### TO BE COMPLETED BY PARENT/GUARDIAN

(Please do not take to your child's present school to be completed)

In order to simplify the registration process, please help us by completing the enclosed forms and returning them to CAPA. If you have any questions when completing the forms, our secretary, Mrs. Barnhill, is available to assist you at 215-400-8140, between 8:30 a.m. and 2:00 p.m.

## PLEASE NOTE: STUDENTS WILL NOT BE ADMITTED WITHOUT A COMPLETED PACKET

1. Student Information Sheet. (Social Security number must be indicated.) If parents are divorced, separated, etc., a COPY OF THE LEGAL DECREE or 'DELEGATION OF AUTHORITY' indicating the Custody Agreement in effect for your child MUST BE INCLUDED when you return this packet. Documentation is required and will be kept on file. Anyone NOT listed on this Student Information Sheet will NOT be permitted to have access to your child nor will we be able to release your child to them in the event of an early dismissal. Also, please advise the secretary in the main office if any of the information you previously submitted changes.

Proof of address, as stated on page 3, line (e), is required.

## \*\*ALL LEGAL CUSTODIAL PAPERS MUST BE RETURNED WITH THIS PACKET OF INFORMATION.

## \*\* THE STUDENT 'S NAME, TO BE USED ON SCHOOL DISTRICT RECORDS, MUST APPEAR EXACTLY AS IT DOES ON HIS/HER BIRTH CERTIFICATE.

\*\*(A copy of the birth certificate must be submitted.)

- 2. Authorization for Release of your child's records from his/her previous schools.
- 3. Admissions Affidavit (Provisions of ACTS 26 & 30).
- 4. EH-40 Form (IMPORTANT: PLEASE INDICATE IF YOUR CHILD HAS EVER ATTENDED A PHILADELPHIA PUBLIC SCHOOL; THIS INCLUDES KINDERGARTEN.)
- 5. Emergency Contact Form.
- 6. Media Release Form

### PLEASE INCLUDE THE FOLLOWING:

- a. A copy of your child's Birth Certificate or Baptismal Certificate. If your child is not a native born American, we must have a copy of his/her passport, green card, and any other verification of his/her citizenship status.
- b. Final Report Card: When your child receives his/her final report card, please send us a copy so that it can be placed in our school records.

- c. Transcripts from all previous high schools. (Applies only to those who currently attend high school.)
- d. Proof of Address: Voter's Registration, driver's license, copy of automobile insurance policy, non-driver's license, utility bill (gas, water or electric). Parents who do not reside with their child must complete a Delegation of Authority Form.

## REMINDER

# STUDENTS WILL <u>NOT</u> BE ADMITTED TO CAPA WITHOUT THE FOLLOWING DOCUMENTATION:

- <u>COPY OF YOUR CHILD</u> 'S <u>BIRTH CERTIFICATE</u> Students' names will be listed on all school records exactly as they appear on their birth certificates. If you are in the process of having a name change, a copy of your legal request form that you submitted to the state must be included.
- ALL LEGAL PAPERS Any document that concerns primary or partial custody of the student must be submitted at time of admission. (A written note is not sufficient; official documentation is required). If an estranged parent comes for the student, a written note from the custodial parent would not prevent the estranged parent from seeing or taking the student. Only official documentation would clarify, for school staff, which adults are permitted to have contact with the student. This also includes requests to view students' records and requests to accompany students home from school.
- <u>EMERGENCY CONTACTS</u> Only the names listed under the Emergency Contacts section will be permitted to see or take the student from school. Names and telephone numbers are used in an emergency or if a child is to be picked up for an early dismissal. If you would like to add to this list at any time, you may send a note to the main office. Please include your phone number in order to verify the update.
- •If there is a telephone number or address change, please send written confirmation to the main office **immediately** in order to update the school computer network and students' records.
- EARLY DISMISSAL If you are requesting an early dismissal for a student. A parent/legal guardian must pick up the student. Students are not allowed to leave on their own.
- MEDICAL IMMUNIZATIONS Must be submitted by the first day of school. Pursuant to School district policy and State law, students without required immunizations are prohibited from attending school.

# PLEASE READ THIS "REMINDER," COMPLETE THE STUDENT INFORMATION SHEETANDRETURN TO CAPA MAIN OFFICE.

## STUDENT INFORMATION SHEET

Student's Name:	
Address:	
City:	
Zip Code:	
Home or Main Contact	
Telephone #:	D.O.B
Art Area:	
Father's Name:	
Please indicate if it is OK to text:YES _	NO
Father's Work #:	
Father's Cell #:	
Mother's Name:	
Please indicate if it is OK to text:YES _	NO
Mother's Work #:	
Mother's Cell #	1.0.2.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.
Parent/Guardian Email Address:	
•	OPY OF THE LEGAL DECREE indicating the IST BE INCLUDED when you return this packet.
Emergency Contact Name/Relationship and Pho-	ne #:
Has the student ever attended a Philadelphia Pul	blic school? Yes No
If yes, please enter the name of the school and da	te the student last attended:
<u> </u>	

### AUTHORIZATION FOR RELEASE OF SCHOOL INFORMATION

To: The Philadelphia High School for Creative and Performing Arts 901 S. Broad Street Philadelphia, Pennsylvania 19147-2696 Date: I hereby give my consent for the release of information about my child, from the records of: Name of Pupil Name of School **School Address** Zip Code City State Signature of Parent/Guardian Address

City

State

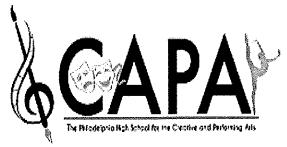
Zip Code

## **ADMISSIONS AFFIDAVIT**

## (Provisions of ACTS 26 & 30)

I,	, parent/guardian of student,
	, do hereby swear/affirm that the
abov	e identified student: (check one)
	1 is currently on
	2 was previously on
	3 was never on
poss	ension or expulsion from any public or private school in Pennsylvania or any other jurisdiction for ession or use of any weapon, drugs, alcohol or for any act of violence on school property or for any which resulted in injury to another person.
If (1	or (2) above apply to this student, you must provide the following information:
1. T	he name and address of the school from which the student was suspended or expelled:
2. T	he dates of the suspension(s) or expulsion:
3. T	the reason(s) for the suspension(s) or expulsion:
4. I	s your child eligible for Special Education services?
4	Ves No

I make this statement with the full knowledge that any misstatement or omission make me subject to the
criminal penalties of 24 P.S. §1304A relating to falsification of this document.
Signed:



#### **DEAR PARENTS/GUARDIANS:**

At CAPA there are many activities and events that are covered by local and national media. In addition, we record and or video tape all performances and events.

This letter is to both inform you and request permission for your child's picture, voice, video, work and/or full name to be published on the School District and/or an individual school's website and/or be captured and published by the media. Students may be randomly interviewed by media outlets, as well.

Student images are used to promote student activities and celebrate student work and promote events and programs at CAPA. However, there are potential dangers associated with posting personally identifiable information on a website or media outlet, because global access to the Internet means that the School District cannot control who may view the website.

Accordingly, the School District will not release any information without prior written consent from you as the parent or legal guardian. Please return this form to THE MAIN OFFICE to indicate if your child's image, voice, video, work and/or full name may be used on the Internet or for media purposes. This permission will be applicable to any use of full name, picture, voice, work or video taken in the school year in which permission is given and will remain in effect until the full name, picture, video, work or voice is 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' school. Thank you for your cooperation.

I/We GRANT permission for any photo/image, voice, video, work and/or full name of this student
to be published on the school and/or School District's public Internet site, and other media outlets.
I/We DO NOT GRANT permission for any photo/image, voice, video, work and/or full name of this student to be published on the school and/or School District's public Internet site and other media outlets.
In addition, I agree to release and hold harmless the School District, its 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 full name on the Internet.
Student's Name:
School/Office Name:
Print name of Parent/Legal Guardian:  (print)
Signature of Parent/Legal Guardian: (sign)
Date Signed:

Check one of the following options: