



Port Allegany School District
85 Clyde Lynch Drive
Port Allegany PA 16743
814-642-9557

AUTHORIZATION FOR RELEASE OF INFORMATION

Date: _____

Student Name: _____
Last First Middle

Date of Birth: _____

Grade: _____

Previous School: _____
Address: _____
Phone: _____

The above named student is enrolling in Port Allegany School District, Port Allegany PA. I hereby authorize the release of the following records to Port Allegany Elementary School.

Basic Pupil Information
Attendance Records
Health Record / Reports
Discipline Records
Legal Document
PA Secure ID if Applicable _____

Academic Records
Standardized Test Results
RTII Information
Special Placement Records
Psychological Reports
Psychiatric Reports

Signature of Parent / Guardian

Parent /Guardian Name: _____
Parent/ Guardian Phone: _____
Parent/Guardian Address: _____
Student Transportation: _____

Please send records to:
Attention: Mrs. Jill Stuckey
Address: Port Allegany Elementary School
85 Clyde Lynch Drive
Port Allegany, PA 16743
Fax: 814-642-7778
Email: jstuckey@pasdedu.org



Port Allegany School District
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STUDENT REGISTRATION FORM

Student Name:(Last, First, Middle) _____

Legal Name:(Last, First, Middle) _____

Home Address: (street, apt., city, state, zip) _____

Mailing Address:(PO Box) _____

Specific Location: _____

Date of Birth: _____

Grade: _____

Is the student a US Citizen: (Yes or No) _____

Student Gender? (male or female) _____

Student Legal Gender? _____

Is the student Hispanic or Latino? (Yes or No) _____

What is the student's Race? Circle one.

Asian American Indian Alaskan Native Black/ African American Multi-racial Native Hawaiian Other Pacific Islander White

I/We have LEGAL guardianship of the above named student: (Circle one)

Both Parents Mother Father Other _____

(Legal documents concerning child custody, adoption, and guardianship must be on record in student file)

The above named student lives with: Both Parents Mother Father Other _____

Father Name: _____

Mother Name: _____

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Employer: _____

Employer: _____

Work Phone: _____

Work Phone: _____

Email Address: _____

Email Address: _____

If child enrolling attended another school or preschool before enrolling in Port Allegany Elementary School, please provide the name and address of the school



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STUDENT REGISTRATION FORM (CONTINUED)

Student Name (Last, First, Middle) _____

Has the student previously attended Port Allegany Elementary School? _____

If Yes, what grade? _____

Has the student been in any special education classes? (Gifted, speech or other?)

Does the student have an IEP or 504 plan? YES NO

Is the student in Foster Care: YES NO

Legal Guardian(s) _____

Legal documents concerning child custody, adoption, foster care, and guardianship must be in the student file.

Will the student's transportation to and from school be affected by any child custody or visitation? YES NO

The student's primary transportation will be:

WALKER BUS NO. _____ PICK UP

Please list full names of all other children in your family. Use the back of this page if necessary.

Name:	Name:	Name:
Date of Birth:	Date of Birth:	Date of Birth:
Place of Birth:	Place of Birth:	Date of Birth:
Grade:	Grade:	Grade:



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PARENTAL REGISTRATION STATEMENT

Date:

Student Name:

Last

First

Middle

Date of Birth:

Grade:

Parent / Guardian Name(s):

Address:

Phone Number:

Pennsylvania School Code §13-1304 states in part that "Prior to admission to any school entity, the parent, guardian or other person having control or in 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 of offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property."

Please complete the following:

I hereby swear or affirm that my child (circle one) **WAS** or **WAS NOT** previously suspended or expelled, or (circle one) **IS** or **IS NOT** presently suspended or expelled from any public or private school of this commonwealth or any other state for an act of offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property. I make this statement subject to the penalties of 24 P.S §13-1304-A (b) and 18 Pa. C.S.A. §4904, relating to unsworn falsification to authorities, and the facts contained herein are true and correct to the best of my knowledge, information and belief.

If this student has been or is presently suspended or expelled from another school please complete:

Name of the school from which student was suspended or expelled:

Dates of suspension or expulsion: _____

Reason for suspension or expulsion:(optional)_____

Signature of Parent or Guardian

Date

Any willful false statement made above shall be a misdemeanor of the third degree. This form shall be maintained as part of the student's disciplinary record. 24 P.S. §13-1317-2



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EMERGENCY INFORMATION

Student Name: _____
Last First Middle

Grade: _____

NOTE: IF THE PARENT(S) / GUARDIAN(S) CANNOT BE REACHED WE WILL USE THE FOLLOWING ALTERNATE CONTACT INFORMATION. Should any of the information change it is up to the parent/ guardian to update the information with Port Allegany School District.

I the undersigned do hereby authorize officials at the Port Allegany School District to contact directly the persons named below. In the event parents, guardians, or alternate contacts cannot be reached, the school officials are authorized to take whatever action is deemed necessary, in their judgement, for the health and well being of the above named student.

Signature of Parent or Guardian

Date

PLEASE PRINT NEATLY (List those who the student does not reside with)

Alternate Contact Name: _____
Relationship to the Student: _____
Address: _____

Alternate Contact Name: _____
Relationship to the Student: _____
Address: _____

Specific Home Location: _____

Specific Home Location: _____

Home Phone: _____ Cell Phone: _____
Work Phone: _____ Employer: _____

Home Phone: _____ Cell Phone: _____
Work Phone: _____ Employer: _____

Alternate Contact Name: _____
Relationship to the Student: _____
Address: _____

Alternate Contact Name: _____
Relationship to the Student: _____
Address: _____

Specific Home Location: _____

Specific Home Location: _____

Home Phone: _____ Cell Phone: _____
Work Phone: _____ Employer: _____

Home Phone: _____ Cell Phone: _____
Work Phone: _____ Employer: _____



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HOME LANGUAGE SURVEY

Student Name: _____

	Last	First	Middle	
School District:	Port Allegany School District _____			Date: _____
School:	Port Allegany Elementary School _____			Grade: _____

1. What is / was the student's first language? _____

2. Does the student speak a language other than English? **Yes** **No**
Do not include languages learned in school.
 If **Yes**, specify the language(s): _____

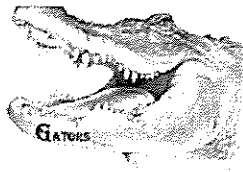
3. What language (s) are spoken in your home? _____

4. Has the student attended any United States school in any 3 years during his/her lifetime? **Yes** **No**
 If **Yes**, complete the following:
 Name of the school: _____
 State _____ Dates Attended: _____

Person completing this form if other than parent or guardian: _____

Parent / Guardian Signature: _____ Date: _____

*The school district / charter school / full day Career and Technical Center (CTC) 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 / full day CTC 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 / full day CTC may conduct screenings or ask for related information about students who are already enrolled in the school as well as from students who enroll in the school district / charter school / full day CTC in the future.



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PORT ALLEGANY SCHOOL DISTRICT
 MCKINNEY - VENTO ASSISTANCE IDENTIFICATION

Please complete the information in Part I and any information in Part II that pertains to your family. Please sign and return this form to your school. This form is for record purposes. All information submitted is considered highly confidential.

Part I (please print)

Student Name: _____
 Last name First Name Middle Name

Student Address: _____
 Street City State Zip

Age / Birthdate: _____ Grade: _____

Part II

- Do you or your family live in any of these situations? (please check all that apply)
 - Living with relatives or others due to loss of housing, economic hardship or similar reason
 - Living in a motel/hotel, camping ground, or other similar situation due to the lack of alternative adequate accommodations
 - Living in emergency or transitional shelters
 - Temporarily housed, awaiting permanent foster care placement
 - Living in cars, camper, tent, parks, public spaces, or similar settings
 - Living in public spaces not designed for or ordinarily used as regular sleeping accommodations
 - Living in an abandoned apartment / building
 - Unaccompanied Youth not in physical custody of a parent or court ordered guardian
 - Migratory children (defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless
 - None of the above (Please explain any special circumstances)

2. Please list any siblings in the home who are attending Port Allegany School District

Sibling Name	Age / Birth Date	Grade

PARENT / GUARDIAN INFORMATION

Name _____ Home Telephone Number _____
 Address _____ Work Telephone Number _____
 _____ Cell Telephone Number _____

Parent / Guardian Signature _____

Date _____



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**PORT ALLEGANY SCHOOL DISTRICT NETWORK POLICY
 AND INTERNET ETHICS AGREEMENT**

Complies with the Children's Internet Protection Act (CIPA) of 2001

The Port Allegany School District has established this agreement to ensure its internet accounts are being used for ethical, lawful, and educational purposes only.

Failure to adhere to this agreement can result in suspension or loss of your internet privileges and prosecution under State and Federal laws.

1. All use of the internet during school hours must be for instructional or educational purposes.
2. User accounts are used only by the designated user.
3. To safeguard your privacy, do not reveal personal information such as your name, your mailing address, or phone number to other internet users.
4. The use of the internet for personal and private business is prohibited.
5. The use of the internet for product advertisement is prohibited.
6. The use of the internet for political lobbying is prohibited.
7. The use of the internet to copy copyrighted materials is prohibited.
8. The use of the internet to play games is prohibited unless they are used for educational purposes.
9. The use of the internet to access pornographic material is prohibited.
10. The use of threatening, obscene, or harassing remarks is prohibited.
11. The Electronic Communications Privacy Act places electronic mail in the same category and messages delivered by the U.S. Postal Service.
12. In order to ensure adequate resources for all users, the Port Allegany School District reserves the right to monitor and log internet use, file server space and bandwidth while respecting the privacy of user accounts.
13. System tampering/hacking on internal and outside computing systems or networks by any unauthorized user is prohibited.
14. The Port Allegany School District Technology Director or other employee may at any time review the subject, content and appropriateness of electronic communications or other computer files and remove them if warranted, reporting any violation of rules to the administration or law enforcement officials.

STUDENTS / PARENTS

PORT ALLEGANY SCHOOL DISTRICT POLICY AND ETHICS AGREEMENT FORM

I have read and understand the Port Allegany School District network policy, agree to adhere to this agreement in my personal use and monitor the use of the internet by students in their compliance with this agreement.

Please print the following:

Student's Name: _____

Last

First

Middle

Building: _____

I understand the nature of the internet and grant permission for my child to access the internet at school. Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Parent/Guardian Signature: _____ Date: ____/____/____

I understand all requirements in the network and internet agreement and agree to adhere to them.

Student's Signature: _____ Date: ____/____/____



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Port Allegany School District
 Chromebook Loaner Agreement

Parent Requirements The Port Allegany School District has issued your child a Chromebook to improve his/her overall educational program. It is essential that the following guidelines be followed to ensure the safe, efficient, and proper operation of the Chromebook. Failure to comply with any of the following guidelines will constitute a breach of this contract.

- I will supervise my child's use of this device at home.
- I will discuss family/school's expectations regarding the use of the internet at home and will supervise my child's use of the internet
- I will not attempt to repair the Chromebook.
- I will not use the Chromebook for personal use.
- I will make sure that my child recharges the Chromebook when he/she brings it home.
- I understand that if my child comes to school without the Chromebook, I will have to make arrangements to bring it to school.
- I understand that I must sign and return the Port Allegany Chromebook Loaner Agreement Form and Acceptable use Policies before my child may access the internet at school or at home using the Chromebook.
- I will agree and pay for any damages to the Chromebook due to reckless misuse at home or school.
- I understand that I have the option to purchase insurance for the Chromebook issued to my child.

Student Requirements Your Chromebook is a tool for learning and is loaned to you for educational purposes only. You must be willing to accept and abide by the following requirements. Failure to abide by the following requirements will result in a breach of this contract.

- I will treat the loaned Chromebook with care by not dropping it, getting it wet, leaving it outdoors, or using it with food or drink nearby.
- I will not loan my Chromebook to friends, or allow anyone else to use my Chromebook.
- I will not attempt to add or remove programs or apps to and /or from the Chromebook.
- I have signed and will abide by the Port Allegany School District Acceptable Use Policy when using the Chromebook at school or home.
- I will not attempt to repair the loaned Chromebook.
- I will recharge my Chromebook at night.
- I will bring my Chromebook to school each day.
- I will keep the condition of the loaned Chromebook the same as it was when I received it.
- I understand that I may use a Chromebook case, "skin", or removable stickers on this loaned device as long as I am able to return it in the same condition it was issued.

Note

- If an infraction of the above requirement is severe it may result in loss of the Chromebook.
- The Port Allegany School District Administration and professional staff may intermittently inspect the Chromebook over the course of the school year.

By signing below, the parent and student agree to the terms and conditions outlined in the Port Allegany School District Chromebook Loaner Agreement.

Student Grade Level _____

Parent Printed Name _____ Parent Signature _____ Date _____

Student Printed Name _____ Student Signature _____ Date _____



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LETTER OF ACKNOWLEDGMENT

By your signature, you acknowledge and consent to the following health services which will be provided to your child by the Port Allegany School District. At the beginning of the appropriate grade level, you will be informed of the requirements for physical and dental examinations. IF at any time you have questions concerning specific health services provided by the school district, please contact the school nurse.

SCREENINGS / EXAMINATIONS

Kindergarten	Vision	Hearing	Height & Weight	Physical	Dental	
Grade 1	Vision	Hearing	Height & Weight			
Grade 2	Vision	Hearing	Height & Weight			
Grade 3	Vision	Hearing	Height & Weight		Dental	
Grade 4	Vision		Height & Weight			
Grade 5	Vision		Height & Weight			
Grade 6	Vision		Height & Weight	Physical		Scoliosis screening
Grade 7	Vision	Hearing	Height & Weight		Dental	Scoliosis screening
Grade 8	Vision		Height & Weight			
Grade 9	Vision		Height & Weight			
Grade 10	Vision		Height & Weight			
Grade 11	Vision	Hearing	Height & Weight	Physical		
Grade 12	Vision		Height & Weight			

NOTE: Medication will not be administered in school unless absolutely necessary. If, however, it does become necessary for your child to receive medication during school hours, the following procedures must be followed:

- A. Medication must be brought to school by an adult in the pharmacy container, labeled with the following information: Name of child, name of medication, the correct dosage, time of administration, and name of physician.
- B. The parent must provide a written physician's order for the medications, which states the child's name, medication dosage, and time of administration.

The necessary forms for medication administration are available from the school nurse.

Student Name: _____ Grade Level _____