

K5

TOWANDA AREA SCHOOL DISTRICT - STUDENT REGISTRATION

Student's Name First Middle Last Address City State Zip Home phone # Cell Phone # Male / Female Birthdate Social Security # Township Place of Birth E-mail address: City State County

Student lives with: Both Parents Father Mother Step Parent (s) Guardian Foster Home Other

FOR OFFICE USE ONLY Entry Code Entry Date 1305 - Court placed in foster home 1306 - Court placed in group home 1302 - Per diem placement Nonresident Parent paid tuition Tuition waiver Inter school transfer TO: FROM: Placing Agency Name/Address Birth Certificate Social Security Card or # Immunization Record Custody Papers Weapons Policy Home Language Survey Proof of Residency

Must have natural parent information. This is confidential information the state requires for child accounting purposes. Please check custodial parent. Circle primary contact person.

Family #1 Family #2 Mother/Guardian Mother's Maiden Name Father/Guardian Address City/State/Zip Phone # Place of Employment School District Family #1 resides in:

Transferring Information from Another School District Transferring Grade School Name School Address Does your child receive Special Services/Education? IEP? List of Services:

American Indian or Alaska Native Black or African American Native Hawaiian and Other Pacific Islander White/Caucasian Asian Hispanic Other

Siblings Teacher Bus: AM PM

Today's Date Signature of Person Registering Student

TOWANDA AREA SCHOOL DISTRICT

WEAPONS POLICY

Parental Registration Statement

Student's Name: _____ Grade: _____

Date of Birth: ____ / ____ / ____ Phone: _____

Parent/Guardian: _____

Parent/Guardian Address: _____

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 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 that my child *was ___ or was not _____ previously 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.C. 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.

(Parent/Guardian Signature) (Date)

* Name of school from which student was suspended or expelled; reason for suspension/expulsion; and dates of suspension or expulsion (optional):

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.

****KEEP THIS HANDOUT FOR YOUR RECORDS****

PARENTS: (for Skyward Login): www.tsd.k12.pa.us > Parents > Skyward (you will receive your password via US Mail)

**TOWANDA AREA SCHOOL DISTRICT
Computer, Internet, and Network
Acceptable Use Policy**

Purpose:

Towanda Area School District ("School District") provides Network Services to students and employees for educational purposes. Network Services include all computer and network hardware, software, electronic mail ("E-mail"), and Internet services. Access to the School District's Network Services is a privilege, not a right. This Acceptable Use Policy establishes guidelines for use of all Network Services.

The Internet can be a very effective educational tool for students and employees, but with access to Internet and E-mail comes the possibility to view material that may not be considered appropriate for a school setting. The School District cannot monitor and regulate all information sent or received by persons who use the Internet and E-mail. Therefore, the School District is unable to ensure that all persons using the Internet and E-mail will be prevented from accessing materials that may be inappropriate. The School District believes that the value of the Internet far outweighs the risk of students accessing material that is not consistent with the educational goals of the District.

Procedures:

- A. **Educational Use.** The School District provides Network Services to students and staff members for education purposes. Non-school related use including chat rooms, instant messaging, file sharing, personal email access (students only), games, etc. is not permitted. Students are expected to stay on task and not deviate from a lesson when assigned. Students and staff found to be using School District Network Services for non-educational purposes may be subject to disciplinary action.
- B. **Monitoring.** The School District reserves the right to log, monitor, and review all student and employee usage of Internet, E-mail, and other network services. This monitoring may be conducted without cause or notice. Student and employee network storage areas are also subject to review. To ensure that the system is being used for appropriate purposes, a member of the Information Technology Department may review student and staff files and communications to maintain system integrity. Students may be monitored by District faculty to ensure proper use of computers and the network system. Persons using the School District's network resources should expect that files and communications stored on district servers and computers will not be private. The School District does not maintain an archive of all E-mail messages.
- C. **Filter.** The School District will use a CIPA (Child and Internet Protection Act) compliant Internet content filter to block material that may be inappropriate or offensive. Due to the ever changing nature of the internet it is possible for some inappropriate material to make it through the filter. The Towanda Area School District can not be held responsible for any material accessed that may be inappropriate or offensive. The filter may be disabled by the Information Technology Department at the workstation level for special circumstances.
- D. **Access Agreement.** All students and employees who use the Internet, E-mail, and other network resources must agree to abide by all conditions of this policy. All students and employees must sign the School District's Internet, E-mail, and Network Access Agreement located in Appendix A. Students under the age of

18 must also have the Agreement signed by their parent(s)/guardian(s). Students may not use the School District's computers or network system without the approval or supervision of a teacher or District staff member.

Acceptable Use Policy

A. Prohibitions. Use of the School District's network system is a privilege. Inappropriate use can result in cancellation of those privileges and the possibility other disciplinary or legal actions including, but not limited to, criminal prosecution, suspension, or in the case of District faculty and staff, termination of employment. The following activities are prohibited:

Sending, displaying, or accessing messages or graphics that may be offensive.

Use of obscene or vulgar language.

Harassing, insulting, or attacking others.

Using network resources for illegal purposes.

Use for commercial purposes.

Use for lobbying or political purposes.

Damage to computers, computer systems, or computer networks.

Illegal installation, distribution, reproduction or use of copyrighted software.

Obtaining, copying or modifying files, passwords, data or information belonging to other users.

Use to misrepresent other users on the network.

Use of another persons E-mail address, user account, or password.

Installation of unauthorized hardware, software, files, or other electronic media.

The creation or upload of computer viruses.

Unauthorized disclosure or use of personal information regarding minors.

Violation of copyright laws.

A. Prohibitions. (Continued)

Attempts to circumvent or disable the Internet content filter or any other security measures.

Using any district computer for the purpose of "hacking," internal or external to the district, or attempting to access information that is protected by privacy laws.

Interfering with other user's ability to access their user account.

B. Etiquette. Users are expected to abide by the general rules of network etiquette. These include, but are not limited to the following:

Be polite. General School District rules and policies for behavior and communicating apply.

Use appropriate language.

Do not reveal the personal address or telephone number of yourself or others.

Do not use the Internet or E-mail in any way that would disrupt its use by others.

C. Security. Security on all School District computers is a high priority. All users are required to report any security problems to the Information Technology Department. Do not demonstrate the problem to other users.

Consequences of Inappropriate Use

The user will be responsible for all deliberate damages made to computer equipment, systems, or software. Failure by any user to follow the guidelines outlined in this policy may result in loss of access to network services. Illegal activity or use may be reported to the appropriate legal authorities for prosecution. The School District reserves the right to remove a user account from the network to prevent unauthorized or illegal activity.

Disclaimer

The Towanda Area School District makes no warranties for the network services it provides. The School District is not responsible for any damages, including loss of data due to delays, incorrect deliveries, or service interruption. The School District is not responsible for the accuracy or quality of information obtained through the Internet or E-mail. No responsibility or liability will be assumed by the School District for any charges incurred by a user.

APPENDIX A

TOWANDA AREA SCHOOL DISTRICT
Computer, Internet, and Network
Acceptable Use Agreement

I understand, accept, and will abide by the Towanda Area School District's Computer, Internet, and Network Acceptable Use Policy. I also understand that any violation of this policy is unethical and may constitute a criminal offense. If I commit any violation, my access privileges may be revoked and disciplinary and/or appropriate legal action may be taken.

User Name (Please Print)

User Signature

Date

STUDENTS UNDER THE AGE OF 18 ONLY

PARENT OR GUARDIAN – Please sign below giving permission for your student to use the Towanda Area School District Network Services.

As the parent(s) or guardian(s) of this student I have read the terms and conditions of this agreement. I understand that access to the Network Services is provided for educational purposes. However, I also recognize that it is impossible for the Towanda Area School District to restrict access to all controversial materials. Therefore, I will not hold the school, school district, or any member of the school district responsible for any inappropriate communication or objectionable material viewed by my student.

I hereby give permission for my student to use the Network Services provided by the Towanda Area School District.

Parent or Guardian Signature: _____ Date: _____

**TOWANDA AREA SCHOOL DISTRICT
EDUCATING STUDENTS WITH LIMITED ENGLISH PROFICIENCY**

HOME LANGUAGE SURVEY

The PA Department of Education and the Federal Office of Civil Rights requires the Towanda Area School District to administer a home language survey to all students enrolled in the District. The results of this survey must be retained in the student's permanent file.

1. What was the first language your child learned to speak? (May be the language of a caretaker/relative, rather than that of the parents.)

2. What language(s) does your child speak most often at home? (May indicate preference and/or dominance.)

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

*If English is NOT the primary language, please answer the following question:

DATE OF US ENTRY: _____

Student's Name: _____ Grade: _____

Survey completed by: _____

(This may require the signature of a parent/guardian.)

5

TOWANDA AREA SCHOOL DISTRICT
Child Custody Information

The information being provided is part of the enrollment process. Should court orders be written or amended, it is the responsibility of the parent to provide the school amended court orders. In the state of Pennsylvania, physical custody prevails unless a parent presents a legal court ordered custody agreement.

1. Child's Name: _____

2. Custodial Parent's Name: _____

3. Address of Custodial Parent: _____

4. Home Phone #: _____ - _____ - _____ Work #: _____ - _____ - _____

5. Name of Non-Custodial Parent: _____

6. Address of Non-Custodial Parent: _____

7. Do you as custodial parent; have legal custody through the court order?

Yes _____ No _____ Pending (Date _____)

If "**YES**", you **must** provide a copy of the court order. If pending, please provide a copy of the court order to the school office when finalized. If a legal document does not accompany this form, no provisions can be made to prohibit a parent from taking a child from school.

8. May the child be released from school to the non-custodial parent?

Yes _____ No _____ If "No", please provide court order.

If no court order is attached there can be no prohibition of release to a parent.

9. Will you routinely provide the non-custodial parent with the progress information?

Yes _____ No _____

Please provide any additional information regarding custody that the school should be aware of, including non-custodial parent's address:

Signature of Custodial Parent

Date

4

TOWANDA AREA SCHOOL DISTRICT
FOOD SERVICE DEPARTMENT

PERMISSION TO CHARGE FOR STUDENT SCHOOL LUNCH

I _____ give permission for my child/children to charge their school lunch in the event that their account does not have funds available. I understand that I will continue to be notified of the lack of funds by automated calls and personal calls from the school. Once my child's account reaches \$25 I understand that charges may be filed for Theft of Service as outlined below.

§ 3926. Theft of services.

(a) Acquisition of services.—

- (4) Where compensation for service is ordinarily paid immediately upon the rendering of such service, as in the case of hotels and restaurants, refusal to pay or absconding without payment or offer to pay gives rise to a presumption that the service was obtained by deception as to intention to pay.

I have read the above and understand that failure to repay the school lunches charges is a Theft of Service.

Parent/Guardian Signature: _____

Date: _____

Please list student names and grades:

Health History for Towanda Area School District

Student's name _____ Grade _____
Male / Female _____ Date of Birth ___ / ___ / ___ Social Security number _____
Residence of student _____ Teacher _____
Phone no. _____ Father's name (inc. middle) _____
Mother's name _____ (maiden) _____
Step-parent/Guardian's name _____ Doctor _____ Dentist _____
Date that child had any of the following:
Chickenpox disease ___ / ___ (month/year) Scarlet fever/scarletina _____
Hospitalizations or surgery _____
Serious accidents (cast? sutures?) _____
Seizures or other neurological problem _____
Allergy (food, bees, medicine?) What happens? Treatment? _____
Asthma -Trigger? Symptoms? _____
Premature? Other problem at birth? _____
Birth defect/Developmental problem _____
Glasses/Brace/Orthotics - Type? When to wear? _____
Recurring respiratory or ear infections _____
Hearing/Vision problem _____
Eczema/Skin problem - Cause? _____
Heart murmur/Heart condition (premedicate for dental exams?) _____
Bleeding problem/Anemia _____
Bone or Joint problem/Rheumatic disease _____
Stomach/Digestion/Bowel problem _____
Urinary/Genital problem _____
Back or Traumatic Brain injury _____
Attention deficit/hyperactivity (diagnosed by doctor?) _____
Medication taken regularly/reason _____
Is the child covered by any health insurance? No _____ MA/Access _____ CHIP _____ Private _____
This information will be placed in your child's school health record and will be kept confidential. It will be available only to school staff members who need to know about certain health problems in case an emergency occurs.
Signature of parent _____
Date of entry - _____ Previously attended _____

Towanda Area School District
Mandated Physical Examinations – 2018-2019
K4 & K5, 6th grade, 11th grade students only

To the parent or guardian of _____

From Mrs. Jackie Vanderpool, School Nurse

According to the Pennsylvania School Health Act, every child attending school needs a physical examination on file in the nurse's office. If your child has an exam done at a physician's office **between May 1, 2018 and May 1, 2019**, the results should be recorded on the attached physical form by the physician or other healthcare provider. **Please note that PA law requires the exam to be done between these dates during the designated year in school (first year, sixth grade, and eleventh grade).** We encourage you to have the child's own provider do the exam, as it promotes more continuous care.

Our district does offer such an exam by the school doctor on one or two days each year. This exam will be scheduled and you will be encouraged to accompany your child during the exam, to provide information to the doctor as needed. No immunizations will be given during these examinations.

Please note that if your child is in the high school and has a sport's physical, it can be counted for this mandate, but no immunizations will be updated. If you have any questions, please call Mrs. Vanderpool at 268-2060 and leave a message.

Please return the physical form to the nurse's office in your school when it is completed.

Please choose one of the following choices:

_____ My child will be examined by _____ and a report of the examination results will be returned to the school before February 1, 2019.

_____ I wish my child to be examined by the **school** doctor. I understand that I will receive notification of the exam date and time and will be strongly encouraged to attend the exam with my child. I also understand that **no immunizations** will be given during this examination.

Parent's signature _____ Date _____

**Towanda Area School District
Mandated Dental Examinations**

The Pennsylvania School Law requires an oral health evaluation by a dentist during the first year of school (K4 or KG), and in the 3rd and 7th grades. These examinations are important to assure that any dental problems are detected early. **The date of your child's mandated exam must fall between May 1, 2018 and May 1, 2019.**

I encourage you to have this examination done by your child's regular provider as this allows consistent and thorough care. An examination is offered at school if needed. There is a team of dentists that set up a clinic in our school buildings (Mobile Dentists); they provide basic needed care during the visit. An application must be completed by the parent prior to a student seeing the mobile dentists at school. A written report will be sent to you after that visit. Please contact Mrs. Vanderpool or Mrs. Birdsall if you have any questions about the examinations.

Please designate how you wish your child to participate in this program by checking the appropriate spaces below. If you choose to have your child's exam done privately, you will be given a form to have completed by your dentist. You may change your decision concerning your child's participation at any time in the coming years by sending a written statement to the school.

Mrs. Jackie Vanderpool RN, BSN
School Nurse (570-268-2060)

Child's name _____

DENTAL EXAMINATIONS:

_____ 1. My child's teeth **will be examined by Dr.** _____ (name) on _____ (date if known); must be **AFTER** May 1.

_____ 2. I wish to have my child participate in the **mobile dental program.** (Parent will have to fill out the application).

_____ 3. I wish to have my child participate in the **dental examinations at the school.** I understand that I will receive a report of the results of this exam.

FLUORIDE SUPPLEMENTS offered kindergarten to grade 6:

_____ 1. I would like my child to receive the daily **fluoride tablet in school** daily.

_____ 2. My child is taking a daily **fluoride supplement at home.**

_____ 3. My child is **not to take fluoride** at this time.

If I have requested fluoride administration at school, I release Towanda Area School District and its employees from any liability or responsibility for any injury or damages that may result from such administration of the tablets. Fluoride tablets will be given until 6th grade unless a parent sends in a written statement to the nurse's office to stop giving fluoride to their child.

Parent's signature _____

Date _____

Towanda Area School District
Central Registration Office
570-268-2017

Registration Checklist

Your child, _____ has been registered for the 2018-19 school year in the Towanda Area School District. This checklist has been provided for your convenience in assuring that the following items are presented to the Central Registration office before the child enters school in the fall.

- _____ Birth certificate (state or hospital)
- _____ Social security card/number
- _____ Immunization record ****THIS IS REQUIRED for all students
- _____ Proof of residency (lease, current utility bill, bank statements, etc.)

Your child needs the following immunization(s) in order to enter school:

- _____ 4 doses of tetanus, diphtheria and acellular pertussis* (1 dose on or after 4th birthday)
- _____ 4 doses of polio [4th dose on or after 4th birthday and at least 6 months after previous dose Given]
- _____ 2 doses of measles, mumps and rubella**
- _____ 3 doses Of Hepatitis B [Not to be confused with HIB vaccine]
- _____ 2 doses of varicella (chickenpox) vaccine or evidence of immunity

Seventh through 12th Grade ADDITIONAL immunization requirements for attendance:

- _____ 2 doses of meningococcal conjugate vaccine (MCV)
 - First dose is given 11-15 years of age or entry into 7th grade; a second dose is required at age 16 or entry into 12th grade.
 - If the dose was given at 16 years of age or older, only one dose is required.
- _____ 1 dose of tetanus, diphtheria, acellular pertussis (Tdap) for entry into 7th grade.
 - *Usually given as DTap or STP or DT or Td
 - **Usually given as MMR

Immunizations should be given by your doctor's office at the time of physical examinations. The Pennsylvania Department of Health will immunize your child if they are not currently covered by insurance. You must have an appointment with them; the phone number is 570-265-2194.

Please note that a child must have the required medically-appropriate vaccines or a plan to complete those vaccines or risk exclusion from school. A child may still obtain medical, religious or philosophical exemption from meeting the immunization requirements. Talk to your child's pediatrician about the vaccines your child needs to attend school.

You may also elect to have the following examination(s) done privately. Forms are available on this web site by entering "Wellness – School Health Programs – Forms for exams."

Physical examination – form to be returned to the school before December 1st.

Dental examination – form to be returned to the school before January 1st.

Please contact the school office with any questions or concerns about any phase of your child's registration for school as soon as possible, in order to avoid last-minute difficulties.