of 1964, Title VI requires that school districts identify limited English proficient (LEP) students. Pennsylvania has selected the Home Language Survey as the method for the identification. Please complete the information below and return it to your child's school.

School:

Date:

Student's name:

Grade:

1. What was the student's first language?
2. Does the student speak a language other than English?
If yes, specify the language _____
(Do not include language learned in school)
3. What language(s) is/are spoken in your home?

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

Parent/Guardian signature: _____

*The school has the responsibility under federal law to serve students who are limited English proficient and need English instructional services. Given this responsibility, the school 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 may conduct screenings or ask for related information about students who are already enrolled in the district as well as from students who enroll in the school in the future.



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PENN-TRAFFORD SPECIAL SERVICES REGISTRATION FORM

- My child has an IEP, GIEP, or a 504 Agreement on file at the previous school attended.

If your child has an active educational plan, please check the support services that they need:

- Autistic Support
- Blind Visual Impairment Support
- Deaf and Hard of Hearing Support
- Emotional Support
- Gifted Support
- Learning Support
- Life Skills Support
- Multiple Disabilities Support
- Physical Support
- Speech and Language Support
- Other (Please specify)

Is your child in the process of being evaluated for an educational plan?

- Yes No

- My child doesn't need any specific educational plan.

Parent Signature

Date



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HEALTH HISTORY

To Parents or 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 _____ Birth date _____
 Address _____
 Father's Name _____ Telephone _____
 Mother's Name _____ Telephone _____
 Guardian (if child not living with parent) _____
 Name of Child's Physician or other source of
 Medical Care _____ Telephone _____

HAS YOUR CHILD HAD ANY OF THE FOLLOWING? Give Details.

Allergies _____	Medication Allergies _____
Asthma _____	Chicken Pox _____
Allergic to bees _____	Scarlet Fever _____
Seizures _____	Heart Murmur _____
Diabetes _____	Hearing Problems _____
Frequent Illness _____	Vision Problems _____
Serious Illness _____	Speech Impairment _____
Hospitalization _____	Surgery _____
Serious Accident _____	Emotional Problems _____

Is your child at present under medical treatment? If so, explain in detail and include any treatment or medication that is necessary.

Brothers and Sisters

Names

Ages

Any pertinent home and family conditions, parent concerns:

General information: The School Health Law require medical examinations for children in grades K, 6, 11, and dental examinations in grades K, 3, and 7. You will be notified when these examinations are due.
jao: 2/09



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Penn-Trafford Health Services

Mr. Joseph Marasti

Principal

724-744-7441

Dear Parent/Guardian:

Welcome to the Penn-Trafford School District. In order for your child to be in compliance with the entry requirements for the Commonwealth of Pennsylvania, the following health information must be received and reviewed by the school nurse **prior to your child's first day of school.**

Grades K-12: Documentation of the following **minimum** immunizations:

- Tetanus, diphtheria, and acellular pertussis (DtaP): Four doses properly spaced with one dose on or after the fourth birthday
- Polio (IPV): Four doses (Fourth dose must be on or after the fourth birthday and at least six months after the previous dose given)
- Measles, Mumps, and Rubella (MMR): Two doses properly spaced
- Hepatitis B: Three doses properly spaced
- Varicella (Chicken Pox): Two doses properly spaced or evidence of immunity

Grades 7-12: Students need the following additional immunizations:

Meningococcal conjugate vaccine (Meningitis/MCV):

- **One dose for 7th grade entry**
- **Two doses for 12th grade entry**

Tetanus, diphtheria, and acellular pertussis (Tdap)

- **One dose for 7th grade entry**

The following forms are also required:

- Copy of birth certificate (or baptismal certificate)
- Emergency Card
- Health History

Thank you for your help and cooperation!

Penn-Trafford Certified School Nurses

ld 3/17



Bureau of Community Health Systems
Division of School Health

**Private or School
PHYSICAL EXAMINATION
OF SCHOOL AGE STUDENT**

PARENT / GUARDIAN / STUDENT:
Complete page one of this form before
student's exam. Take completed form to
appointment.

Student's name _____ Today's date _____

Date of birth _____ Age at time of exam _____ Gender: Male Female

Medicines and Allergies: Please list all prescription and over-the-counter medicines and supplements (herbal/nutritional) the student is currently taking:

Does the student have any allergies? No Yes (If yes, list specific allergy and reaction.)

Medicines Pollens Food Stinging Insects

Complete the following section with a check mark in the YES or NO column; circle questions you do not know the answer to.

GENERAL HEALTH: <i>Has the student...</i>	YES	NO
1. Any ongoing medical conditions? If so, please identify: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infection Other _____		
2. Ever stayed more than one night in the hospital?		
3. Ever had surgery?		
4. Ever had a seizure?		
5. Had a history of being born without or is missing a kidney, an eye, a testicle (males), spleen, or any other organ?		
6. Ever become ill while exercising in the heat?		
7. Had frequent muscle cramps when exercising?		
HEAD/NECK/SPINE: <i>Has the student...</i>	YES	NO
8. Had headaches with exercise?		
9. Ever had a head injury or concussion?		
10. Ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
11. Ever had numbness, tingling, or weakness in his/her arms or legs after being hit or falling?		
12. Ever been unable to move arms or legs after being hit or falling?		
13. Noticed or been told he/she has a curved spine or scoliosis?		
14. Had any problem with his/her eyes (vision) or had a history of an eye injury?		
15. Been prescribed glasses or contact lenses?		
HEART/LUNGS: <i>Has the student...</i>	YES	NO
16. Ever used an inhaler or taken asthma medicine?		
17. Ever had the doctor say he/she has a heart problem? If so, check all that apply: <input type="checkbox"/> Heart murmur or heart infection <input type="checkbox"/> High blood pressure <input type="checkbox"/> Kawasaki disease <input type="checkbox"/> High cholesterol <input type="checkbox"/> Other: _____		
18. Been told by the doctor to have a heart test? (For example, ECG/EKG, echocardiogram)?		
19. Had a cough, wheeze, difficulty breathing, shortness of breath or felt lightheaded DURING or AFTER exercise?		
20. Had discomfort, pain, lightness or chest pressure during exercise?		
21. Felt his/her heart race or skip beats during exercise?		
BONE/JOINT: <i>Has the student...</i>	YES	NO
22. Had a broken or fractured bone, stress fracture, or dislocated joint?		
23. Had an injury to a muscle, ligament, or tendon?		
24. Had an injury that required a brace, cast, crutches, or orthotics?		
25. Needed an x-ray, MRI, CT scan, injection, or physical therapy following an injury?		
26. Had joints that become painful, swollen, feel warm, or look red?		
SKIN: <i>Has the student...</i>	YES	NO
27. Had any rashes, pressure sores, or other skin problems?		
28. Ever had herpes or a MRSA skin infection?		

GENITOURINARY: <i>Has the student...</i>	YES	NO
29. Had groin pain or a painful bulge or hernia in the groin area?		
30. Had a history of urinary tract infections or bedwetting?		
31. FEMALES ONLY: Had a menstrual period? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: At what age was her first menstrual period? _____ How many periods has she had in the last 12 months? _____ Date of last period: _____		
DENTAL:	YES	NO
32. Has the student had any pain or problems with his/her gums or teeth?		
33. Name of student's dentist: _____ Last dental visit: <input type="checkbox"/> less than 1 year <input type="checkbox"/> 1-2 years <input type="checkbox"/> greater than 2 years		
SOCIAL/LEARNING: <i>Has the student...</i>	YES	NO
34. Been told he/she has a learning disability, intellectual or developmental disability, cognitive delay, ADD/ADHD, etc.?		
35. Been bullied or experienced bullying behavior?		
36. Experienced major grief, trauma, or other significant life event?		
37. Exhibited significant changes in behavior, social relationships, grades, eating or sleeping habits, withdrawn from family or friends?		
38. Been worried, sad, upset, or angry much of the time?		
39. Shown a general loss of energy, motivation, interest or enthusiasm?		
40. Had concerns about weight; been trying to gain or lose weight or received a recommendation to gain or lose weight?		
41. Used (or currently uses) tobacco, alcohol, or drugs?		
FAMILY HEALTH:	YES	NO
42. Is there a family history of the following? If so, check all that apply: <input type="checkbox"/> Anemia/blood disorders <input type="checkbox"/> Inherited disease/syndrome <input type="checkbox"/> Asthma/lung problems <input type="checkbox"/> Kidney problems <input type="checkbox"/> Behavioral health issue <input type="checkbox"/> Seizure disorder <input type="checkbox"/> Diabetes <input type="checkbox"/> Sickle cell trait or disease Other _____		
43. Is there a family history of any of the following heart-related problems? If so, check all that apply: <input type="checkbox"/> Brugada syndrome <input type="checkbox"/> QT syndrome <input type="checkbox"/> Cardiomyopathy <input type="checkbox"/> Marfan syndrome <input type="checkbox"/> High blood pressure <input type="checkbox"/> Ventricular tachycardia <input type="checkbox"/> High cholesterol <input type="checkbox"/> Other _____		
44. Has any family member had unexplained fainting, unexplained seizures, or experienced a near drowning?		
45. Has any family member / relative died of heart problems before age 50 or had an unexpected / unexplained sudden death before age 50 (includes drowning, unexplained car accidents, sudden infant death syndrome)?		
QUESTIONS OR CONCERNS	YES	NO
46. Are there any questions or concerns that the student, parent or guardian would like to discuss with the health care provider? (If yes, write them on page 4 of this form.)		

I hereby certify that to the best of my knowledge all of the information is true and complete. I give my consent for an exchange of health information between the school nurse and health care providers.

Signature of parent / guardian / emancipated student _____ Date _____

STUDENT'S HEALTH HISTORY (page 1 of this form) REVIEWED PRIOR TO PERFORMING EXAMINATION: Yes No

Physical exam for grade: K/1 <input type="checkbox"/> 6 <input type="checkbox"/> 11 <input type="checkbox"/> Other <input type="checkbox"/>	CHECK ONE			*ABNORMAL FINDINGS / RECOMMENDATIONS / REFERRALS
	NORMAL	*ABNORMAL	DEFER	
Height: () inches				
Weight () pounds				
BMI: ()				
BMI-for-Age Percentile: () %				
Pulse: ()				
Blood Pressure: (/)				
Hair/Scalp				
Skin				
Eyes/Vision Corrected <input type="checkbox"/>				
Ears/Hearing				
Nose and Throat				
Teeth and Gingiva				
Lymph Glands				
Heart				
Lungs				
Abdomen				
Genitourinary				
Neuromuscular System				
Extremities				
Spine (Scoliosis)				
Other				

TUBERCULIN TEST	DATE APPLIED	DATE READ	RESULT/FOLLOW-UP

MEDICAL CONDITIONS OR CHRONIC DISEASES WHICH REQUIRE MEDICATION, RESTRICTION OF ACTIVITY, OR WHICH MAY AFFECT EDUCATION

(Additional space on page 4)

Parent/guardian present during exam: Yes No

Physical exam performed at: Personal Health Care Provider's Office School Date of exam _____ 20____

Print name of examiner _____

Print examiner's office address _____ Phone _____

Signature of examiner _____ MD DO PAC CRNP

HEALTH CARE PROVIDERS: Please photocopy immunization history from student's record – OR – Insert information below.

IMMUNIZATION EXEMPTION(S):

Medical Date Issued: _____ Reason: _____ Date Rescinded: _____
 Medical Date Issued: _____ Reason: _____ Date Rescinded: _____
 Medical Date Issued: _____ Reason: _____ Date Rescinded: _____

NOTE: The parent/guardian must provide a written request to the school for a religious or philosophical exemption.

VACCINE	DOCUMENT: (1) Type of vaccine; (2) Date (month/day/year) for each immunization				
Diphtheria/Tetanus/Pertussis (child) Type: DTaP, DTP or DT	1	2	3	4	5
Diphtheria/Tetanus/Pertussis (adolescent/adult) Type: Tdap or Td	1	2	3	4	5
Polio Type: OPV or IPV	1	2	3	4	5
Hepatitis B (HepB)	1	2	3	4	5
Measles/Mumps/Rubella (MMR)	1	2	3	4	5
Mumps disease diagnosed by physician <input type="checkbox"/>	Date: _____				
Varicella: Vaccine <input type="checkbox"/> Disease <input type="checkbox"/>	1	2	3	4	5
Serology: (Identify Antigen/Date/POS or NEG) i.e. Hep B, Measles, Rubella, Varicella	1	2	3	4	5
Meningococcal Conjugate Vaccine (MCV4)	1	2	3	4	5
Human Papilloma Virus (HPV) Type: HPV2 or HPV4	1	2	3	4	5
Influenza Type: TIV (injected) LAIV (nasal)	6	7	8	9	10
	11	12	13	14	15
Haemophilus Influenzae Type b (Hib)	1	2	3	4	5
Pneumococcal Conjugate Vaccine (PCV) Type: 7 or 13	1	2	3	4	5
Hepatitis A (HepA)	1	2	3	4	5
Rotavirus	1	2	3	4	5
Other Vaccines: (Type and Date)					



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Dear Parents,

Pennsylvania School Health Law requires dental examinations for all children in grades K, 3, and 7. These grades were selected because they represent critical periods of growth and development in a child's life.

We are recommending that these examinations be done by your family dentist since they can best evaluate your child's health and assist you in obtaining the necessary treatments and corrections.

We are sending the forms to you early so that you have an opportunity to have the examinations completed over the summer. Please have the forms filled out as completely as possible and return them to me at the beginning of the fall term. If this form is not returned, the child will be examined by the school dentist. Thank you for your cooperation in this important matter.

Sincerely,

School Nurse

FAMILY DENTIST REPORT

Name of child _____ Grade _____ Date _____

Please complete information on dental status:

Primary Teeth: Fillings _____ Extractions _____ Missing _____

Permanent Teeth: Fillings _____ Extractions _____ Missing _____

Malocclusion _____

Other Conditions _____

All necessary dental corrections have been made at this time.

Yes _____ No _____

Dentist signature

Address

Phone

EARNED INCOME TAX INFORMATION FOR RESIDENTS OF THE
PENN-TRAFFORD SCHOOL DISTRICT

As you may know, school districts in Pennsylvania have tax revenue sources other than real estate taxes from which they may obtain funds to support schools and education. Authority for levying these additional taxes was granted to local school districts and municipalities by the Pennsylvania General Assembly in 1965 through passage of the Local Tax Enabling Act (LTEA). The earned income tax or "wage tax" is usually a tax of one percent (1%) on gross wages and/or net profits from a business or profession. Penn-Trafford School District earned income tax is one-half of one percent (.5%). The municipalities comprising the School district levy an earned income tax at the rate of one-half of one percent (.5%). The combined total tax rate is one percent (1%).

Berkheimer Tax Administrator (HAB) is the appointed earned income tax officer for the Westmoreland County and the Penn-Trafford School District and its municipalities Manor Borough, Penn Borough, Trafford Borough and Penn Township. As the appointed earned income tax collector, HAB is charged with the duty of administering the school district's and/or municipality's taxes. This includes collecting the tax, establishing rules and regulations, and creating accurate tax records and accounts for each taxpayer.

Below is an Earned Income Tax Registration Form. A completed Registration Form will fulfill your registration requirements under the earned income tax rules and regulations adopted by the Penn-Trafford School District. More importantly, this information will ensure that your tax dollars are sent to your home taxing jurisdiction. All residents should complete this form, regardless of employment status (unemployed, retired, college student, military personnel, or homemaker). If you have recently moved, please give your current and former address.

Most resident taxpayers will have this tax deducted by their employers. However, if you work in the jurisdiction where it is NOT WITHHELD, or you are self-employed, you will have to PAY THE TAX DIRECTLY TO HAB through quarterly installments. Your completed registration form will be forwarded to HAB, who will create an accurate tax account reflecting your correct reporting status and send you the necessary tax forms.

PENN-TRAFFORD SCHOOL DISTRICT
Earned Income Tax Registration Form

Student Name _____ School Name _____
Your Name _____ Your Social Security No. _____
Spouse's Name _____ Spouse's Social Security No. _____
Address _____ City _____ State _____ Zip _____

Resident Municipality (Township or Borough in which you reside) CIRCLE ONE:

Manor Borough Penn Borough Penn Township Trafford Borough

Date you moved to the above address ___/___/___ Did you move here from another Pennsylvania location? ___ Yes ___ No
If yes, please list the previous address and resident school district _____

Working Jurisdiction (Twp/Boro/City) _____ Spouse's Working Jurisdiction (Twp/Boro/City) _____

Is Earned Income Tax withheld from: Your Pay? _____ From Spouse's Pay? _____

Are you self-employed? _____ Is spouse self employed? _____ If you have no earned income, please circle the reason why: retired/ homemaker/ temporarily unemployed/ disabled/ student/ minor (please state age) _____/ other (please specify) _____

Your Signature _____ Spouse's Signature _____

SEE REVERSE⇒

COMMONWEALTH OF PENNSYLVANIA/ PENN-TRAFFORD SCHOOL DISTRICT AFFIDAVIT OF INFORMATION

Under the provisions of Article XIII-A of Act 26 of 1995, prior to a student's admission to any school entity, a sworn statement is required concerning the student's prior disciplinary record.

AFFIDAVIT

Commonwealth of Pennsylvania
County of Westmoreland

Before me, the undersigned authority, personally appeared (Name of Parent/Guardian) who being duly sworn according to law, deposes and says as follows:

(Name of Student) is requesting admission as a student to the Penn-Trafford

School District in grade _____ for McCullough Elementary.

Table with 3 columns: Names of prior schools attended, Grade, Building. Includes three rows of dashed lines for input.

(Name of Student) WAS WAS NOT previously suspended or expelled (Circle one)

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.

I understand that a certified copy of (Name of Student)'s disciplinary record will be transmitted to the Penn-Trafford School District within 10 days and that it will be inspected only by the student, school officials, state and local law enforcement officials or me, as parent/guardian.

I understand that any false reporting of suspension or expulsion will delay the student's enrollment, while district officials investigate the enrollment discrepancy, and such investigation may result in the student's placement being denied or into Alternative Education.

(Signature of Parent/Guardian)

Subscribed and sworn to before me this

(DAY, MONTH, YEAR)

NOTARY PUBLIC

FAMILY ID DIRECTIONS AND INFORMATION FOR STUDENT EMERGENCY CARDS

The Penn Trafford School District uses Family ID to complete student emergency cards. Your account will also be used for multiple other events as your child progresses through school.

Listed below are step by step instructions on how to create an account in Family ID and also complete the student emergency card.

Our recommendation: Family ID works very well from a computer or laptop. The system is not as reliable and encounters many errors when accessed on a phone or device.

1. Go to the PT home page website – www.penntrafford.org
2. On the left side under “Quick Links”- select the tab for “Family ID”
3. Click on – “PTSD 2019-2020 Student Emergency Card Information Registration”
4. Click on – “Register Now” and create an account. Please save your username and password somewhere where you can access it.
5. Choose your appropriate elementary school
6. Complete all necessary information for your child(ren), please enter all the fields required
7. IMPORTANT – If you have more than one child you have to complete an emergency card for each of them; many fields are prepopulated for easier completion
8. Save and Continue
9. Click “Submit”

If you encounter any issues, please contact FamilyID Technical Support. They are very helpful and can solve most problems.

Email: support@familyid.com

Phone: 781-205-2800