

Oxford Area School District

David A. Woods
Superintendent

Brian Cooney
Business Administrator

Margaret Billings-Jones, Ed.D.
Assistant Superintendent

Kids First, Progress and Unity

REQUIREMENTS FOR DISTRICT ENROLLMENT

All required documents must be present at time of registration.

- Photo ID to verify that you are the parent listed on the birth certificate.
- Original birth certificate.
- Copy of current immunizations.

PROOF OF RESIDENCY:

Evidence of residency must include at least two (2) of the following:

- Driver's License, State ID, or Employment Badge with name and current address
- Lease or Settlement Sheet
- Utility Bill – Only one (1) utility bill can be accepted and it has to be one of the following dated within 60 days:
 - Cable
 - Electric
 - Gas
 - Phone
 - Sewer
 - Trash
 - Water
- Tax Bill
- Pay Stub with your name and address as well as employer's name and address dated within 60 days.
- Migrant Education Certificate of Eligibility

If possible, please bring a copy of any or all of the following:

Grades K-6

- *Latest report card*
- *Testing scores or assessments*

Grades 7-12

- *Unofficial transcript*
- *Copy of current/most recent schedule of classes*
- *Latest report card*
- *Testing scores or assessment*

OXFORD AREA SCHOOL DISTRICT STUDENT ENROLLMENT FORM

(Please print)

Student's Name

| | | | |
|------|-------|--------|--------|
| Last | First | Middle | Suffix |
|------|-------|--------|--------|

| | |
|----------------|--|
| Date of Birth: | Gender (check one) <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Home Phone: | Grade: |

| | |
|------------------------------|--|
| Mother's name (Last, First) | |
| Father's name (Last, First) | |
| Sibling's name (Last, First) | |

Student's Home Address

| | |
|-------------------|--|
| Street, Apt/Suite | |
| City, State, Zip | |

Mailing Address (if different from above)

| | |
|-------------------|--|
| Street, Apt/Suite | |
| City, State, Zip | |

Guardianship

| | |
|--------------------|--|
| Student lives with | |
| Guardian Email | |

Birth Mother Name

| | | |
|----------------|----------------------|-----|
| Last | First | |
| Home Phone | Work (daytime) Phone | |
| Cell Phone | Email | |
| Street address | | |
| City | State | Zip |
| Employer | | |

Receive Mailings?

Has Custody?

Living with?

Birth Father Name

| | | | |
|----------------|--|----------------------|-----|
| Last | | First | |
| Home Phone | | Work (daytime) Phone | |
| Cell Phone | | Email | |
| Street address | | | |
| City | | State | Zip |
| Employer | | | |

Receive Mailings? Has Custody? Living with?

Contact 3 Name

| | | | |
|----------------|--|----------------------|-----|
| Last | | First | |
| Home Phone | | Work (daytime) Phone | |
| Cell Phone | | Email | |
| Street address | | | |
| City | | State | Zip |
| Employer | | | |

Receive Mailings? Has Custody? Living with?

Ethnicity Is the student Hispanic or Latino? Yes No

Race (A) Asian (B) Black or African American (I) American Indian or Alaska Native
 (P) Native Hawaiian/Other Pacific Islander (W) White

Emergency Contacts (different than parents/guardians)

| | | | |
|--------------------|------------|--------------|--|
| Name (Last, First) | | Relationship | |
| Home phone | Work phone | Cell phone | |

| | | | |
|--------------------|------------|--------------|--|
| Name (Last, First) | | Relationship | |
| Home phone | Work phone | Cell phone | |

| | | | |
|--------------------|------------|--------------|--|
| Name (Last, First) | | Relationship | |
| Home phone | Work phone | Cell phone | |

| | |
|---------|-------|
| Doctor | Phone |
| Dentist | Phone |

| | |
|--------------------------------|--|
| Special Medical Considerations | |
| Allergies | |

Additional Enrollment Information

| | | | |
|--|--|---------------------------------------|---|
| Township (check one) | <input type="checkbox"/> East Nottingham | <input type="checkbox"/> Elk Township | <input type="checkbox"/> Lower Oxford |
| | <input type="checkbox"/> West Nottingham | <input type="checkbox"/> Upper Oxford | <input type="checkbox"/> Oxford Borough |
| Preferred phone number for Alert Messages: | | | |

Other Information

| | |
|----------------------------|--|
| Student's Primary Language | |
| Parent's Primary Language | |

Please list full names of all children age birth to 18 in this household

| Name | Date of Birth | Present School and Grade |
|------|---------------|--------------------------|
| | | |
| | | |
| | | |
| | | |

Has the student been placed at the current residence by a court or agency? Yes No

If yes, what are the name, city and state of the home school district from which the child was placed?

| | |
|--|--|
| City and state of birth | |
| Pennsylvania Resident Date | |
| Initial US Entry Date (if not born in the United States) | |
| Country of Birth (if not born in the United States) | |

_____ Check here if student does not have a current Post Office approved physical address

School History – Please list previous schools attended, including pre-school:

| School Name | District | Grades Attended | Dates attended | School Address |
|-------------|----------|-----------------|----------------|----------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Has your child received any of the following services?
 (Please provide a copy of current Special Ed. Documents)

Speech and Language Therapy ___ No ___ Yes If yes, Name of School: _____

Occupational Therapy ___ No ___ Yes If yes, Name of School: _____

Physical Therapy ___ No ___ Yes If yes, Name of School: _____

Instructional Support Services (IST) ___ No ___ Yes If yes, Name of School: _____

Reading Tutoring ___ No ___ Yes If yes, Name of School: _____

Math tutoring ___ No ___ Yes If yes, Name of School: _____

Migrant Status ___ No ___ Yes If yes, Name of School: _____

Gifted Instruction (GIEP) ___ No ___ Yes If yes, Name of School: _____

Special Education Programs (IEP) ___ No ___ Yes If yes, Name of School: _____

English Language Learner (ELL) ___ No ___ Yes If yes, Name of School: _____

OXFORD AREA SCHOOL DISTRICT STUDENT

EMERGENCY INFORMATION AND HEALTH HISTORY FORM – NURSE’S OFFICE

PLEASE RETURN THIS FORM IMMEDIATELY. THIS INFORMATION IS REQUIRED TO PROPERLY TREAT YOUR CHILD.

| | | | |
|--|------|-------------|-----------|
| Student’s Name: | DOB: | Grade: | Homeroom: |
| Name of Parent/Guardian where student resides: | | Address: | |
| Relationship: | | Home Phone: | |
| Cell Phone: | | Work Phone: | |
| Email: | | | |
| Second Parent/Guardian Name: | | Address: | |
| Relationship: | | Home Phone: | |
| Cell Phone: | | Work Phone: | |
| Email: | | | |

PLEASE LIST 3 ADULTS, OTHER THAN YOURSELF, WHO ARE AVAILABLE DURING SCHOOL HOURS TO ASSUME CARE OF/TRANSPORT YOUR CHILD IF YOU CANNOT BE REACHED.

| | | |
|-------|----------------|---------------|
| Name: | Daytime Phone: | Relationship: |
| Name: | Daytime Phone: | Relationship: |
| Name: | Daytime Phone: | Relationship: |

I give permission to the nurse/ principal’s designee to administer the following as needed according to school policy:

Acetaminophen (Tylenol) Yes ___ No ___ Cough Drops &/or Lozenges Yes ___ No ___

Ibuprofen (Advil/Motrin) Yes ___ No ___ Calcium Antacid (Tums) Yes ___ No ___
(5th grade & above) (5th grade & above)

EMERGENCY AND HEALTH INFORMATION: In case of accident or illness at school, your child will be sent to an emergency medical facility. The parent/guardian will be notified and the parent(s)/guardian(s) is/are responsible for all expenses.

In case of an accident or serious illness, the school may make any arrangements deemed necessary if the school is unable to reach the emergency contacts. I understand the information given to the School nurse is for use in understanding and assisting in the health and education of my child. I understand that the information will be kept confidential and will be shared with other professionals or school employees only when the School Nurse/Nurse Practitioner/School Physician believe that it is in the best interest of my child’s health and education.

Signature _____ Date _____
PARENT/GUARDIAN

HEALTH HISTORY UPDATE

1) Has your child had any of the following in the **PAST YEAR**:

An illness lasting more than a week? No ___ Yes ___ Explain _____

A severe injury, accident or fracture? No ___ Yes ___ Explain _____

Time in a hospital or operations? No ___ Yes ___ Explain _____

Trouble with eyes or seeing: No ___ Yes ___ Explain _____

Glasses or contacts: No ___ Yes ___ If yes, date of last vision exam _____
Specialist's Name _____

Trouble with ears or hearing: No ___ Yes ___ If yes, date of last vision exam _____
Specialist's Name _____

Dental problems: No ___ Yes ___ If yes, date of last vision exam _____
Specialist's Name _____

Seizures or convulsions: No ___ Yes ___ If yes, date of last vision exam _____
Specialist's Name _____

Allergies: No ___ Yes ___ Explain _____

Epi-Pen required for allergies? No ___ Yes ___ If **YES**, you must provide Epi-pen for school.

Asthma: No ___ Yes ___ Treatment _____
Date of Last Attack _____

Does the student require use of inhaler at school or school activity? No ___ Yes ___

2) Problems with growth and development? No ___ Yes ___

Explain: _____

Additional:

Is your child under the care of a physician or clinic now? No ___ Yes ___

Explain: _____

Is your child taking any medication or treatments now? No ___ Yes ___

Explain: _____

If yes, name, dose and frequency _____

Does it need to be taken during school? No ___ Yes ___

3) Any special concerns not mentioned above? _____

Please contact the school nurse with any concerns or questions and with any changes of information.



OXFORD AREA SCHOOL DISTRICT

Residency Form

The undersigned does hereby swear and affirm that they are residents of the Oxford Area School District, Chester County, Pennsylvania and that they currently reside at :

Address: _____

They further acknowledge that the submission of false or inaccurate information herein, or change in the continued accuracy of the information set forth, herein, may cause a forfeiture of the right to free school privileges. It may further result in the removal of the child from enrollment in Oxford Area School District classes and may result in you being held liable for tuition costs for the school days during which the child was not entitled to free school privileges. The facts set forth in this Statement are certified to be true and correct to the best of the knowledge, information and belief of the undersigned, subject to the penalties of 18 Pa. C.S.C. Section 4904 relating to un-sworn falsification to authorities.

Oxford Area School District

Student's Name: _____

Parent/Guardian Signature: _____

Date Signed: _____



OXFORD AREA SCHOOL DISTRICT

Home Language Survey - (Page1)

The Office of Civil Rights (OCR) requires that school districts/charter schools/full day AVTS identify limited English Proficient students in order to provide appropriate language instructional programs for them. Pennsylvania has selected the Home Language Survey as a method of identification.

| Student Information | |
|--|--|
| Name: _____ Date of Birth: _____ | |
| Country of Birth: _____ | |
| Date of Entry to United States School: _____ | |
| Has student attended school outside of the United States?: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If YES please indicate specifics on Page 2. | |
| Family Information | |
| Parent/Guardian Name: _____ | |
| Phone number: _____ | |
| Address: _____ | |
| Parent/Guardian Country of Birth: _____ | |
| Parent/Guardian Primary Country of Education: _____ | |
| I would prefer to communicate with the school in a language other than English. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Language _____ | |
| Questions for Parents/Guardians | Response |
| Is ENGLISH the only language <u>spoken</u> in the home? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is ENGLISH the only language <u>heard</u> in the home? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If YES to both questions, STOP HERE. If NO, please complete page 2. | |

Name of Person Completing Form if other than Parent/Guardian

Date

Relationship to Student

Parent/Guardian Signature



OXFORD AREA SCHOOL DISTRICT

Home Language Survey - (Page2)

| Questions for Parents/Guardians | Response |
|--|---|
| What language(s) is spoken in your home? | |
| <u>At home</u> , how often does your child <u>hear</u> a language other than English? | <input type="checkbox"/> Never <input type="checkbox"/> Occasionally <input type="checkbox"/> Often <input type="checkbox"/> Always |
| <u>At home</u> , how often does your child <u>speak</u> a language other than English? | <input type="checkbox"/> Never <input type="checkbox"/> Occasionally <input type="checkbox"/> Often <input type="checkbox"/> Always |
| When interacting <u>with parents/guardians</u> , how often does your child <u>hear</u> a language other than English? | <input type="checkbox"/> Never <input type="checkbox"/> Occasionally <input type="checkbox"/> Often <input type="checkbox"/> Always |
| Within the last 12 months, when interacting <u>with caregivers</u> other than parents/guardians, how often did your child <u>hear</u> a language other than English? | <input type="checkbox"/> Never <input type="checkbox"/> Occasionally <input type="checkbox"/> Often <input type="checkbox"/> Always |
| When interacting <u>with siblings or other children</u> in the home, how often does your child <u>hear</u> or <u>speak</u> a language other than English? | <input type="checkbox"/> Never <input type="checkbox"/> Occasionally <input type="checkbox"/> Often <input type="checkbox"/> Always |

Please complete if student attended school outside of the United States:

| Grade | Country | Primary Language of Instruction |
|-------|---------|---------------------------------|
| K | | |
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |
| 8 | | |
| 9 | | |
| 10 | | |
| 11 | | |
| 12 | | |

For School Use Only

Student Name: _____

Parent Name: _____

Date of Interview: _____

Administrator/Educator Signature: _____

The school district 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 has the right to ask for the information it needs in order to identify English Language Learners (ELLs). As part of the responsibility to locate and identify ELLs, the school district 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 in the future.



OXFORD AREA SCHOOL DISTRICT

ACT 26 – SCHOOLS ACT - Parental Registration Statement

Please complete if you are registering a student who has attended any other public or private school.

In accordance with Act 26 and Pennsylvania School Code § 13-1304-A "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 act or offense involving weapons, alcohol or drugs, or the willful infliction of injury to another person or for any act of violence committed on school property."

Please complete the following:

| | | |
|--|-------------|------|
| Student's Name: | Grade: | DOB: |
| Name of Parent/Guardian where student resides: | Address: | |
| Cell Phone: | Home Phone: | |

I hereby swear or affirm that my child was / was not (circle one) previously suspended or expelled, or is / is not (circle one) presently suspended or expelled from any public or private school of this Commonwealth or any other state for any act or offense involving weapons, alcohol or drugs, or 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 and belief.

Parent Signature _____

Date _____

IF YOUR CHILD IS OR HAS BEEN SUSPENDED OR EXPELLED, PLEASE COMPLETE:

Name of School from which student was suspended or expelled: _____

Dates of suspension or expulsion: _____

Is or was your child involved with Juvenile Probation, Children/Youth and Families or any other governmental agency?

Yes **No** (select one). If yes, name of agency: _____

Is or was rehabilitation and/or community service completed? **Yes** **No** (select one)

Reason(s) for Suspension or expulsion: _____

Any other information you would like to add: _____

Any willful false state made above shall be a misdemeanor of the third degree. This form shall be maintained as part of the student's disciplinary record. 24 P.S. § 13-1317.2



OXFORD AREA SCHOOL DISTRICT

MILITARY STATUS FORM

Please complete the following for the purpose of data collection in compliance with ESSA (Every Student Succeeds Act, 2015) requirements.

| | | |
|-----------------|--------|-----------|
| Student's Name: | | |
| Building: | Grade: | Homeroom: |

Indicate if the student's parent and/or guardian is currently an active duty member of a branch of the armed forces, including fulltime Reserve or National Guard duty.

YES

NO

If YES:

Parent/Guardian Name (please print): _____

Branch

- Army
- Navy
- Air Force
- Marine Corp
- Coast Guard
- National Guard

Status

- Active Duty
- Fulltime Reserve
- Deployed

Oxford Area School District

For Office Use Only

Date Received: _____

School Year: _____

Entered: ____PS ____SS



OXFORD AREA SCHOOL DISTRICT

Request for New Student Transportation

| | | |
|-----------------|--------|--------|
| Student's Name: | Grade: | Phone: |
| Address: | | |

New Student Request for Transportation

Transportation TO School:

_____ Assign stop closest to home address

_____ Assign stop closest to the following address for child care:

Address: _____

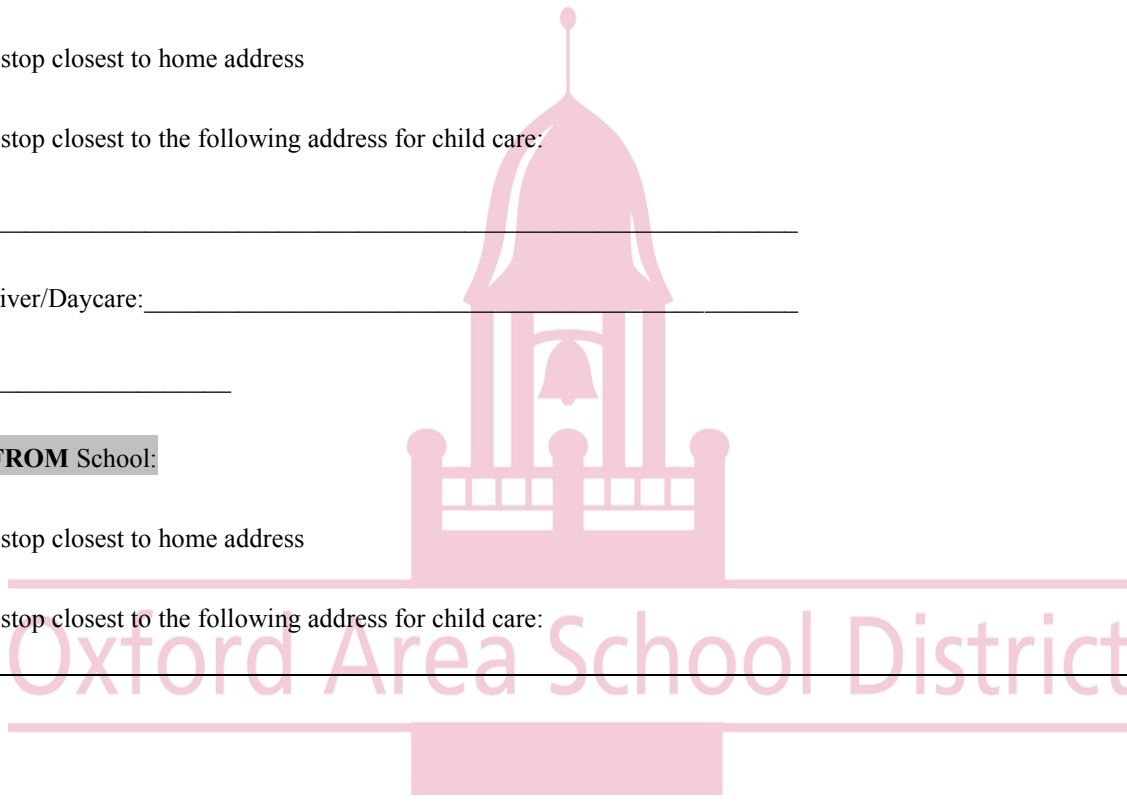
Name of Care Giver/Daycare: _____

Phone: _____

Transportation FROM School:

_____ Assign stop closest to home address

_____ Assign stop closest to the following address for child care:



Parent Signature

Date

Please allow ten (10) days to process request.

Office Use Only:

Bus # _____ Stop _____ Time _____ am

Bus # _____ Stop _____ Time _____ pm



OXFORD AREA SCHOOL DISTRICT

Permission for use of Individual's Picture, Voice, Work, Video and/or Full Name

Oxford Area School District students are sometimes recognized throughout the school year for various academic, athletic, music, school related activities, co-curricular, and extracurricular accomplishments. The Oxford Area School District acknowledges student achievements by sharing the news with the community by way of press releases in student newsletters, local newspapers, radio/television stations, and on the School's website. This letter is to both inform you and request permission for your child's picture, voice, work, video and/or full name to be published on the Oxford Area School District and/or an individual school's website to promote activities and showcase student achievement. To this end, the School District will not release any information without prior written consent from you. Please complete and return this form to indicate if your child's picture, voice, works, video and/or full name may be used on the District webpage and social media accounts. This permission will be in effect until consent is withdrawn. You may withdraw your consent at any time by sending a written letter, along with a new form, to the Oxford Area School District.

Check one of the following options:

I hereby **authorize** photographic images (photographs or video) to be taken of my child by **School District employees or staff members while participating in school activities at the Oxford Area School District**, whether or not such activities are open to the public. I understand my child's photographic image, digital/digitize (meaning any scan images of art or other work, digital, photographs, sound/voice or computer generated files) may appear in District publications, presentations, the school website, productions, newspapers or newscasts. In the case of all such digital images referred to above, I understand that these photographs are the property of the Oxford Area School District. I also realize that if photographs of my child appear on the official Oxford Area School District website, his or her full name will appear along with the publication of my child's digital image. I further understand if I agree to the terms of this Release it will be effective indefinitely, but I have the option at any time of revoking my consent or opting out of this Release by giving written notification to the Oxford Area School District.

I **do not grant** permission for any photo, voice, work, video and/or full name of myself/or child to be published on the school webpage, social media and sent to media outlets.

In addition, I agree to release and hold harmless the Oxford Area School District from and against any and all claims, demands, actions, complaints, suits or other forms of liability that shall arise out of or by reason of, or be caused by the use of my picture, voice, work, video and/or full name on the Internet.

| | | |
|-------------------|--------|---------|
| Student's Name: | Grade: | School: |
| Homeroom/Teacher: | | |



OXFORD AREA SCHOOL DISTRICT

Acceptable Use Student Agreement

District Technology & Services

| | | |
|-------------------|--------|---------|
| Student's Name: | Grade: | School: |
| Homeroom/Teacher: | | |

Student Section

Appropriate access and use of district technology and technology services requires proper conduct of the user. This document is provided so that students are aware of their responsibilities when using OASD's technology resources, and to explain to users that they will be held accountable for their noncompliance with OASD's technology policies. In order to use district technology and technology services, students must adhere to the guidelines established within the administrative procedures for Oxford Area School District policy 6330. By signing below, the user acknowledges the following statements:

- I have read and understand the district's Acceptable Use Policy 6330 and agree to abide by the conditions specified therein.
- I understand that violation of the guidelines may result in loss of district technology and technology services privileges and in disciplinary action, and may constitute a criminal offense. I understand that illegal use of district technology and technology services will be reported to the appropriate authorities for possible prosecution.
- I hereby release the district and its personnel from any and all liability from claims and damages that may arise from my use of the district technology and technology services. I understand that I shall be held responsible for damage to equipment, software or systems that result from my deliberate or willful acts.
- I understand and agree that all technology systems and equipment, as well as all data transmitted, received or stored using district systems, are the property of the school district. I also understand that I have no expectation of privacy connected to the transmission, receipt or storage of data using district systems.
- I also acknowledge and consent to the monitoring of my use of district technology and technology services by appropriate district personnel, including accessing, reviewing and printing files which I have created, transmitted, received or stored using the district system.
- I understand that any accounts issued to me are to be used only by me and are to be used in a responsible manner at all times. I will also take all reasonable precautions to prevent others from being able to use my account. Furthermore, I agree that my use of district technology and technology services is to be solely educational in nature, in support of educational pursuits consistent with the district mission statement and curriculum goals. Personal use of district technology and technology services is prohibited.

- The Superintendent or designee will only authorize the tracking of any District owned device after the reasonable protocols for recovery of the district owned device are exhausted. Tracking may involve the activation of the equipment location software. Only after the reasonable protocols are exhausted will the tracking of the device be considered or authorized.
 - Tracking will occur when student or staff report lost or stolen items.
 - Tracking will occur after five (5) days of dis-enrolled student or separation of staff without property being returned to District.
- I understand and agree that my signature, and that of my parent or guardian if I am under the age of 18, is required on this document for me to be authorized to access district technology and technology services.

Student Signature: _____ Date: _____

PARENT/GUARDIAN Section

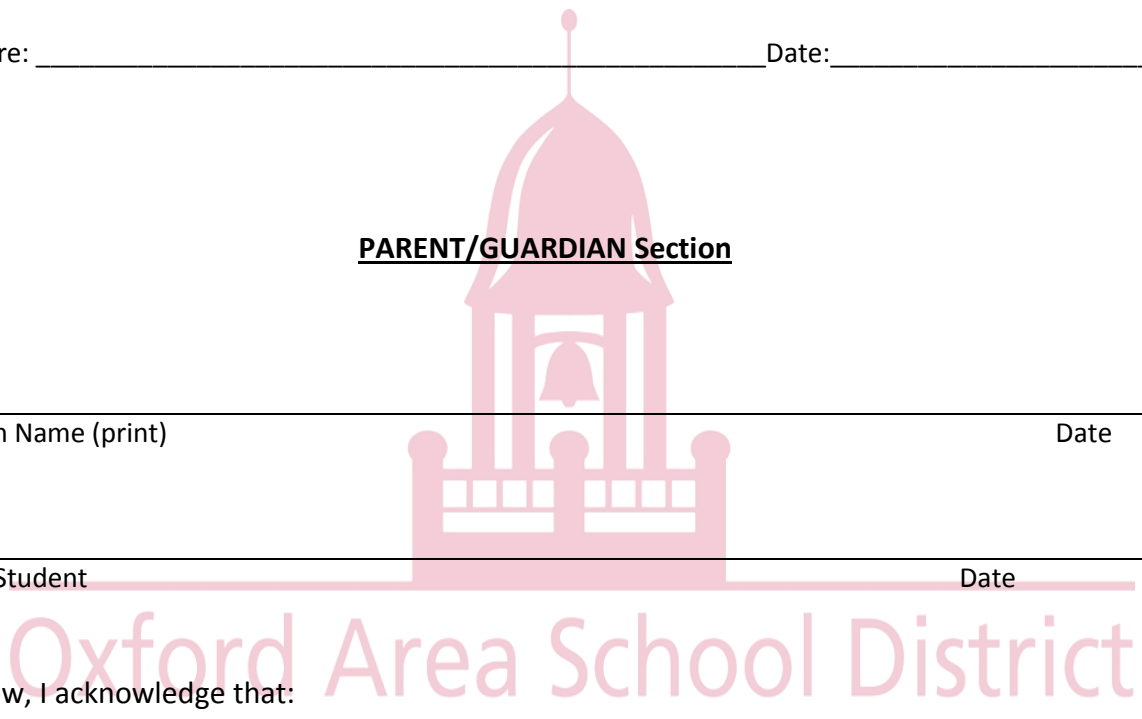
Parent/Guardian Name (print) _____ Date _____

Relationship to Student _____ Date _____

By signing below, I acknowledge that:

- I have read and understand the district's Acceptable Use Policy 6330.
- I hereby release the district and its personnel from any and all liability for claims or damages that may arise from my child's use of district technology and technology services.
-

Parent Signature _____ Date _____





OXFORD AREA SCHOOL DISTRICT

AUTHORIZATION FOR RELEASE OF RECORDS

This is an authorization to release to Oxford Area School District the information indicated below regarding:

STUDENTS FULL NAME: _____

DATE OF BIRTH: _____ CURRENT GRADE: _____

NAME OF PREVIOUS SCHOOL: _____

ADDRESS OF PREVIOUS SCHOOL: _____

PHONE OF PREVIOUS SCHOOL: _____ FAX OF PREVIOUS SCHOOL: _____

The above named Student has registered at Oxford Area School District. These records are needed to determine the appropriate educational programming and services by Oxford Area School District.

I authorize the information described below to be given to the Oxford Area School District:

NAME: _____

Indicate relationship to student: _____ parent _____ legal guardian _____ foster parent

HOME #: _____ WORK#: _____ CELL#: _____

Parent Signature

Date

- PA Secure ID Number
- Educational records including Standardized Test Scores and Official Transcript
- Special Education Records including IEP's, Evaluation Reports and NOREP's
- Attendance and Discipline Records
- Medical Records including diagnosis, medical history and immunizations
- Psychiatric/Psychological/Assessments
- Treatment Plans and Discharge Summaries
- Continuing Care Plan(s)
- Legal Services
- Custody Documents
- ___ Other Documents as described below:

PLEASE SEND RECORDS TO: (Check mark/Circle applicable school)

| | | | |
|--|---|--|--|
| Jordan Bank (Grade K) 536 Hodgson Street Oxford, PA 19363 Tele: 610.932.6625 Fax: 610.932.6662 | Elk Ridge Grade 1-2 200 Wickersham Road Oxford, PA 19363 Tele: 610.932.6670 Fax: 610.932.7836 | Nottingham Grade 3-4 736 Garfield Street Oxford, PA 19363 Tele: 610.932.6633 Fax: 610.932.4630 | Special Education Department Tele: 610.932.3072 Fax: 610.932.8319 |
| Hopewell Grade 5-6 602 Garfield Street Oxford, PA 19363 Tele: 484.365.6159 Fax: 484.365.6167 | Penn's Grove Grade 7-8 301 South Fifth Street Oxford, PA 19363 Tele: 610.932.6623 Fax: 610.932.6619 | High School Grade 9-12 705 Waterway Road Oxford, PA 19363 Tele: 610.932.6646 Fax: 610.932.6649 | High School Guidance Dept. Tele: 610.932.6646 Fax: 610.932.2073 |