



# THE WORSHIP ACADEMY

School of The Arts

## WHO CAN REGISTER A STUDENT

Parents or court appointed guardians living in the city of Harrisburg, borough of Highspire or the borough of Steelton may enroll a student. The parent/guardian must come into our office in person to complete the enrollment process. (Note: Exceptions apply to homeless youth according to the McKinney-Vento Act, migrant and foster students.) A student living with someone other than a parent will be registered in accordance with guidelines set by PA Public School Code section 24 P.S. 13-1302. Residents will be asked to sign an affidavit stating where you and the student reside on a full-time basis.

## WHAT TO BRING TO YOUR REGISTRATION APPOINTMENT

You need to bring the following required documents to your appointment in order to register your child. On that date your child(ren) will also be interviewed for admission.

- **Proof of your child's age.** Any one of the following constitutes acceptable documentation: original birth certificate, notarized copy of birth certificate, a valid passport or notarized/certified record showing the date of birth.
- **Immunizations required by law.** Acceptable documentation includes: the child's immunization record, a written statement from a former school district or medical office, verbal assurances from the former school that the required immunizations have been completed with records to follow.
- **Proof of residency.** Acceptable documentation includes: a deed, lease, sales agreement, notarized statement from landlord or mortgage information. If residing with a district property owner, the property owner must sign a notarized "multiple occupancy form."
- **Photo Identification.** This is required in order to notarize documents at the registration appointment such as sworn statement attesting if the student has been or is suspended or expelled for offenses involving drugs, alcohol, weapons, infliction of injury or violence on school property.
- **Other documents:** Report cards/transcripts, all special education documents (IEP, ER, RR, NOREP), attendance records, any other records relevant to your child's education.

## WHY DO WE CONDUCT STUDENT INTERVIEWS?

Our mission is to provide a rich, arts integrated learning environment for children which kindles, cultivates and nurtures their passion for learning and leading. At The Worship Academy School of the Arts, education is about expanding the knowledge of our students, creating life-long connections and preparing them to be leaders in their future endeavors. We offer an arts integrated curriculum that is personalized, engaging and challenging. Interviewing each student upon registration gives us the opportunity to get to know them, answer any of their questions and begin the framework for a successful year.

[www.twaschool.org](http://www.twaschool.org)



# THE WORSHIP ACADEMY

School of The Arts

## Student Enrollment

First Name	Middle Name	Last Name
Residing Address		
City	State / Zip	County
Parent/Guardian 1	Phone	Email
Parent/Guardian 2	Phone	Email
Student Resides with: <input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Both 1 and 2 <input type="checkbox"/> Other _____		
Emergency Contact Name 1	Phone	Email
Emergency Contact Name 2	Phone	Email
Former School	Previous Grade	Completed Y / N (circle)

<b>Medications</b>
<b>Allergies</b>
<b>Health Condition/Limitations/Diagnosis</b>

**Race and Ethnicity:** (Both Part A and Part B of the question must be answered)

**Part A:** Is the student Hispanic/Latino?  Yes  No (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race)

The above question is about ethnicity, not race. The following question indicates what you consider you child's race.

**Part B:** What is the student's race? (Choose one or more)

- American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America, including Central America, and who maintain tribal affiliation)
- Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)
- Black or African American (A person having origins in any of the black racial groups of Africa)
- Native Hawaiian/Other Pacific Islander (A person having origins in any of the original people of Hawaii, Guam, Samoa, or Pacific)
- White (A person having origins in any of the original peoples of Europe, the Middle East or North Africa)

**Military Family:**

Does your child reside with a parent or legal guardian who is on active duty in the Armed Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard)?  Yes  No

**Special Services Information**

Has the student ever had a 504 Plan?  Yes  No

Has the student ever received special education services that require an Individual Education Plan (IEP) and special education services?  Yes  No Does the student have a current IEP?  Yes  No

If yes, select from the following any services the student has received and provide a copy of current IEP.

- Speech  Social Work  Categorical/Resource Room  Physical/Occupational Therapy  Other

The undersigned hereby acknowledges that the information on this form is true and accurate. Incorrect information could be grounds for revoked enrollment. The undersigned understands that it is his/her responsibility to inform the school office if and when any of the information set in this form changes.

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



**THE WORSHIP  
ACADEMY**

School of The Arts

**Parental Registration Statement**

Student Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

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 act or offense involving weapons, 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 from which student was suspended or expelled:

\_\_\_\_\_  
Dates of suspension or expulsion:

\_\_\_\_\_  
(Please provide additional schools and dates of expulsion or suspension on back of this sheet.)

Reason for suspension/expulsion (optional) \_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)

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



# THE WORSHIP ACADEMY

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## 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? \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Interpreter Provided  No  Yes



**pennsylvania**  
DEPARTMENT OF EDUCATION

# REQUEST AND AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

Page 1 of 1  
USE BLACK INK ONLY



STUDENT INFORMATION			
Legal Last Name:	Legal First Name:	Legal Middle Name:	Suffix:
Grade:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date:	Social Security Number/FTE Number:
SCHOOL RECORDS ARE REQUESTED FROM			
Name of School:		School Address:	
City:	State:	Zip Code:	
Phone: (including area code)		Fax Number: (including area code)	
RECORDS TO BE RELEASED			
<p>Mail the following records of the above named student: <i>* Only checked items will be forwarded/released</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Cumulative record including grades and attendance</li> <li><input type="checkbox"/> Report Cards with current grade averages and academic transcript</li> <li><input type="checkbox"/> Immunization and health/medical records</li> <li><input type="checkbox"/> Standardized test scores</li> <li><input type="checkbox"/> Discipline Records</li> <li><input type="checkbox"/> Special placement records and reports (including IEP's)</li> <li><input type="checkbox"/> Other (Specify) _____</li> </ul>			
RELEASE SCHOOL RECORDS TO			
Name of School / Person / Company: THE WORSHIP ACADEMY SCHOOL OF THE ARTS		Address: 1500 N. 2ND STREET	Phone: (including area code) 717-510-5677
City: Harrisburg	State: PA		Zip Code: 17102
PARENT/LEGAL GUARDIAN SIGNATURE			
<p>I, the parent/legal guardian of the above named student, hereby authorize the above named school to release any of the listed school records to the indicated school. I further authorize this receiving person or agency to release to the personnel of the school district any or all information regarding the student which pertains to his/her educational, physical and social adjustment in school. I further understand that I may review the transferred records by making such request of the principal, and may also have all or any part of these records properly interpreted as necessary by appropriate school personnel.</p>			
Parent/Legal Guardian Signature: <i>(Required)</i>		Relationship to Student:	Date:
Signature of Witness:		Business Phone of Witness:	Date:
Business Address of Witness:		City/State/Zip:	
<p><i>* If over 18 years of age, the student has the releasing authority. * Signature and copy of identification required.</i></p>			



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## Waiver of Liability

I understand and agree that in participating in any dance classes, workshops, rehearsals or performances, there is a possibility of physical injury or death. I voluntarily agree, therefore, to assume all risks and responsibility for any such injury or accident, which might occur to me or my child during any of The Worship Academy School of the Arts' (TWA) sessions, rehearsals, performances, trips or activities. I also exempt, release, and indemnify The Worship Academy School of the Arts, its owners, its lease property owners, agents, volunteers, assistants, employees, guest artists, faculty members, and/or students from any and all liability claims, demands, or causes of action whatsoever from any damage, loss, injury, or death to me, my children, or property which may arise out of or in connection with participation in any classes or activities conducted by The Worship Academy School of the Arts. I further hereby voluntarily agree to waive my rights and that of my heirs and assigns to hold The Worship Academy School of the Arts, its owners, its lease property owners, agents, volunteers, assistants, employees, guest artists, faculty members, facility owners, and/or students liable for such damage, loss, injury, or death. I understand that I should be aware of my child's physical limitations and agree not to exceed them. Permission is granted to The Worship Academy School of the Arts and its affiliates to use photographs of students for publicity purposes. I understand that my child may be offered food and beverages and that The Worship Academy School of the Arts is not liable for any reactions caused by these items as I certify that all of my child's information is complete and accurate to the best of my knowledge and all allergy and physical limitation information is listed on the registration documents. I understand that I or my child may be released from TWA at any time for such reasons as: behavioral issues, consistently defying session protocol, destruction of worship tools, bullying of other dancers, disrespectful behaviors, etc. at the discretion of the staff. If I am signing this waiver for my children, I certify that I am the parent or legal guardian and have the right to waive these rights. If I am signing this form and do not have the legal right to waive these rights, I agree to take full liability if any injury or loss occurs as mentioned in this waiver.

My signature indicates that I have read, understood and agree to be legally bound to the above waiver of liability.

Student's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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## Media Release

- 1) I, the undersigned, hereby authorize The Worship Academy Dance and Arts Center LLC (TWA) to photograph me, take motion pictures of me, take video footage of me, and/or make electronic sound recordings of me (herein referred to as photographic or electronic reproductions).
- 2) I authorize the use of any such photographic or electronic reproductions of me for any purpose, including, but not limited to educational, social media and other public media as may be deemed appropriate by TWA (I understand that I may be identifiable from such photographic or electronic reproduction)

### Agreed and accepted by:

Participant's Full Name \_\_\_\_\_

Signature (Parent/Guardian if under 18 years of age) \_\_\_\_\_

## Internet Use Permission

STUDENT/PARENT AGREEMENT I understand that internet access is designed solely for educational purposes, and that it is intended that these resources are used only for educational purposes. The Worship Academy School of the Arts has taken reasonable precautions to supervise internet usage by students. I have read and understand the Guidelines for Telecommunications Use (see reverse side of this form).

PARENTAL CONSENT – (Required if student is less than 18 years of age.) As a parent or guardian, I recognize that it is impossible for the district to control access by the students to all information or materials available on the internet; it is likewise impossible to limit disclosure of information related to school internet websites or publications by the larger internet public. I will not hold the school responsible for materials acquired, contact made, or for any limit on the educational privacy of my child as a result of the disclosure of information on the internet. I accept full responsibility for supervision of my child outside the school setting. BASIC INTERNET ACCESS I hereby consent for my child to utilize the school internet services, and for disclosure of the following information when related to an activity or an academic assignment within The Worship Academy School of the Arts, in accordance with the Family Educational Rights and Privacy Act, 20 USC §1232g.

Check yes or no to indicate whether permission is given or not: I do \_\_\_ do not \_\_\_ grant permission for my child to utilize the school internet services I certify that the information contained on this application is true and correct to the best of my knowledge and belief. (Students over 18 years of age may sign for themselves.)

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



# THE WORSHIP ACADEMY

School of The Arts  
Trips, Events and Program Permissions

Student's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

I \_\_\_\_\_ as his/her legal parent or guardian, hereby give permission for the above-named student to participate in all activities at or sponsored by The Worship Academy School of the Arts including but not limited to all school sponsored trips. Such trips may involve transportation and activities at a location other than the premises of The Worship Academy School of the Arts.

Allergies/Physical Limitations  None  Yes (Please list in detail below)

In case of injury or severe illness to the student above, I may be reached at the following phone numbers:

Home: \_\_\_\_\_ Work: \_\_\_\_\_

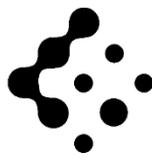
Other: \_\_\_\_\_

\*If I cannot be reached, I grant permission for the following Emergency Contact to respond in my absence:

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



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**Educational Book and Film Consent**

Some of the books/videos in our classroom library have themes, situations, and language presented that may be of “mature” nature. We highly recommended that parents review the novels assigned to their students. We also encourage you to take these opportunities to interact with your child and discuss with them the novels that they are reading—maybe even read along with them. We believe that exposing students to these types of books and digital content will give them an opportunity to learn and grow as students, as well as develop a love for reading and research.

*\*All assigned material is reviewed and approved by TWA Administrators. Requests for change must be submitted in writing from the student’s parent/guardian.*

I understand that there may be novels that contain varied themes, and/or subject matter which may be deemed mature. I give my permission to my student to read and view assigned material. I also understand that my student is aware that I may choose an alternate title if the subject matter is offensive in my opinion. If there are questions or concerns, I know that I may contact my child’s teacher by email or phone.

Student’s Name \_\_\_\_\_

Parent’s Name \_\_\_\_\_

Parent’s Signature \_\_\_\_\_

Date \_\_\_\_\_



# THE WORSHIP ACADEMY

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## Partial Scholarship Agreement

I am requesting that my child, \_\_\_\_\_, be awarded a Tuition Discount of \$4,250. This is a partial scholarship for the next academic year of 2020-2021. I acknowledge that the balance of \$5,000 will be owed on my child's account.

I understand that in accepting this scholarship I accept certain responsibilities which support and affirm the mission, vision and learning objectives of The Worship Academy School of the Arts (TWA) found in the TWA Handbook. I partner with TWA in instilling the academic skills, morals and values which will lead to my child's overall success. I accept, and commit to maintain the integrity of, the full year calendar and the daily schedule, and I will not remove or withhold my child from school unnecessarily or for reasons not honestly stated and agreed upon. I understand that such withholding will cause my child to be considered truant.

I vow that my student and I will:

1. Maintain daily attendance
2. Adhere to the required dress code (clean, neat and appropriate)
3. Respect all school staff and school property
4. Take proper care of books, furniture and technology
5. Attend all Progress, Community and Parent Meetings
6. Participate in School Fundraisers
7. Chaperone at least one field trip/event
8. Be honest in all communications
9. Provide required documentation for scholarship eligibility

\*I understand that failing to meet the above requirements may forfeit my student's future scholarship status. Initial: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Relation to Student: \_\_\_\_\_



# THE WORSHIP ACADEMY

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## Scholarship Agreement

I am requesting that my child, \_\_\_\_\_, be awarded a Full \$9,250 scholarship for the next academic year of 2020-2021.

I understand that in accepting this scholarship I accept certain responsibilities which support and affirm the mission, vision and learning objectives of The Worship Academy School of the Arts (TWA) found in the TWA Handbook. I partner with TWA in instilling the academic skills, morals and values which will lead to my child's overall success. I accept, and commit to maintain the integrity of, the full year calendar and the daily schedule, and I will not remove or withhold my child from school unnecessarily or for reasons not honestly stated and agreed upon. I understand that such withholding will cause my child to be considered truant.

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7. Chaperone at least one field trip/event
8. Be honest in all communications
9. Provide required documentation for scholarship eligibility

\*I understand that failing to meet the above requirements may forfeit my student's future scholarship status. Initial: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Relation to Student: \_\_\_\_\_



### Family Financial Statement

Requesting Student (Full Name) \_\_\_\_\_

Parent 1 \_\_\_\_\_ Resides with Student

Parent 2 \_\_\_\_\_ Resides with Student

Student's Address \_\_\_\_\_

How many total household members do you have? \_\_\_\_\_

Below, List all school-aged children along with their schools and grades. (Attach addition sheet if needed)

Name	Grade	School	Public/Private/Charter

The following guideline figures represent annual income:

Persons in family/household	Guideline of Limits
1	\$12,760
2	17,240
3	21,720
4	26,200
5	30,680
6	35,160
7	39,640
8	44,120

*\*For families/households with more than 8 persons, add \$4,480 for each additional person.*

Total Gross Household Income (Monthly Gross x12) \$ \_\_\_\_\_

Mortgage  Rent    Payment Amount \$ \_\_\_\_\_

**\*You must either attach your most recent year's tax filing, last four paystubs, or bank statements as proof of income. If more information is needed in order to verify your income you will be notified via email or USPS.**

I affirm that I have accounted for every form of income, excluding food program assistance, received by my household. I understand that providing misleading personal or financial information will result in my student(s) being dropped from all scholarship programs and payment plans. By signing below, I attest that the information provided on this form is factual.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



**THE WORSHIP  
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**PREPARTICIPATION HISTORY AND PHYSICAL EXAMINATION**

**This form is required for all students.**

Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_ Member ID \_\_\_\_\_

**HISTORY**

- |       | Yes                      | No                       |  |
|-------|--------------------------|--------------------------|--|
| 1 a.  | <input type="checkbox"/> | <input type="checkbox"/> | Have you had any illness/injury recently, or do you have an illness/injury now?                    |
| b.    | <input type="checkbox"/> | <input type="checkbox"/> | Have you had a medical problem, illness or injury since your last exam?                            |
| c.    | <input type="checkbox"/> | <input type="checkbox"/> | Do you have any chronic or recurrent illness?  |
| d.    | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had any illness lasting more than a week?  |
| e.    | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been hospitalized overnight?   |
| f.    | <input type="checkbox"/> | <input type="checkbox"/> | Have you had any surgery other than tonsillectomy?   |
| g.    | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had any injuries requiring treatment by a physician?                                 |
| h.    | <input type="checkbox"/> | <input type="checkbox"/> | Do you have any organ missing other than tonsils ( appendix, eye, kidney, testicle, etc.)?         |
| 2.    | <input type="checkbox"/> | <input type="checkbox"/> | Are you presently taking ANY medications ( including birth control pill, vitamin, aspirin, etc.)?  |
| 3.    | <input type="checkbox"/> | <input type="checkbox"/> | Do you have ANY allergies (medicines, bees, foods, or other factors)?                              |
| 4 a.  | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had chest pain, dizziness, fainting, passing out during or after exercise?           |
| b.    | <input type="checkbox"/> | <input type="checkbox"/> | Do you tire more easily or quickly than your friends during exercise?                              |
| c.    | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had any problem with your blood pressure or your heart?                              |
| d.    | <input type="checkbox"/> | <input type="checkbox"/> | Have any close relatives had heart problems, heart attack or sudden death before they were age 50? |
| 5.    | <input type="checkbox"/> | <input type="checkbox"/> | Do you have any skin problems (acne, itching, rashes, etc.)?                                       |
| 6 a.  | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had fainting, convulsions, seizures or severe dizziness?                             |
| b.    | <input type="checkbox"/> | <input type="checkbox"/> | Do you have frequent severe headaches?   |
| c.    | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a "stinger" or "burner" or "pinched nerve"?                                      |
| d.    | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been "knocked out" or "passed out"?  |
| e.    | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a neck or head injury?   |
| 7.    | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had heat exhaustion, heat stroke, heat cramps or similar heat-related problems?      |
| 8.    | <input type="checkbox"/> | <input type="checkbox"/> | Have you had asthma, or trouble breathing, or cough during or after exercise?                      |
| 9 a.  | <input type="checkbox"/> | <input type="checkbox"/> | Do you wear eyeglasses, contact lenses or protective eye wear?                                     |
| b.    | <input type="checkbox"/> | <input type="checkbox"/> | Have you had any problem with your eyes or vision?   |
| 10.   | <input type="checkbox"/> | <input type="checkbox"/> | Do you wear any dental appliance such as braces, bridge, plate, retainer?                          |
| 11 a. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a knee injury?   |
| b.    | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had an ankle injury?   |
| c.    | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever injured any other joint (shoulder, wrist, fingers, etc.)?                            |
| d.    | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a broken bone (fracture)?  |
| e.    | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a cast, splint, or had to use crutches?  |
| f.    | <input type="checkbox"/> | <input type="checkbox"/> | Must you use special equipment for competition (pads, braces, neck roll, etc.)?                    |
| 12.   | <input type="checkbox"/> | <input type="checkbox"/> | Has it been more than 5 years since your last tetanus booster shot?                                |
| 13.   | <input type="checkbox"/> | <input type="checkbox"/> | Are you worried about your weight?   |
| 14.   | <input type="checkbox"/> | <input type="checkbox"/> | FEMALES: Have you any menstrual problems?  |
| 15.   | <input type="checkbox"/> | <input type="checkbox"/> | Have you any medical concerns about participating in your sport?                                   |

\*\*\*\*\* ATHLETE SHOULD NOT WRITE BELOW THIS LINE \*\*\*\*\*

EXAMINER'S COMMENTS ON ALL "YES" ANSWERS (refer to question number):

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**THE WORSHIP  
ACADEMY**  
School of The Arts

**PHYSICAL EXAMINATION**  
(To be completed by Physician)

Exam Date: \_\_\_\_\_

Age: \_\_\_\_\_ Pulse: \_\_\_\_\_

Height: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

Weight: \_\_\_\_\_ Visual Acuity: Left 20/ \_\_\_\_\_  
Right 20/ \_\_\_\_\_

Normal

Abnormal

<input type="checkbox"/>	1.	Head	<input type="checkbox"/>	_____
<input type="checkbox"/>	2.	Eyes (pupils), ENT	<input type="checkbox"/>	_____
<input type="checkbox"/>	3.	Skin	<input type="checkbox"/>	_____
<input type="checkbox"/>	4.	Chest	<input type="checkbox"/>	_____
<input type="checkbox"/>	5.	Lungs	<input type="checkbox"/>	_____
<input type="checkbox"/>	6.	Heart	<input type="checkbox"/>	_____
<input type="checkbox"/>	7.	Abdomen	<input type="checkbox"/>	_____
<input type="checkbox"/>	8.	Knees	<input type="checkbox"/>	_____
<input type="checkbox"/>	9.	Feet	<input type="checkbox"/>	_____
<input type="checkbox"/>	10.	Ankles	<input type="checkbox"/>	_____
<input type="checkbox"/>	11.	Physical Maturity/Development	<input type="checkbox"/>	_____
<input type="checkbox"/>	12.	Spine, Back	<input type="checkbox"/>	_____
<input type="checkbox"/>	13.	Shoulders, Upper extremities	<input type="checkbox"/>	_____
<input type="checkbox"/>	14.	Lower extremities	<input type="checkbox"/>	_____

Assessment:  Full participation in Dance Training  
 Limited participation (describe limitations, restrictions. ie No Tumbling, etc):

\_\_\_\_\_  
 \_\_\_\_\_  
 Participation contraindicated (list reasons):

Recommendations (brace, taping, rehabilitation, etc.):  
 \_\_\_\_\_  
 \_\_\_\_\_

EXAMINER'S SIGNATURE: \_\_\_\_\_ LICENSE # \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT EXAMINER'S NAME: \_\_\_\_\_ EXAMINER'S PHONE: ( ) \_\_\_\_\_



# THE WORSHIP ACADEMY

School of The Arts

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HEALTH

## PRIVATE DENTIST REPORT OF DENTAL EXAMINATION OF A PUPIL OF SCHOOL AGE

NAME OF CHILD			AGE	SEX	GRADE	DATE
_____	_____	_____		<input type="checkbox"/> M <input type="checkbox"/> F		
Last	First	Middle				

ADDRESS

_____	_____	_____	_____	_____	_____
No. and Street	City or Post Office	Borough/Township	County	State	Zip

### REPORT OF EXAMINATION

	TOOTH CHART																
	RIGHT								LEFT								
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
UPPER				A	B	C	D	E	F	G	H	I	J				Upper
LOWER	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	Lower
UPPER																	Upper
LOWER																	Lower

Is The Child Under Treatment? Yes  No

Treatment Completed Yes  No

\_\_\_\_\_ Date of Dental Examination

\_\_\_\_\_ Signature of Dental Examiner

\_\_\_\_\_ Print Name of Dental Examiner

\_\_\_\_\_ Address