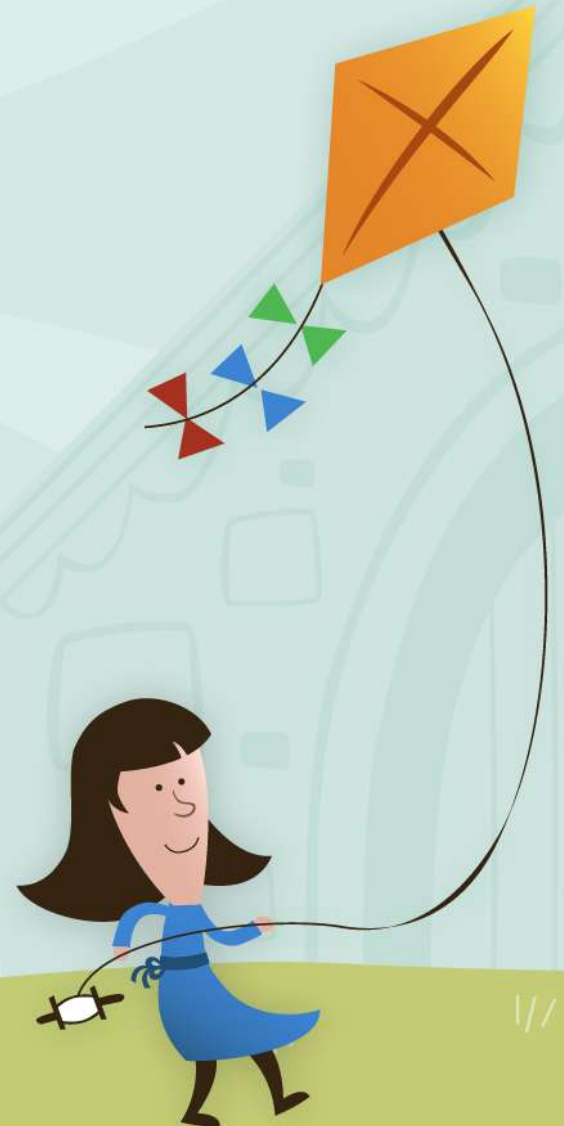# 2022-23 Kindergarten Registration Tutorial

Beth Dzurko

Student Services Specialist

Derry Township School District

Access the Derry Township Website

How to create an account

If you are a new parent registering a student for the first time, please answer the questions, no, no and then yes.

Please answer the following question(s) before proceeding.

1. Have you ever been identified as a parent or guardian of an ACTIVE/Enrolled student in the Derry Township School District? ○ Yes ● No

2. Are you creating an account to enroll, or access, a student who has EVER attended or CURRENTLY attends a school or school program within the Derry Township School District? ○ Yes ● No

3. Is this the first time you have ever requested access, or had access to an Online parent account in the Derry Township School District? ● Yes ○ No

Continue   Return to login

If you have a student in the district please login to your ParentVUE account

Online Registration Account Access

Login

Derry Township School District

User Name:
bdzurko@hershey.k12.pa.us

Password:
••••••••

Forgot Password

Login

More Options ▲

⏻
Create a New Account

🔒
Forgot Password

English ▼

Privacy Statement

Step 1 of 3: Privacy Statement

Read through the following Privacy Statement and click the Accept button to agree to the privacy agreement

ℹ️ If you have one or more students already enrolled in the district, you need to use your existing ParentVUE account.

We take privacy seriously and we have implemented numerous physical and technological safeguards to protect all parent and student data. Please contact us immediately at (717) 534-2501 if you suspect the privacy has been violated. To help us protect the information, please do not share your username and password with anyone!

Clicking I Accept means that you agree to the above Privacy Statement.

[I Accept]   [Return to login]

Parent Account Creation

Step 2 of 3: Create Your Account

Please enter your first name, last name, and your email address

First Name

Beth

Last Name

Dzurko

Email Address

bdzurko@hershey.k12.pa.us

Confirm Email Address

bdzurko@hershey.12.pa.us

Email addresses do not match

Y2J F6 Type the characters you see in this picture

Continue to Step 3

Create your account

Parent Account Creation

Step 3 of 3: Complete Account Creation

Thank you for creating your account. You will receive an email shortly that will contain a link that will allow you to complete your account creation and begin the enrollment process.

Return to login

ParentVUE Registration [Inbox x]

noreply@hershey.k12.pa.us
to me ▾

Hi Lorelle,

Welcome to the ParentVUE online registration portal. Click here to complete the account creation process and begin online registration.

_____

This is an automated email. Please do not reply to this message.

↩ Reply   ➡ Forward

Create Password

Lorelle Fitzroy ▓▓▓▓▓▓▓▓▓ ▓ ▓▓▓

Please choose a login and enter your password to complete account creation and begin the online enrollment process.

User ID

▓▓▓▓▓ ▓▓▓▓

Password

••••••••

Confirm Password

••••••••

If you forget your user ID or password, the login information can be emailed to you from the 'Forgot my password' link on the login page.

Save and Continue

You will select 2022-2023 Online Registration

Derry Township School District
Good morning, Lorelle Fitzroy, 1/20/2022

SELECT REGISTRATION TO BEGIN

Please select the online packet you would like to begin *

✓
2021-2022 Online Registration
2022-2023 Online Registration

Begin New Registration >

Update Student info, and Enroll New Students

- Introduction
- Family
- Parent/Guardian
- Emergency
- Students
- Review/Submit

- Delete Registration

Welcome

Information

Welcome to Derry Township School District's Online Enrollment Registration

Whether you are enrolling your child in kindergarten, elementary school or high school, our online registration will guide you through the entire enrollment process. If you have any questions, please contact Beth Dzurko at our district office at 717-534-2501 ext. 3225 or by email at bdzurko@hersheyk12.pa.us.

Proof of Residency

In order to register your student in the Derry Township School District, the parent or guardian must provide at least one (1) piece of documentation indicating the place of residency. This document needs to be in the name of the guardian living in Derry Township School District. This document can be uploaded at the time of registration or can be hand delivered to the school office. Acceptable proofs of residency: deed, lease, current credit card or current utility bill, settlement papers, a current Derry Township tax bill or a current car registration.

Immunization Records

All students entering Pennsylvania public schools are required by law to be immunized prior to the start of classes. Proof of immunizations or signed waiver is required at the time of enrollment and must include the name of the person, the birth date, the type of vaccine administered, and the month, day and year of each immunization. Immunizations are available at no cost through the County Health Department. If you have questions about the **vaccination** process, call the **Pennsylvania** Department of Health **hotline** at 1-877-724-3258

Birth Certificate

This certificate is used to verify the correct legal name and birth date. In compliance with federal, state, and district guidelines, all students are enrolled using the legal name on the student's birth certificate UNLESS there has been a court-ordered name change and a photocopy of the name change has been provided at enrollment. Birth Certificates can be uploaded at the time of registration or hand delivered to the school office.

Legal guardianship or custody papers

Legal guardianship or custody papers are necessary, if applicable to this student based on the following scenarios:

If an adoption has taken place, it is reflected with an amended birth certificate, and student lives with adoptive parents as listed on the amended birth certificate, that is sufficient. If student lives with one custodial parent as the result of a divorce.

If the student lives with anyone else, i.e. grandparents, aunt, uncle, sibling, friends or other relatives. **We must have a photocopy of the court papers granting guardianship at the time of enrollment.** Court papers granting guardianship can be uploaded at the time of registration or hand delivered to the school office.

Throughout the Update Student info, and Enroll New Students process, you will be presented with a variety of information to enter. Many steps will have required fields marked by an asterisk (*). You must enter information into these fields before you will be allowed to continue.

Continue

Open Schools

ℹ Information

The schools listed below are participating in online registration. If you do not see your desired school listed below, this will indicate that the school is not currently participating and will require a paper enrollment packet be completed.

Schools open for online enrollment:

School Name	Grade	Additional Information	Restrictions
Hershey Early Childhood Center	KF		

Continue

Student Summary

ℹ Information

We are not able to identify any students associated with your account. If you are a parent of an existing student in the district or believe your student should be listed below for enrollment please contact Beth Dzurko @ 717-534-2501 or by email, registrar@hershey.k12.pa.us.

Save And Continue >

Signature

Please enter your first and last name below (as displayed in the upper right hand corner of this page):

By typing your name below and pressing the button at the base of the page you attest that you are the account holder, are authorized to provide the information and agree that the information provided is accurate to the best of your knowledge.

Electronic Signature *

Lorelle Fitzroy

Save And Continue >

Home Address

Date of the address change *
`01/20/2022`

🔍 `Type to find an address...`

Street Number *	Fraction	Direction	Street *	Type	Post Direction	Unit Type
215		W ⌄	Chocolate	Ave ⌄	⌄	⌄

Unit Number
`[          ]`

City *	State *	Zip Code *	+4
Hershey	PA ⌄	17033	

Address as entered from above:

215 W Chocolate Ave
Hershey, PA 17033

Save And Continue >

Mail Address

☑ **Mail address is the same as home address**

215 W Chocolate Ave
Hershey, PA 17033

‹ Previous **Save And Continue >**

Demographics: **Lorelle Fitzroy**

Title	
Suffix	
First Name	Lorelle
Middle Name	
Last Name	Fitzroy
Gender	Male ⌄
Education Level	Bachelor's (Baccalaureate) degree (BA, AB, BS) ⌄
Preferred language for correspondence	English ⌄

215 W Chocolate Ave
Hershey, PA 17033

⟨ Previous   Save And Continue ⟩

Work Address: **Lorelle Fitzroy**

☐ Check here if parent/guardian does not have an employer

- OR -

Employer Name   Penn State Health Milton S. Hershey

Job Title

Uniformed Military   ☐

**Parent/guardian is an
employee of this school
district**   ☐

ℹ️ Enter the work address for the parent/guardian:

🔍 Type to find an address...

Street Number	Fraction	Direction	Street	Type	Post Direction	Unit Type
500		⌄	University	Dr ⌄	⌄	⌄

Unit Number

City	State	Zip Code	+4
Hershey	PA ⌄	17033	

**500 University Dr
Hershey, PA 17033**   ✅

‹ Previous   Save And Continue ›

Contact Information: **Lorelle Fitzroy**

Phone Numbers

✖	Line	Primary	Type	Phone	Extension	Contact	Not Listed	
☐	1	☑	Cell ▾	(717) 123 - 4567 *		☑	☐	

➕ Add New

Email Address *

[▨▨▨ ▨▨▨▨▨▨ ▨]

‹ Previous   Save And Continue ›
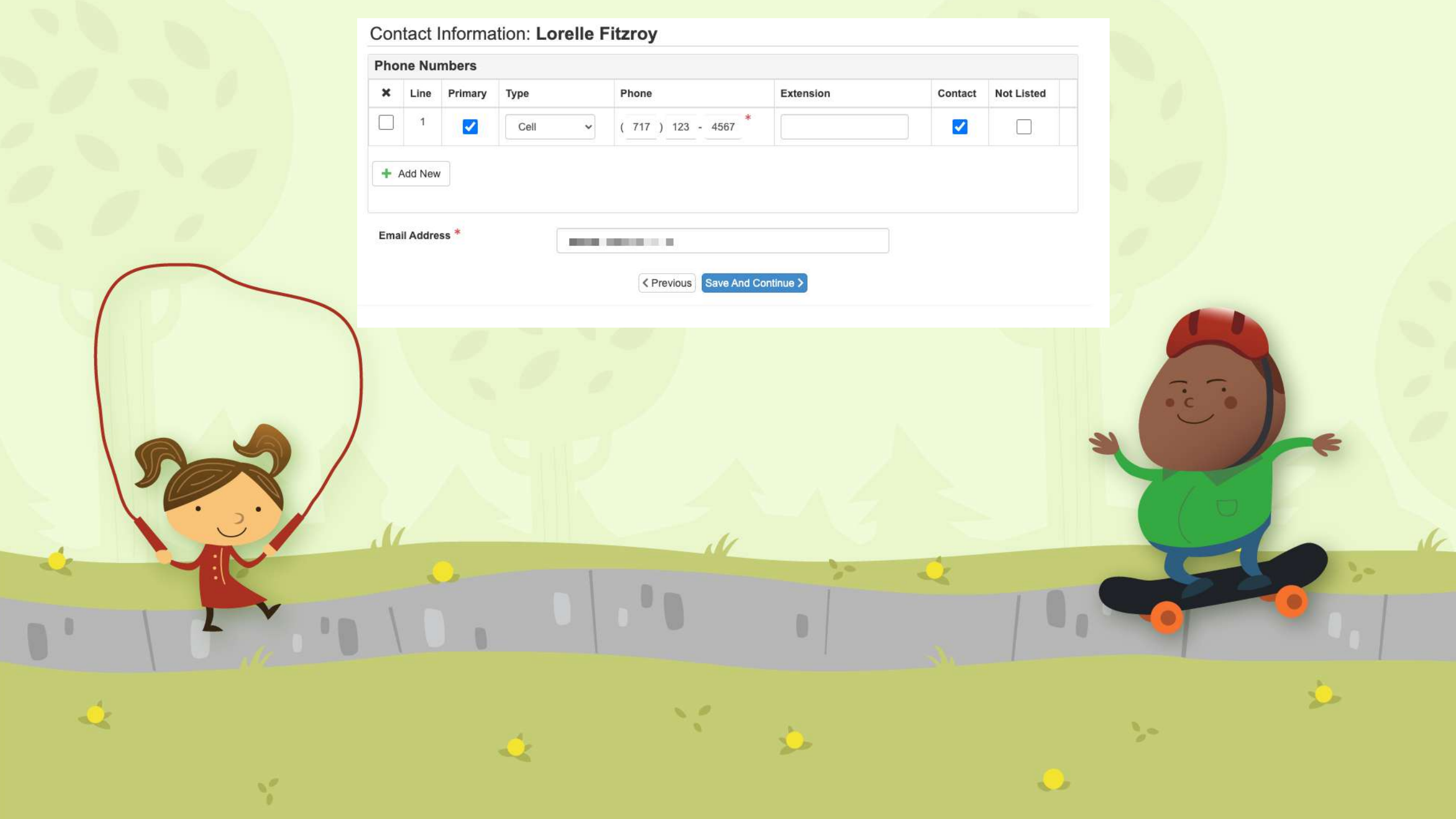
Prior Military Service: **Lorelle Fitzroy**

ℹ️ Instructions

Check the box below if the parent/guardian has served in the armed forces.

Parent/Guardian has served in the Armed Forces ☐

< Previous | Save And Continue >

PARENT/GUARDIAN   **2022-2023**

Please add or update all Parent/Guardians of all students in the family below. Adding new parents will require documentation to be provided with the registration.

You will be asked to identify how Parent/Guardians are related to students later in the registration process.

Do not add Emergency Contacts to this page. To add Emergency Contacts, click the Save and Continue button at the bottom of the page.

	First Name	Last Name	Gender	Status
✏️ Edit	Lorelle	Fitzroy	Male	✅ Complete

➕ Add New Parent/Guardian

< Previous | Save And Continue >

Update Student info, and Enroll New Students

- ♀ Introduction ✓
- 👥 Family ✓
- 👤 **Parent/Guardian** ❗
- 🚚 Emergency
- 🎓 Students
- 🔍 Review/Submit

- 🗑 Delete Registration

PARENT/GUARDIAN [====] 14% **2021-2022**

Demographics: **New Parent**

Title	
Suffix	
First Name *	
Middle Name	
Last Name *	
Gender	⌄
Education Level	⌄
Preferred language for correspondence	⌄

☐ No further information is known for this Parent/Guardian.

☑ Parent/Guardian lives at this address:

30 E Granada Ave
Hershey, PA 17033

‹ Previous   Save And Continue ›

EMERGENCY

2022-2023

Please add or update information for all Emergency contacts of all students in the family below.
You will be asked to identify how Emergency contacts are related to students later in the registration process:

First Name	Last Name	Gender	Status

➕ Add New Emergency Contact

‹ Previous   Save And Continue ›

Demographics: **Sabine Santarelli**

First Name *

Sabine

Last Name *

Santarelli

Gender

Address

City

State

Zip Code

Language

‹ Previous   Save And Continue ›

Contact Information: **Sabine Santarelli**

Home Phone	(843) 911 - 7016
Mobile Phone	( ) -
Work Phone	( ) -
Ext.	
Other	( ) -
Phone Type	[dropdown]
Email Address	

< Previous   Save And Continue >

EMERGENCY   2022-2023

Please add or update information for all Emergency contacts of all students in the family below.
You will be asked to identify how Emergency contacts are related to students later in the registration process:

	First Name	Last Name	Gender	Status
✏ Edit ✖ Delete	Sabine	Santarelli		✔ Complete

➕ Add New Emergency Contact

< Previous   Save And Continue >

Select add a new student, enter students information then hit save and continue

STUDENTS
2022-2023

Please add or update information for students who will be enrolled, and/or verified below.

Once complete, click the "Save and Continue" button at the bottom of the page.

Students to enroll in 2022-2023

First Name	Last Name	Gender	Grade	Status

+ Add New Student

Students listed as excluded may be excluded because they already have an existing and active record or have since graduated.

Students to exclude from 2022-2023

First Name	Last Name	Gender	Grade	Reason

‹ Previous   Save And Continue ›

Demographics: **New Student**

ℹ Instructions

Please add or update demographic information below for this student.

First Name *

    Juliann

Middle Name *

No Middle Name

    ✓

Last Name *

    Fitzroy

Suffix

Gender *

    Female

Birth Date *

    01/01/2016

Entering Grade *

    KF

Primary Address *

    Fitzroy, Lorelle

Home Address	Mail Address
215 W Chocolate Ave Hershey, PA 17033	**215 W Chocolate Ave Hershey, PA 17033**

< Previous   Save And Continue >

Please enter birth information and if you would like transportation and where you would like your student picked up and dropped off.

Additional Information: **Sample Student**

ℹ Instructions

Please provide additional information for this student.

Student's birth country * | United States
Student's birth state * | PA: Pennsylvania
Student's birthplace |
Birth verification document type * | Birth Certificate
Would you like to request transportation for this student? * | Yes

‹ Previous   Save And Continue ›

Transportation: **Sample Student**

ℹ Instructions

Requests for transportation require pick-up and drop-off information to be provided.

Please state where this student will need to be picked up and dropped off.

Pickup information (location name, address, days, times, etc) |

Dropoff information (location name, address, days, times, etc) |

‹ Previous   Save And Continue ›

Contact Information: **Juliann Fitzroy**

☑ Student has no phone numbers.

< Previous   Save And Continue >

Contact Information: **Sample Student**

☐ Student has no phone numbers.

Phone Numbers

✖	Line	Primary	Type	Phone	Extension	Contact	Not Listed	
☐	1	☐	⌄	( ) - *		☐	☐	

➕ Add New

< Previous   Save And Continue >

Ethnicity: **Juliann Fitzroy**

❶ Instructions

If your student is multi-racial please select all that apply.

Select One *

Non-Hispanic ⌄

Provide the following information about the student's race:

☐ American Indian/Alaskan Native   ☐ Asian

☐ Black   ☑ **White**

☐ Native Hawaiian or other Pacific Islander (not Hispanic)

< Previous   Save And Continue >

To select multiple races, just click on each box that pertains to you.

Parent/Guardian Relationships: **Sample Student**

In an emergency, Parents/Guardians with "Contact Allowed" selected will be authorized to pickup this student in the event of an emergency closure.

Relationship	First Name	Last Name	Gender	Lives With	Contact Allowed	Ed Rights	Has Custody	Mailings Allowed	Release To	Financial Resp
Mother ▾	Beth	Dzurko	Female	☑	☐	☑	☑	☐	☐	☐
▾	Sample	Parent		☑	☐	☐	☐	☐	☐	☐

- OR -

☐ No Relationship

Please check off all applicable boxes.

Lives With: Indicates the parent/guardian lives in the household with the student.
Contact Allowed: Indicates the parent/guardian is allowed contact with the student and will be included in school to student communication.
Ed. Rights: Indicates the parent/guardian has rights to make decisions regarding the student's education and access to student information in the Synergy parent portal.
Has Custody: Indicates the parent/guardian has legal custody of the student.
Mailings Allowed: Indicates the parent/guardian may receive mailings regarding the student.
Release To: Indicates the school may release the student to the parent/guardian.
Financial Resp.: Indicates the parent/guardian is financially responsible for the student.

Are there any court orders prohibiting access to this student? [▾]

‹ Previous   Save And Continue ›

When adding an emergency contact, please add someone other than mom and dad.

Emergency Contact Relationships: **Sample Student**

ℹ Instructions

In an emergency, Emergency contacts with "Release To" selected will be authorized to pickup this student in the event of an emergency closure.

Associate at least 1 contacts and at most 5.

Relationship	First Name	Last Name	Gender	Release To
Grandparent ▾	Emergency	Contact		☐

- OR -

☐ No Relationship

‹ Previous   Save And Continue ›

If you would like your emergency contact to be able to pick up your student, please select the release to box.

Emergency Contact Order: **Juliann Fitzroy**

ℹ️ Instructions

Drag and drop the contacts below in the order in which they should be contacted in the event of an emergency:

1. Lorelle Fitzroy (Father)
2. Sabine Santarelli (Family Friend)

Emergency Authorization

In the event that my child and/or ward, becomes ill or is injured while attending or traveling to or from any school of the Derry Township School District or any school function, I, as parent and/or guardian, hereby authorize the Derry Township School District or any of its representatives to transport my child to a hospital or physician if neither parent can be contacted after reasonable investigation and if the Derry Township School District feels that immediate medical evaluation is necessary.

I further authorize the physician or hospital to whom my child is taken, to render any necessary medical or surgical treatment which is deemed necessary under the circumstances.

Emergency Consent acknowledgement *

[I acknowledge and agree to Emergency Authorization ▾]

[‹ Previous] [Save And Continue ›]

Health Information: **Juliann Fitzroy**

❶ Instructions

In the event that this student and/or ward, becomes ill or is injured while attending or traveling to or from any school of the Derry Township School District or any school function, I, as parent and/or guardian, hereby authorize the Derry Township School District or any of its representatives to transport my child to a hospital or physician if neither parent can be contacted after reasonable investigation and if the Derry Township School District feels that immediate medical evaluation is necessary.

I further authorize the physician or hospital to whom my child is taken, to render any necessary medical or surgical treatment which is deemed under the circumstances.

PHYSICIAN

Name

Phone Number ( ) -

Extension

Preferred Hospital

DENTIST

Name

Phone Number ( ) -

Extension

Office

< Previous   Save And Continue >

Please add any medical conditions your student may have.

Health Conditions: **Juliann Fitzroy**

🛈 Instructions

The following **HEALTH INFORMATION** could be vital in the event of an emergency. This information may be shared with district staff for the safety and educational welfare of your child.

Please list any Medical Conditions/Allergies that you would want to make the school aware of. If you wish to modify existing health conditions/medications, please contact the nurse's office.

☐ **Student has no health conditions**

- OR -

	Health Condition	Comment	Start Date	End Date
✖ Delete	Bee Sting Allergy ▾		01/20/2022 📅	MM/DD/YYYY 📅

➕ Add New Condition

‹ Previous   Save And Continue ›

Student Medications: **Juliann Fitzroy**

❶ Instructions

Please indicate if the school is allowed to administer the over-the-counter medications below to this student.

By selecting yes to any medication below you give the School Nurse permission to administer, with discretion, to this student, the selected medication(s) when needed: If this is needed daily for more than 5 days in a row, a Doctor's order and student's own supply is required.

Maalox *

Yes ⌄

Tums *

Yes ⌄

Sunblock *

Yes ⌄

Acetaminophen (Tylenol) *

○ No
● Yes

Ibuprofen (Advil) *

○ No
● Yes

PLEASE REFER TO THE STUDENT/PARENT HANDBOOK FOR MEDICATION AND OTHER HEALTH SERVICE POLICIES AND PROCEDURES.

‹ Previous   Save And Continue ›

Please select yes or no to these medications

If your student takes any medication during the day, please add it here.

Medications: Juliann Fitzroy

ℹ Instructions

Please list all prescriptive Medications/Inhalers (at home and/or school).

(Include name, dose, and time that medication should be administered).

If you wish to modify existing health conditions/medications, please contact the nurse's office.

☐ Student has no medication

- OR -

List any medications that need to be taken by the student at school

Medication Name	Dose	Frequency	Reason
+ Add New School Medication			

List any medications not listed above or provide additional comments about the medications to be taken at school

[   ]

List any medications taken by the student at home

Medication Name	Dose	Frequency	Reason
+ Add New Home Medication			

List any medications not listed above or provide additional comments about the medications to be taken at home

[   ]

< Previous   Save And Continue >

Dental Exam Option: **Juliann Fitzroy**

ℹ Instructions

the School Health Law in the Commonwealth of Pennsylvania requires dental examinations for students in kindergarten, and grades 3 and 7. Your family dentist should complete this examination since he/she can best evaluate your child's dental health and assist you in obtaining necessary treatments or corrections. Later in this process you will have the opportunity to download the form for your family dentist if he/she is doing the exam. The completed form should be returned to the appropriate Nurse's Office via US mail or emailed to the below addresses.

Dental Exam Option *

✓
I have the completed exam form available for upload
We have a scheduled dental appt
We will schedule a dental appt during the school year
I would like the school dentist to complete the exam

Note: If the dental examination form ... ntist will complete the examination at school.

Tara Blackburn, RN	Tracie Dawson, M.Ed., RN	Page Kozak, RN	Lorrie Pawlush, RN
tblackburn@hershey.k12.pa.us	tdawson@hershey.k12.pa.us	ekozak@hershey.k12.pa.us	lpawlush@hershey.k12.pa.us
High School	**Middle School**	**Elementary School**	**Early Childhood Center**
P.O. Box 898	P.O. Box 898	P.O. Box 898	P.O. Box 898
Hershey, PA 17033	Hershey, PA 17033	Hershey, PA 17033	Hershey, PA 17033
P: 508-2235	P: 508-2295	P: 508-2287	P: 531-2211 x6210
F: 534-2684	F: 531-2245	F: 508-2266	F: 531-2351

‹ Previous   Save And Continue ›

Physical Exam Option: **Juliann Fitzroy**

ℹ Instructions

The Pennsylvania Department of Health requires that your child **receive a physical examination upon original entry into a Pennsylvania school and grades 6 and 11.** It is recommended that your family's physician complete this examination since he/she can best evaluate our child's health. Later in the process you will have the opportunity to download the form for your family physician to complete if he/she is doing the exam.

Physical Exam Option *

✓
I have the completed exam form available for upload
We have an appointment with our physician
We will schedule an appt with our physician by the end of the school year
I would like the school physician to complete the exam

Note: If the dental examination form ... mplete the examination at school.

Tara Blackburn, RN	Tracie Dawson, M.Ed., RN	Page Kozak, RN	Lorrie Pawlush, RN
tblackburn@hershe.k12.pa.us	tdawson@hershey.k12.pa.us	ekozak@hershey.k12.pa.us	lpawlush@hershey.k12.pa.us
High School	**Middle School**	**Elementary School**	**Early Childhood Center**
P.O. Box 898	P.O. Box 898	P.O. Box 898	P.O. Box 898
Hershey, PA 17033	Hershey, PA 17033	Hershey, PA 17033	Hershey, PA 17033
P: 508-2235	P: 508-2295	P: 508-2287	P: 531-2211 x6210
F: 534-2684	F: 531-2245	F: 508-2266	F: 531-2351

‹ Previous   Save And Continue ›

You do not need to enter this information

On this page you will acknowledge the release for photo and internet authorization. You will also choose the language that is spoken most in your home.

Information Release: **Juliann Fitzroy**

Allow for the release of student photo or interview *	Photo Allowed ⌄
Authorization to use the internet *	Student is authorized, by parent, to use the Internet ⌄

‹ Previous   **Save And Continue ›**

Language Survey: **Sample Student**

❶ Instructions

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.

1. Language most spoken in the child's home regardless of the language spoken by the student *   [⌄]

2. Language most often spoken by the student *   [⌄]

3. What is the language that your child first learned to speak? *   [⌄]

‹ Previous   Save And Continue ›

Special Services: **Sample Student**

Has this student received Gifted Services at a previous School District? *

Has this student received Speech/Language Special Education services at a prior School District? *

Has this student received Learning Support Special Education services at a prior School District? *

Has this student received Life Skills Special Education services at a prior School District? *

Has this student received Special Education services through a 504 plan? *

Has this student received Emotional Support Special Education services at a prior School District? *

Has this student received Adaptive Phys-Ed Special Education services at a prior School District? *

Has this student received Occupational Therapy Special Education services at a prior School District? *

Has this student received Physical Therapy Special Education services at a prior School District? *

Has this student received Multiple Disability Special Education services at a prior School District? *

Has this student received Autistic Support Special Education services at a prior School District? *

Has this student received Hearing Impaired Special Education services at a prior School District? *

Has this student received Vision Impaired Special Education services at a prior School District? *

Has this student received Physical Support Special Education services at a prior School District? *

Does this student currently receive Special Education services through an Individualized Education Program (IEP)? *

IF YES, what is the approximate date of signature?

MM/DD/YYYY

IF YES, what is the name of the school where signed?

Has this student ever participated in any other Special Education services? *

IF YES, what services?

‹ Previous   Save And Continue ›

Special Services: **Sample Student**

ℹ Instructions

Please indicate whether this student has participated in any of the services below.

Did this student receive Title I/Remedial Reading at a prior school district? *

No

Did this student receive Title I/Remedial Math at a prior school district? *

No

Did this student receive ESL/ELL at a prior school district? *

No

Did this student receive Counseling & Guidance at a prior school district? *

Was this student part of a Student Assistance Program at a prior school district? *

If this student received any other services at a prior school district please explain:

< Previous   Save And Continue >
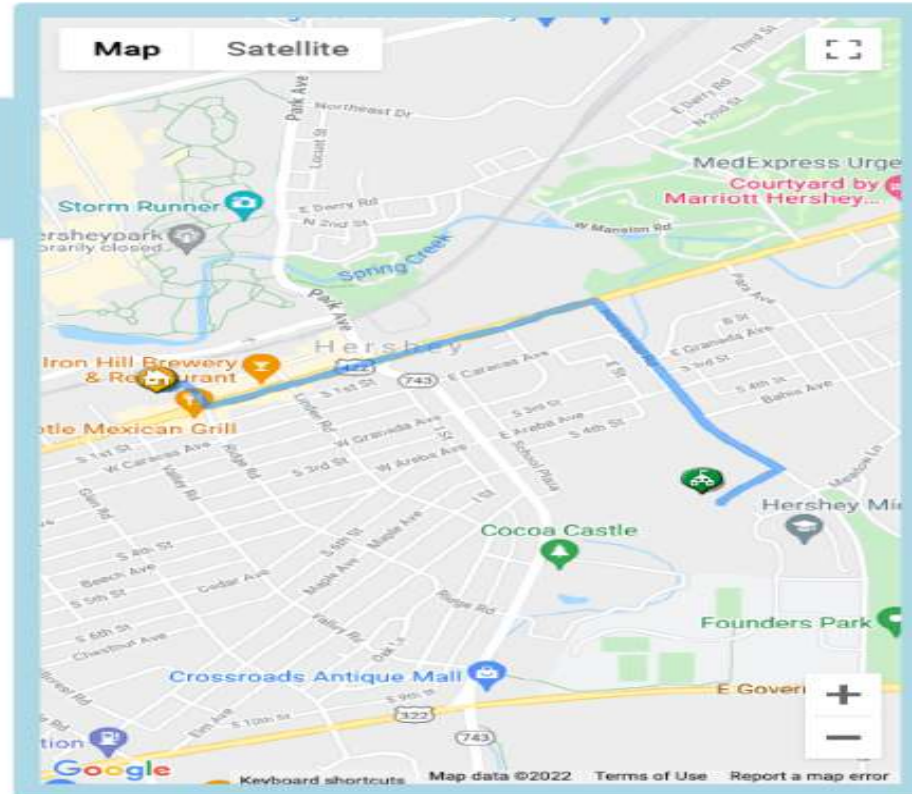
You will only have one choice for school selection. Please choose the Early Childhood Center, (ECC).

If you student attended a prior school please add it here.

Previous Schools Attended: Sample Student

ⓘ Instructions

Please provide previous school attended information for the past two years:

School Name	City	State	Country	Grade	School Year Attended	Phone
						( ) -
						( ) -
						( ) -
						( ) -

‹ Previous   Save And Continue ›

Discipline History

Discipline History: **Juliann Fitzroy**

❶ Instructions

Please provide the discipline history for the student:

Has the student ever been suspended from school for any of the following reasons?
- Weapons
- Alcohol or drugs
- Willful infliction of injury to another person
- Violence committed on school property

*

- ⦿ No
- ◯ Yes

Has the student ever been expelled from school for any of the following reasons?
- Weapons
- Alcohol or drugs
- Willful infliction of injury to another person
- Violence committed on school property

*

- ⦿ No
- ◯ Yes

Any willful false statement made under this section shall be a misdemeanor of the third degree.

Has this student ever been expelled from school for an act or offense involving a sexual assault conviction or adjudication? *

| No ⌄ |

< Previous   Save And Continue >

Please add or update information for students who will be enrolled, and/or verified below.

Once complete, click the "Save and Continue" button at the bottom of the page.

Students to enroll in 2022-2023

			First Name	Last Name	Gender	Grade	Status
✏ Edit	✔ Exclude	✖ Delete	Juliann	Fitzroy	Female	KF	✔ Complete

➕ Add New Student

Students listed as excluded may be excluded because they already have an existing and active record or have since graduated.

Students to exclude from 2022-2023

First Name	Last Name	Gender	Grade	Reason

‹ Previous   Save And Continue ›

You can upload your documents or check that you will deliver the school a hard copy.

DOCUMENTS 2022-2023

ℹ **Upload with ParentVUE**

This page displays request for documents from the School District that are needed to complete the enrollment verification process.
If no document requests appear, no documents are needed at this time, and the school will contact you if further information is needed.

Family

Primary Home Address Verification
(A deed, a lease, a current utility bill, a credit card bill, a current car registration, or a current Derry Township Tax Bill)

☐ I will deliver a hard copy to the school instead of uploading it.

Document Type * [▾]

Select document *
Upload

Students

Juliann Fitzroy

Birth Verification:

☐ I will deliver a hard copy to the school instead of uploading it.

Document Type * [Birth Certificate ▾]

Select birth verification document *
Upload

Student	Document
Juliann Fitzroy	Private or School Dental Examination form - If applicable, please download, fill out, and upload above (or return to the school)
	Private or School Examination form - If applicable, please download, fill out, and upload above (or return to the school)
	Request for Permission to Release/Receive Confidential Records

🖶 Download All Documents

< Previous Save And Continue >

release/receive confidential records. If your student has not been at a prior school just download it and discard. If your student has been in another district OR has and IEP or 504 please fill one out for each school your student has ever attended.

Please review for any spelling errors. Double check to make sure names are spelled correctly and the DOB is correct.

REVIEW/SUBMIT   2022-2023

✏ Review

Your registration has NOT yet been submitted.

To submit your registration, click the "Review" button below, and then click the "Submit" button on the Review page.

Status	Student	Grade Level	School Selection	Comments
✓ Ready To Submit	Juliann Fitzroy	KF	1. Hershey Early Childhood Center	

< Previous   Review

Student	Document
Juliann Fitzroy	Private or School Dental Examination form - If applicable, please download, fill out, and upload above (or return to the school)
	Private or School Examination form - If applicable, please download, fill out, and upload above (or return to the school)
	Request for Permission to Release/Receive Confidential Records

🖶 Download All Documents

☑ **I have reviewed all registration data and verified that it is correct**

‹ Previous   Submit

Confirm

Pressing OK will submit the student Registration information for the 2022-2023 school year. From this point on you will not be able to make any further changes to the Registration information in this portal; however, you may return to Online Registration to check the status of your submission.

OK   Cancel

Once everything looks correct click submit

2022-2023 Registration

Status

Thank you for completing Derry Township School District's registration. Your registration form has been successfully submitted. We look forward to seeing you at our in-person Kindergarten Registration April 4th through the 7th to complete the process. Please check on our district website for sign-up dates and times.

If you are registering after April 7th or cannot attend one of the Kindergarten in-person registration dates, please contact Beth Dzurko at 717-534-2501 ext. 3226 or by email registrar@hershey.k12.pa.us to inform us that you have completed the registration and have uploaded all the required documents.

Through my signature, I/We acknowledge that all the information provided through this registration process is accurate and factual. I/We grant the Derry Township School District permission to investigate the information that I/We have presented for confirmation of factual accuracy.

The status of your registration(s) that are in progress can be found on the status page

Good morning, Lorelle Fitzroy, 1/20/2022

Online Registration

2022-2023 Online Registration

✏ Review Submitted: **1/20/2022 8:55 AM**

Status	Last Name	First Name	Grade	School Name	Comments
⏳ Waiting	Fitzroy	Juliann	KF	⏳ Hershey Early Childhood Center: Waiting	

Kindergarten Registration Process

Rolling registration **February 7- March 31**

Video with step by step process will be available on February 7 on the district website, https://www.hershey.k12.pa.us/Page/1

Kindergarten Onsite Registration will be **April 4-7**

What to do next if you have missed the onsite kindergarten registration

Once you have finished the online registration and have gathered or uploaded, **ALL** the documents required for enrollment please contact: Beth Dzurko either by phone: 717-534-2501 ext. 3226 or by email at registrar@hershey.k12.pa.us

ALL documents must be received and confirmed to finish enrollment. Your enrollment is **NOT** complete if you do not supply all Documents!

Documents required for enrollment:
Birth certificate
Immunization records
*Parents driver's license and proof of residency (**acceptable forms of proof of residency**) **a deed, a lease a current utility or credit card bill, a current car registration or a Derry Township tax bill that goes out 2/1 and 7/1.** It **CANNOT** be anything other than these outlined documents.*