Souderton Area School District
A community where character counts℠

Please complete, sign and
RETURN TO YOUR CHILD'S SCHOOL

Student Name: Last _____ First_____ Middle _____

School_____ Grade_____

BACK TO SCHOOL
2026-2027 INFORMATION REVIEW

Dear Parents/Guardians:
Please read the important information below and mark the agreement checkboxes.

CONTACT INFORMATION
Contact information for students and guardians provided at registration is maintained electronically by Souderton Area School District. In order to effectively communicate with guardians and students, it is imperative that we have current, accurate contact information in our records. Please follow the procedures below for updating contact information.

☐ Yes, I understand that updates to mailing address information must be presented **in person** at the Souderton Area School District Registration Office.

☐ Yes, I understand that updates to phone numbers and e-mail address information must be provided **in writing** to my child's school.

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DISTRICT POLICIES AND PROCEDURES
Establishing safe and nurturing learning communities is of paramount importance for the staff, faculty and administration in the Souderton Area School District. To this end, the District has established policies to make our schools safe for all children. Our Handbooks are posted online to remind students and parents of these policies and procedures. We expect parents to review the handbook with their child so that everyone is aware of the expectations and so students can be active contributors to the safety of our schools. Please pay close attention to the sections below as violating these areas may have serious implications:

☐ Yes, I have read and understand the District Handbook.

☐ Yes, I have read and understand the Souderton Area School District Attendance Regulations.

☐ Yes, I have read and understand the policies and procedures listed in the **Student Discipline and Disciplinary Procedures and Responses** for School Board Policy #218 and #218.1 relating to weapons.

☐ Yes, I have read and understand the Drug and Alcohol Administrative Guidelines and the **Controlled Substances School Board Policy** #227.

☐ Yes, I have read and understand the policies and procedures listed in the Nondiscrimination and Anti-Bullying/Cyber Bullying Policies for School Board Policies #103, #103.1 and #249 relating to discrimination and bullying behavior.

☐ Yes, I have read and understand COPPA, and consent to my student's use of online educational services, Microsoft, and Google.

☐ Yes, my student(s) and I have read and understand the Agreement for Mobile Device Use, and agree to all related terms and conditions.

Parent Name_____

Parent Signature_____ Date_____

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****Please complete, sign and RETURN TO YOUR CHILD'S SCHOOL****

Student Name: Last _____ First _____ Middle _____

Student ID _____ School _____ Grade _____

Parent/Guardian	Parent/Guardian
Name:	**Name:**
Cell phone:	**Cell phone:**
Work phone:	**Work phone:**
Home phone:	**Home phone:**
E-mail address:	**E-mail address:**
Preferred Household Language: ☐ **English** ☐ **Other, please specify** _____	

Non-Emergency or Weather-Related Dismissals

In the event of a non-emergency or weather-related dismissal, if your child normally walks or rides the bus, he/she will go home as usual. If you would like to authorize another adult(s), such as a neighbor or relative, to be able to sign your student out from school during a non-emergency or weather-related dismissal, please list their full names, relationship, and phone numbers below.

Listed below are adults whom I authorize to remove my child from school in the event of a non-emergency or weather-related dismissal (The school will not release the child to anyone other than a parent or the persons listed below):

Name	Relationship	Phone Numbers
_____	_____	Home: _____ Cell: _____
_____	_____	Home: _____ Cell: _____

We will take every precaution in getting your child home quickly and safely. Crossing guards will be notified and safety patrol members will be on duty. Thank you for your cooperation.

Annual Update of Health Information

Does your child have any allergies? No ☐ Yes ☐ If yes, please specify: _____

Does your child have any specific medical or mental health condition? No ☐ Yes ☐

If yes, please specify: _____

Does your child take any medications or receive ongoing medical treatment? No ☐ Yes ☐

If yes, please specify: _____

Family Doctor _____ Phone _____

Family Dentist _____ Phone _____

My child may receive the following during school hours from a district nurse:

Tylenol - Generic (No Brand Name) No ☐ Yes ☐ Ibuprofen - Generic (No Brand Name) No ☐ Yes ☐

Listed below are adults whom I authorize Souderton Area School District to contact in the event of a medical issue:

Name	Relationship	Phone Numbers
_____	_____	Home: _____ Cell: _____
_____	_____	Home: _____ Cell: _____

By signing this form, I authorize treatment for my son/daughter for any medical emergency treatment that might arise at a time when I cannot be contacted.

_____ _____

Parent/Guardian Signature Date