

Port Allegany School District

20 Oak Street
Port Allegany, PA 16743
www.pasdedu.org

Superintendent / Business Manager
814 · 642 · 2596

Elementary School
814 · 642 · 9557

High School
814 · 642 · 2544

To the Student Records and Health Offices:

_____ has been presented for enrollment in our school district, subject to receipt of records. A tentative enrollment date has been set for _____. We are requesting these records be emailed to htriplett@pasdedu.org or faxed as soon as possible to **814-338-2031**. **Please include: Transcript of grades, current report card, withdrawal grades and date, key to your grading scale, Keystone/PSSA test results, immunizations and health records, attendance records, discipline records, PA Secure ID (if a Pennsylvania student), Gifted/Special Education Evaluation Report/Re-Evaluation Report, GIEP/IEP.**

Also, we require complete records that are to include, but not limited to: any documents related to special services (ex.: CYS, outside mental health assistance, etc.), and a list of school activities this student participated in.

Federal Law 99.31: it is no longer necessary to obtain written consent to release records between schools. Those school officials within the educational institution and officials of other schools in the school system in which the student may intend to enroll may receive a student's records without a written consent for such release from the parent.

Thank you.

Sincerely,

Holly Triplett
Student Records Manager

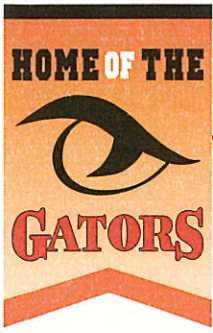
****To the receiving school: It is now state mandated that a request be sent to you for Attendance and Discipline records. Below, please sign that you have sent these records. Or if no records were found, please sign N/A. Please return a copy of this form with the other records requested. Thank you!**

Name of School	Attendance &/or Discipline were sent
	Yes _____ N/A _____
Signature of Sender	Date

I request all records be sent to Port Allegany High School as soon as possible.

Parent Signature

Date



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Parental Registration Statement

Student Name: _____

Date of Birth: _____ Grade: _____

Parent/Guardian Name: _____

Address: _____

Telephone Number: _____

Pennsylvania School Code Section 13-1304-A states in part, "Prior to admission to any school entity, the parent, guardian, or other person having control or charge of a student shall, upon registration, provide a sworn statement or affirmation stating whether the pupil was previously suspended or expelled from any public or private school of this Commonwealth or any other state for an act of offense involving a weapon, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property."

Please complete the following:

I hereby swear or affirm that my child _____ was _____ /was not _____ previously suspended or expelled from any public or private school of this Commonwealth or any other state for an act or offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property. *I make this statement, subject to the penalties of 24 P.S. Section 13-1304-A (b) and 18 PA. C.S.A. Section 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.

Signature of Parent/Guardian

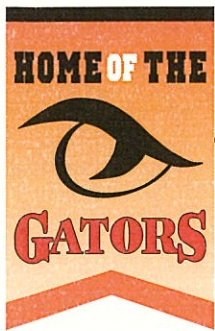
Date

***Name of the school from which student was suspended or expelled; reason for suspension/expulsion; and dates of suspension or expulsion.**

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

Port Allegany School District is an Equal Rights and Opportunities District and does not discriminate on the basis of race, color, national origin, sex and handicap in its activities, programs or employment practices.

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HOME LANGUAGE SURVEY

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

School District: Port Allegany School District Date: _____

School: Port Allegany High School Grade: _____

Student Name: _____

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

2. Does the student speak a language(s) other than English?

Yes

No

If yes, specify language(s): _____
(Do not include languages learned in school.)

3. What language(s) is/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 School

State

Dates
Attended

Person completing this form (if other than parent/guardian): _____

Parent/Guardian signature: _____

***The school district/charter school/full day AVTS 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 AVTS 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 AVTS 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/full day AVTS in the future.**

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STUDENT REGISTRATION FORM

PORT ALLEGANY HIGH SCHOOL

Enrollment Date: _____

I. STUDENT INFORMATION

Please use only correct full names – first, middle, and last.

Student Name _____
(First) (Middle) (Last)

Street Address _____ City: _____ Zip Code: _____

P O Box _____ City: _____ Zip Code: _____

Male _____ Female _____ Date of Birth (Month-Day-Year): _____

Telephone: _____

Country of Birth: _____ State of Birth: _____ City of Birth: _____

Foster Child? Yes _____ No _____

Ethnicity: _____ White non-Hispanic _____ Latino/Hispanic _____ Black/African American
_____ American Indian/Alaskan _____ Asian or Pacific Islander

II. PARENTS OR ADULTS WITH WHOM THE CHILD LIVES:

1.) (Circle one) Mr., Mrs., Miss, Ms., Dr. _____
First Name Last Name

Relationship to Student: _____
Father, Mother, Step-parent, Grandparent, Parent's significant other, Guardian, Other

Marital Status: Married _____ Divorced _____ Separated _____ Single _____

Legal Custody? Yes _____ No _____ Copy of Court Order? Yes _____ No _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Work Number: _____ Extension: _____ Work Place: _____

2.) (Circle one) Mr., Mrs., Miss, Ms., Dr. _____
First Name Last Name

Relationship to Student: _____
Father, Mother, Step-parent, Grandparent, Parent's significant other, Guardian, Other

Marital Status: Married _____ Divorced _____ Separated _____ Single _____

Legal Custody? Yes _____ No _____ Copy of Court Order? Yes _____ No _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Work Number: _____ Extension: _____ Work Place: _____

II. PARENTS OR ADULTS WITH WHOM THE CHILD LIVES: (Continued)

Are you enrolled in the "Address Confidentiality Program"? Yes _____ No _____
If you have checked "Yes", do you want your child's name released to colleges and the military?

Yes _____ No _____
Card verification presented _____ (A copy of this card was made and added to the CONFIDENTIAL

file: _____ . Principal: _____ and

Guidance Secretary: _____)

III. PARENTS Complete this section ONLY if parents do not reside with child:

1.) (Circle one) Mr., Mrs., Miss, Ms., Dr. _____
First Name Last Name

Relationship to Student: _____ (Father, Mother)

Street Address: _____ City: _____

State: _____ Zip Code: _____

Mailing Address: _____ City: _____

State: _____ Zip Code: _____

Cell Phone: _____ E-mail: _____

Mailings Requested: Yes _____ No _____

2.) (Circle one) Mr., Mrs., Miss, Ms., Dr. _____
First Name Last Name

Relationship to Student: _____ (Father, Mother)

Street Address: _____ City: _____

State: _____ Zip Code: _____

Mailing Address: _____ City: _____

State: _____ Zip Code: _____

Cell Phone: _____ E-mail: _____

Mailings Requested: Yes _____ No _____

IV. EMERGENCY CONTACTS – OTHER than PARENT/GUARDIAN – Parents will be contacted first.

Emergency Contact #1: _____ Relationship: _____

Home/Cell Phone: _____ Work Phone: _____ Other Phone: _____

Emergency Contact #2: _____ Relationship: _____

Home/Cell Phone: _____ Work Phone: _____ Other Phone: _____

IV. EMERGENCY CONTACTS – OTHER than PARENT/GUARDIAN – Parents will be contacted first. (Continued)

Emergency Contact #3: _____ **Relationship:** _____

Home/Cell Phone: _____ Work Phone: _____ Other Phone: _____

Emergency Contact #4: _____ **Relationship:** _____

Home/Cell Phone: _____ Work Phone: _____ Other Phone: _____

V. School History

Name of previous school attended: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____

Has this student ever attended this school? _____ Yes _____ No **If yes, when?** _____

Has this student ever repeated any grades? _____ Yes _____ No **Grade (s) repeated** _____

Did this student have Special Education/Gifted accommodations? _____ Yes _____ No

Copy of GIEP _____ Yes _____ No Copy of IEP _____ Yes _____ No

Copy of ER/RR _____ Yes _____ No

VI. OTHER HOUSEHOLD MEMBERS (adults, if not previously listed, and other children)

Last Name	First Name	Grade/Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Registered by: _____
Signature

Relationship to Student: _____ **Date:** _____