School Aged Registration for 2020-2021 School Year

Southeast Delco School District registration for the 2020-2021 school year are being accepted at the Southeast Delco ESC building located at **1560 Delmar Drive in Folcroft**. Please complete all forms and bring all documents listed below to ESC **Monday through Thursday from 8:30 am until 12:30 pm**.

**Requirements for attending Kindergarten in the fall include the following:**
- Your child must be 5 years old on or before September 1, 2020
- You and your child must be a resident of the Southeast Delco School District

**You must bring the following items for successful registration***:

- **One** of the following Proofs of Residence**
  - Monthly mortgage payment document, or
  - School Tax Bill, or
  - Rental lease—must include Landlord’s address and phone number
- **All** the following proofs of address:
  - **Current** driver’s license or State Picture ID w/current address
  - Two **current** utility bills
- Child’s Birth Certificate
- Immunization Record – from physician – must be up to date prior to state of school.
- Annual Physical Assessment – 5 year exam required to start school
  - Please call your child’s physician to schedule if needed
- Dental Exam – 2020 (Kindergarten Only)
  - Please call your child’s dentist to schedule if needed
- Please provide all required documents to complete your child’s registration. Incomplete registrations may delay start of school. If you have any questions, please call Mrs. Contrisciani 610-522-4300 extension 5301

*Guardianship papers must be presented for successful registration

**If you reside with someone in the district, and your name is not on the lease/mortgage, you must contact Mrs. Contrisciani at the Southeast Delco Registration Office for an appointment to complete a Certification of Residency at 610-522-4300 extension 5301.

Your child’s first day of school is an exciting time for both you and your child. Please take the time to promptly complete the registration process so as not to delay your child’s first day of school.
# New Student Registration Form

Registration Date ____________________________  
Student Name ________________________________  

**Sex:** M F  **Date of Birth** __/__/____  **Birthplace** ________________________________  
**Month** **Date** **Year**  **City**  **State**  

### Student’s Home Address  
**Address** __________________________________________  
**Apartment#** __________________________  **PO Box#** __________________________  
**City** __________________________  **State** ______  **Zip Code** ______  

### Did the child ever attend school in this district?  
Y N  
**If so, which School?** __________________________  **Grades?** ______  
**If no, Previous School?** __________________________  
**Address** __________________________________________  

### Who has legal custody of student?  
- Both Parents  
- Mother  
- Father  
- Child Care Agency  
- Guardian  
- Other __________________________  

### Adults who reside with child at above address:  
- Mother/Father  
- Mother  
- Mother/Stepfather  
- Father  
- Father/Stepmother  
- Other __________________________  

### Father  
**Name** __________________________  
**Address** __________________________  
**Place of Employment** __________________________  
**Home Phone** __________________________  
**Cell Phone** __________________________  
**Work Phone** __________________________  **Ext** ______  
**Email** __________________________  

### Mother  
**Name** __________________________  
**Address** __________________________  
**Place of Employment** __________________________  
**Home Phone** __________________________  
**Cell Phone** __________________________  
**Work Phone** __________________________  **Ext** ______  
**Email** __________________________  

### Step Parent/Guardian  
**Name** __________________________  
**Address** __________________________  
**Place of Employment** __________________________  
**Home Phone** __________________________  
**Cell Phone** __________________________  
**Work Phone** __________________________  **Ext** ______  
**Email** __________________________  

### NAME OF ALL CHILDREN AT CHILD’S ADDRESS  
<table>
<thead>
<tr>
<th>NAME</th>
<th>RELATIONSHIP TO CHILD</th>
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<th>SCHOOL</th>
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I certify that the above information is correct:  
**Parent’s Signature:** __________________________  **Date:** __________________________  

### Official Use:  
- Start Date __________________________  **School** __________________________  **Grade** __________________________  
- Special Education: ______  **Transportation** ______  **Foster** ______  **Homeless** ______  **Certification** ______
SOUTHEAST DELCO SCHOOL DISTRICT
SWORN STATEMENT OF AFFIRMATION

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 Delaware

Before me, the undersigned authority, personally appeared ____________________________
who being duly sworn according to law, deposes and says as follows:

___________________________ is requesting admission as a student to the Southeast Delco
School District in grade _________ for _______________________.

___________________________ was previously enrolled as a student in the following

NAME OF DISTRICT          PRIVATE/PAROCHIAL SCHOOLS          GRADE           BUILDING

___________________________________________________________________

Name of Student

__________________________________ was/was not previously suspended nor expelled
from any school for an act regarding weapons, alcohol, drugs or violence to persons or property.

That I understand that a certified copy of ______________________________’s
Disciplinary records will be transmitted to the Southeast Delco School District and that it will be
inspected only by the student, school officials, state and local law enforcement officials or me, as Parent/Guardian.

___________________________________
Signature/Seal of Notary Public

___________________________________
Signature of Parent/Guardian

My Commission Expires on ____________

Date_______________________________
THEFT OF SERVICE: Any person falsifying his/her residence for the purpose of obtaining admission to the Southeast Delco School District shall be assessed the prorated tuition cost calculated from the day of such actual falsification. Failure to pay such cost when due shall lead to court action to retrieve monies owed.

SECTION 3926, PA CRIMINAL CODE: Section 3926 of the Criminal Code provides that a person is guilty of Theft of Service if he intentionally obtains service for himself or for another which he knows are available only for compensation, by deception of threat or other trick to avoid payment for the service. An offense under Section 3926 constitutes a summary offense when the value of the services obtained is less than $50.00, a misdemeanor of the second degree when the value involved is between $50.00 and $200.00, a misdemeanor of the first degree when the amount involved is between $200.00 and $2,000.00 and a felony of the third degree when the amount involved exceeds $2,000.00.

A person who has been convicted of a summary offense may be sentenced to pay a fine not exceeding $300.00 and to imprisonment for a term not to exceed ninety (90) days. A person convicted of a second-degree misdemeanor may be sentenced to a fine not to exceed $5,000.00 and to imprisonment for a term not to exceed two (2) years. A person convicted of a first-degree misdemeanor may be sentenced to pay a fine not to exceed $10,000.00 and to imprisonment for a period of time not to exceed five (5) years. A person convicted of a felony of the third degree may be sentenced to pay a fine not exceeding $15,000.00 and to imprisonment for a term not to exceed seven (7) years. Upon conviction of theft of services, the offender may also be sentenced to make restitution.

NOTE: This law (Section 3926) applies to policies pertaining to non-resident student(s) registered in the Southeast Delco School District under Section 1302 of the Pennsylvania School Code.

I have read this section of Southeast Delco School District policy #202 and have received a copy of same.

______________________________
Signature of Parent/Guardian
Dear Parent/Guardian:

At a regular meeting of the Board of School Directors held February 22, 1996, the Board approved the Southeast Delco School District Prohibition of Weapons Policy. This policy has been established pursuant to PA Act 26 of 1995, which requires that all public schools take a mandatory course of action in the event that a student is found to be in possession of a weapon.

The law requires the arrest and expulsion, for at least one (1) year, of any student found in possession of a weapon on school property, in a school program, or while traveling to or from a school program, including time on public transportation.

As defined by Act 26, a weapon shall include but not be limited to, any knife, cutting instrument, cutting tool, firearm, shotgun, rifle and any other tool or implement capable of inflicting serious bodily injury. There is no requirement that the student use or try to use the weapon. Possession of a weapon for self-protection is not a defense. Parents are encouraged not to send tools or supplies, such as metal or pointed scissors to school with your child unless you receive a written request from the teacher.

Violations of the law will become a part of a student’s permanent record, and will be available to any school in which the student may later enroll. Parents will be required to sign an affidavit prior to enrolling their child in any public school to disclose the existence of any prior weapons violations or other serious violations.

Parents are urged to review the Prohibition of Weapons Policy and discuss the importance of this safety issue with their children. Copies of the policy are available for review in the Main Office and Library of each school building.

You are requested to acknowledge receipt of this letter as indicated on the attached form. Your cooperation and assistance in this matter is appreciated.

PARENT ACKNOWLEDGEMENT OF NOTICE
PROHIBITION OF WEAPONS POLICY

To the Principal:

My signature acknowledges that I have been notified of the Southeast Delco School District’s policy to prohibit any weapons on school premises at any time. I am aware that violations of this policy can result in a mandatory one-year expulsion from school.

____________________  _____________________________  ________________
Student                Parent/Guardian                Date
COMMUNICATION SYSTEM INFORMATION

Full Student’s Name:____________________________________________________________

School:_____________________________________________ Grade:_______________

Dear Parents:

In order to update our records and maximize the effectiveness of our communication tool, Blackboard Connect, we will need three contact phone numbers in their order of priority for emergency situations. For general information announcements, we will need your current home phone number. For student absence or lateness, please enter the phone number you want us to call.

Emergency Broadcast Numbers:

1.____________________________________ 2._____________________________ 3.______________________________

Home Phone Number:________________________________________________________

Absence or Lateness Call Number:____________________________________________

This system will not call phone numbers with extensions, so please make sure that if you have a work number listed above that phone number will reach you directly.

This dynamic tool is not intended to replace, but rather to enhance our current modes of communication. This Blackboard Connect School Communication System is a positive reinforcement to our commitment to remain personally connected to parents through directed telephone contact, general school announcements, inclement weather school closings, and critical or emergency school announcements. Information will still be available on the web at www.sedelco.org and other traditional media.

We thank you for staying involved in your child’s education and for allowing us the means to raise the standards of excellence in our schools.
SOUTHEAST DELCO SCHOOL DISTRICT

HOME LANGUAGE SURVEY*

The Civil Rights Law of 1964, Title VI requires that school districts/charter schools identify limited English proficient (LEP) students. Pennsylvania has selected the Home Language Survey as the method for this identification.

Student’s Name __________________________________   Date ________________

School _________________________________________   Grade ________________

1. What was the student’s first language? ________________

2. Does the student speak a language other than English?  
   If yes, specify language ____________________________  
   (Do not include languages 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 district/charter school has the responsibility under the federal law to serve students who are limited English proficient and need English instructional services. Given this responsibility, the school district/charter 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 district/charter 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 district/charter school in the future.

A COPY OF THIS SURVEY SHALL BE PLACED IN THE STUDENT’S PERMANENT FILE.
VIDEO/PHOTOGRAPH RELEASE

Full Student’s
Name:________________________________________________________

School:______________________________________________________
Grade:______________________________________________________

From time to time, school activities are covered or promoted by local, regional, state, or national media. In addition, in-district programs are taped for the school district channel. Students also can enter curriculum related contests during the year in which their work may be displayed in various settings. Students who participate in these activities, contests, and/or programs are therefore part of the process and consequently can appear in the newspaper or on TV, or have their work displayed.

If you would like your child to participate in our school related activities and programs, please indicate your request by signing below. Your signature acknowledges that at times, your child may appear in photo or video or your child’s work may be displayed.

If you choose not to sign, then we will permit your child to participate in the educational program, and they will not be permitted to be part of our school activities program.

Thank you for your cooperation in this matter.

☐ Yes, I permit my child to be part of these activities.

☐ No, I prefer my child not be part of these activities.

________________________________________  ____________
Parent/Guardian’s Signature              Date
Student’s Name: ______________________________________________

Date of Birth: ___________________________ Grade: ____________

DOES NOT receive Special Education Services

Parent/Guardian Signature: _________________________________________

Today’s Date: ____________________

DOES receive Special Education Services or Support for a 504 Agreement

I have attached my child’s Special Education documents as indicated:

( ) ER/RR  ( ) IEP  ( ) NOREP  ( ) Behavior Plans  ( ) 504 Agreement

I hereby give Southeast Delco School District permission to request all Special Education documents from my child’s previous school:

Name of School: ______________________________________________

School’s Phone #: ______________________ Fax #: ____________________

Parent/Guardian Signature: _______________________________________

Today’s Date: ____________________
Request for Release of Records

___________________________ has enrolled in the Southeast Delco School District.

We are requesting the following documents:

- Grades earned in each subject/transcripts
- Explanation of grading system
- Subjects in progress and grades to date
- Results of Standardized Tests
- Special Education Records (CER,NORA,IEP)
- Health records including immunizations
- Attendance data
- Discipline records
- Other Schools records______________________

I give my permission to forward all school records requested.

Student’s Date of Birth _______/______/_______

Parent / Guardian Signature__________________________________________________________

Today’s Date______________________________________________________________

School Name_______________________________________________________________

Fax Number______________________________________________________________
# Southeast Delco School District

## Speech/Language/Hearing Questionnaire

<table>
<thead>
<tr>
<th>Student’s Name</th>
<th>Birthdate</th>
<th>Address</th>
<th>City</th>
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<tr>
<th>Phone</th>
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</table>

1. Do you easily understand your child?  
   - Yes  
   - No

2. Do others easily understand your child?  
   - Yes  
   - No

3. Does he/she speak in complete sentences?  
   - Yes  
   - No

4. Has your child been previously evaluated for any of the following problems?  
   - Speech  
     - Yes  
     - No
   - Language  
     - Yes  
     - No
   - Hearing  
     - Yes  
     - No

If so, where?  
Please attach copy of records.

5. Does your child currently have a Speech IEP?  
   - Yes  
   - No

6. Does your child have trouble hearing?  
   - Yes  
   - No

7. Does your child ask you to repeat or talk louder?  
   - Yes  
   - No

8. Does your child have a history of ear infections/tubes?  
   - Yes  
   - No

9. Does your child have frequent colds or allergies?  
   - Yes  
   - No

9. Does your child currently attend school or receive special services for any of the above reasons?  
   - Yes  
   - No

If so, where?  

Comments:

________________________________________________________
________________________________________________________

________________________________________________________
SOUTHEAST DELCO SCHOOL DISTRICT  
HEALTH HISTORY

School: ___________________________  Date: ___________________________

Name of Child: ___________________________  Gender: _______  DOB: __________

Address: _______________________________________________________________________

Name of Child’s Physician: ___________________________  Telephone#: ______________

_________________________________________________________________________________

Has your child had any of the following? (Give details and note complications, if any)
A doctor’s note is required for all medications and to confirm allergies and conditions below.

<table>
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<tr>
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<th>Allergy:</th>
<th>Medication Allergy:</th>
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<tr>
<td>1</td>
<td>Allergy:</td>
<td>Medication Allergy:</td>
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<tr>
<td>2</td>
<td>Asthma</td>
<td>Inhaler/nebulizer needed in school Y or N</td>
</tr>
<tr>
<td>3</td>
<td>Diabetes</td>
<td>9. Headaches</td>
</tr>
<tr>
<td>4</td>
<td>Epilepsy/Seizure Disorder</td>
<td>10. Heart Murmur</td>
</tr>
<tr>
<td>5</td>
<td>Operations</td>
<td>11. Fainting Spells</td>
</tr>
<tr>
<td>6</td>
<td>Sickle Cell Disease</td>
<td>12. Skin Problems</td>
</tr>
<tr>
<td>7</td>
<td>Emotional Problems</td>
<td>13. Ear Infections</td>
</tr>
<tr>
<td>8</td>
<td>Chicken Pox</td>
<td>14. Bowel/Bladder Problems</td>
</tr>
<tr>
<td>9</td>
<td></td>
<td>15. Toilet Trained Y or N</td>
</tr>
</tbody>
</table>

Comments/Details: ___________________________________________________________________

__________________________________________________________________________________

Serious Accidents/Illnesses: ___________________________________________________________________

__________________________________________________________________________________

Is your child presently under medical treatment?  Yes_____  No_____

Is your child presently taking daily medication?  Yes_____  No_____

If yes to either of the above, please explain ____________________________________________

__________________________________________________________________________________
Pre-Natal Health History

Did the mother have any illnesses during the pregnancy?................................. No    Yes
   If yes, please explain___________________________________________________________________________

Did the mother take any medication, drugs, or alcohol (other than iron or vitamins) during her pregnancy................................................................. No    Yes

Was the mother/family under any unusual strain/stress during the pregnancy?......No    Yes

Did the baby come on time?..............................................................................No    Yes

Was it a difficult birth?.....................................................................................No    Yes

Developmental History

What was the baby’s birth weight?______________________________________________

Would you describe the baby as average, quiet or active?____________________________________

Did the baby have any trouble while in the hospital?..............................................No    Yes
   If yes, please explain_________________________________________________________

Was weight gained at a normal rate?.................................................................No    Yes

Is the child clumsy, awkward?...........................................................................No    Yes

Is he/she able to use a pencil or scissors?.............................................................No    Yes

Was speech delayed?.............................................................................No    Yes

Was the baby jaundice?.................................................................................No    Yes

Family History

Circle any of following diseases that this child’s parents, grandparents, aunts, uncles, brothers, sisters, have had: Allergy, asthma, cancer, drug or alcohol addiction, diabetes, heart disease, nervous breakdown, seizures, tuberculosis, lead poisoning, sickle cell, vision, hearing, learning problems, anemia, other inherited or family diseases.

______________________________________________

Parent/Guardian Signature
Southeast Delco School District
Internet Use Board Policy 815

Note: For student users, parent/guardian must also read and sign this agreement.

Parent/Guardian Agreement

Due to the nature of the Internet and e-mail, it is neither practical nor possible for the Southeast Delco School District to ensure compliance at all times with the Southeast Delco School District's Internet Access, e-mail, and Network Resources Acceptable Use Policy. Accordingly, parents/guardians must recognize that each student will be required to make independent decisions and use good judgement in his/her use of the Internet and e-mail. Therefore, parents/guardians must participate in the decision whether to allow their child access to the Internet and must communicate their own expectations to their child regarding appropriate use of Internet.

As a parent/guardian of __________________________ , I acknowledge that I received and understand the Southeast Delco School District's Internet Access, e-mail and Network Resources Acceptable Use Policy and the Southeast Delco School District's Internet, e-Mail and Network Access Agreement being signed by my child.

I understand that Internet access is designated for educational and instructional purposes and that the Southeast Delco School District will discourage access to inappropriate and objectionable material and communications. However, I recognize it is impossible for the Southeast Delco School District to prevent access to all inappropriate and objectionable material, and I will not hold Southeast Delco School District responsible for materials acquired or contacts made through the Internet or e-mail. I understand that a variety of inappropriate and objectionable materials are available through the Internet and e-mail and that it may be possible for my child to access these materials if she/he chooses to behave irresponsibly. I also understand that it is possible for undesirable or ill intended individuals to communicate with my child over the Internet and e-mail; that there is no practical means for the Southeast Delco School District to prevent this from happening; and that my child must take responsibility to avoid such communications if they are initiated. Additionally, I acknowledge my child's responsibility to report to school authority any suspected misuse or abuse of the Internet or electronic email accessed through the Southeast Delco School District.

While I authorize the Southeast Delco School District to monitor and review all such communications to or from my child on the Internet, I recognize that it is not possible for the Southeast Delco School District to monitor and review all such communications. I have determined that the benefits of my child having access to the Internet outweigh potential risk. I understand that any conduct by my child that is in conflict with these responsibilities is inappropriate, and that such behavior may result in the termination of access, disciplinary action, up to and including expulsion and/or legal action. I have reviewed these responsibilities is inappropriate, and that such behavior may result in the termination of access, disciplinary action, up to and including expulsion and/or legal action.

I have reviewed these responsibilities with my child, and I hereby grant permission to the Southeast Delco School District to provide my child with Internet access and e-mail. I agree to compensate the Southeast Delco School District for any expenses or costs it incurs as a result of my child's violation of the Internet Access and Electronic Mail Acceptable Use Policy or its administrative procedures; and I further agree that I will not hold the Southeast Delco School District's Internet Access, Electronic Mail and Network Resources Acceptable Use Policy or (b) any materials acquired by my child, or contacts made by or to my child, through the Internet or e-mail.

Signature: ______________________________________ Date: ___________________

Print Name: __________________________________
SOUTHEAST DELCO SCHOOL DISTRICT

BOARD APPROVED UNIFORM CODE

MALE STUDENTS

Pants – Solid colored Tan or Black Khaki pants or shorts (no baggy, low-riding or cargo pants)

Shirts – Solid colored Royal Blue, White or Gray golf shirts with collar. Either short or long sleeve. In cold weather a solid colored Royal Blue, White or Gray sweater or sweatshirt may be worn. Shirts must be tucked in.

Shoes – Dress shoes or Athletic shoes (any color or style – laces must be tied)

FEMALE STUDENTS

Solid colored Tan or Black Khaki pants, shorts, skirts, or skorts (no baggy, low-riding or cargo pants)

Shirts/Blouses – Solid colored Royal Blue, White or Gray Golf shirts with collar or similar blouse (with collar) long or short sleeves. Royal Blue, White or Gray sweater or sweatshirt may be worn in cold weather. All shirts/blouses must be tucked in.

Shoes – Dress shoes or Athletic shoes (any color or style – laces must be tied)

Logos – No logos of any type other than the name of the school may be imprinted on any clothing.

GYM DAYS

All students are permitted to wear any color Blue, Gray or Black sweat pants along with Royal Blue, White or gray sweatshirts.
CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

STUDENT’S NAME:_________________________________ DATE OF BIRTH:______________

We are requesting that you authorize the release of specified records containing confidential information regarding the above named student.

____SEDSD HAS PERMISSION TO RELEASE INFORMATION TO:

Name:_________________________________ Phone Number:____________________

Address:__________________________________________________________________

____SEDSD HAS PERMISSION TO REQUEST INFORMATION FROM:

Name:_________________________________ Phone Number:____________________

Address:__________________________________________________________________

RECORDS REQUESTED:

___Transcripts & immunizations ___Academic Assessments(s)
___Psychological Evaluation(s) ___Speech-Language
___OT/PT Assessments ___Vision-Hearing
___Medical (Psychiatric, Neurological, etc.) ___Summary Reports(CER,MDT,etc)
___IEP/Treatment Plans ___Teacher Reports
___Other: ________________________

PURPOSE OF DISCLOSURE: ___Educational Planning ___Student Transfer

___Other: ________________________

I have been fully informed and understand the school’s request for my consent for release of the student’s records as described above. I understand that my consent is voluntary and may be revoked at any time.

____YES   ___NO  I grant consent for release of records as specified above.

___________________________________        ____________________________
Signature of Parent/Guardian/Adult student                                                      Date Signed
Dear Parents/Guardians:

The Pennsylvania School Health Law requires dental examinations for the following students:

1. Kindergarten
2. 3rd graders
3. 6th graders

Your child should be given a dental examination by your private dentist before school begins in September. Please ask your dentist to complete the form below and return to the school office.

Thank you for your cooperation.
School Nurse

__________________________________________
To be completed by dental provider.

FAMILY DENTIST REPORT

Name of Child__________________________________

Address:_____________________________________

School________________________________________ Grade_________________

Teacher________________________________________________  Room #________________

The above named child last visited my office on ___________________________ Date

All necessary dental corrections have been made:  Yes_______  No________

If the answer is NO, please complete the following:

This child is in need of treatment for one or more of the following:

Primary teeth________  Fillings________  Extractions________
Permanent teeth________ Fillings________  Extractions________
Diseases of the Support Tissues________
Gross Malocclusion________  Congenital Malformations________
Prosthetic Replacements for lost or missing teeth________
Other_____________________

This child is currently under treatment:  Yes_____  No_______

_________________________________________________________________

Dentist’s Name:________________________________________  D.D.S. / D.M.D.

Please Print

Address:________________________________________________  Phone:__________________

Signature:_____________________________________________