



WELCOME TO THE NORTH EAST SCHOOL DISTRICT

STUDENT ENROLLMENT PACKET

Attached are several forms, which need to be completed entirely and returned with the appropriate information.

The following items are requirements for the registration and entry of a student(s) into the North East School District:

1. **PROOF OF RESIDENCY – TWO FORMS** (ie: Driver's License with corresponding address; copy of a current utility bill or agreement for service that includes your name and address; if you rent or lease, a copy of your lease agreement, or sales agreement for purchase of a home within the district)
2. **ORIGINAL BIRTH CERTIFICATE (we will make a copy)**
3. **CURRENT IMMUNIZATION RECORDS**
4. **CUSTODY ORDER** – If a custody order is in effect for the student(s) being registered the district will need to make a copy of the most recent order.

If you have any questions, please call the Administration office at (814) 725-8671 ext. 3900.

Head of Household Last Name _____ Home Phone # _____

Actual Street Address _____ P.O. Box # (if applicable) _____

When did you move into this address? Month _____ Year _____

PLEASE LIST ALL STUDENTS IN HOUSEHOLD IN THE BOX BELOW:

	List ALL Children UNDER 18 (including the child you are registering) Last Name First Name Middle Name (as it appears on the Birth Certificate)			Gender M/F	Social Security Number	DATE OF BIRTH Mo/Day/Yr	Name of School Child will Attend (Davis/Interm Middle/High)	G R A D E	Does child Have an ER, IEP, GWR, GIEP for Special Ed or 504 Plan?	Student Number <u>Office Use Only</u>
1										
2										
3										
4										
5										
6										

DOES STUDENT HAVE A PARENT/GUARDIAN (natural or adoptive) IN ACTIVE MILITARY? Y _____ or N _____

CUSTODY ORDER/ISSUE?: YES _____ or NO _____ (If Yes, you must provide documents)

DID STUDENT(S) ATTENDED A PENNSLYVANIA SCHOOL IN THE PAST? Y OR N - PLEASE GIVE NAME OF SCHOOL _____

PARENT/GUARDIAN INFORMATION - THIS SECTION MUST BE COMPLETED

Student(s) PRIMARILY Reside With:				
Name:	Circle Legal Relationship to student(s): Father Mother Step-Parent Guardian Other			
Address:	Primary Phone			
Employer:	Work Phone		Ext	
E-Mail Address	Other Phone			
Name:	Circle Legal Relationship to student(s): Father Mother Step-Parent Guardian Other			
Address	Primary Phone			
Employer:	Work Phone		Ext	
E-Mail Address	Other Phone			

PLEASE CONTINUE ON PAGE 2 

For Office Use Only:				
Entry Code _____	Date sent to Office/BG/Café _____	Prev District _____	Prev School _____	
PA Secure ID #s	1.	2.	3.	4.
				5.

ADULTS IN THE HOUSEHOLD

	List ALL Adult Residents Ages 18 and over (include yourself)	SEX M/F	DATE OF BIRTH Mo/Day/Yr	Please list Employer's Name	Other R=Retired H=Homeworker U=Unemployed S=Student
1					
2					
3					
4					

Do you consider your family to be in a homeless situation? Yes No

If the student(s) listed on this registration form is/are entering a Pennsylvania school for the first time, please indicate the student's name and the date of entry into the state Pennsylvania:

Name	Date	Name	Date
_____	_____	_____	_____
_____	_____	_____	_____

MEDICAL INFORMATION

Is your student covered by medical insurance? YES / NO If not, you may be eligible for free or low cost insurance through the C.H.I.P.S. Program. Please contact the school office for more information or call 725-8671.

Name of Health Insurance Coverage for your child or Medical Assistance Benefits Policy # (required)

Can the PTO use your phone number to contact you? YES / NO If yes, what is the best time to reach you? _____

Parent/Guardian INITIALS are required for each item below to indicate parental consent:

Walks and Trips / Obtaining Emergency Medical Care / Transportation by District / Administration of Minor First Aid / Swimming Wading

Additional Information or Comments:

Signature of Parent/Guardian _____ **Date** _____

NORTH EAST SCHOOL DISTRICT

50 East Division Street, North East PA 16428 (814) 725-8671

REQUEST FOR SCHOOL RECORDS

The following student has initiated the enrollment process with our school district:

Student's Name: _____ Current or Last Completed Grade: _____

School student is leaving: _____ Phone # _____

City _____ State _____ Fax # _____

I hereby request the school listed above RELEASE the following information to the North East School District: GRADES TO DATE (numerical and letter) by marking period or final grade, (Please include grading code) HEALTH RECORDS including immunization records and all available TEST SCORES as well as PA SECURE ID#

Parent/Guardian Signature: _____ Date: _____

Please Print Parent/Guardian Name: _____

Address: _____ Phone _____

Any information received by the North East School District will be placed in a file to which parents have access and the capacity to release to a third independent agency. The professional staff of the North East School District monitors this access. Information will be destroyed when it is not longer useful for educational purposes. An Equal Rights and Opportunities Employer

PLEASE FAX ALL NON-SPECIAL EDUCATION RECORDS TO THE SCHOOL INDICATED AT THE BOTTOM OF THIS PAGE.

Please indicate if this student is currently receiving any of the following services:

Special Education Y N Gifted Education Y N 504 Plan Y N Alternative Education Y N
Vocational Education Y N On-Site Counseling Y N Agency Visitations Y N Student Assistance Program Y N
Title One Reading or Math Services Y N Building Level Team Support Y N Case Management Support Y N

PLEASE FAX SPECIAL EDUCATION RECORDS TO:

FAX: Nancy Bifulco 814-347-0043 / PH 814-725-8671 ext 3027

MAIL: Special Education Department

50 East Division Street, North East, PA 16428

****Include all psychological evaluations and Special Education records including IEP Evaluation or Re-Evaluation reports and NOREP.****

As it relates to school safety or the safety of your child, is there anything else we should know? Y N Explain briefly:

_____ NEHS	_____ NEMS	_____ NEIE	_____ DAVIS
North East High School Grades 9 – 12 1901 Freeport Road North East PA 16428 FAX: (814) 725-3357	North East Middle School Grades 6 – 8 1903 Freeport Road North East PA 16428 FAX: (814) 725-1086	N.E. Intermediate Elementary Grades 3 – 5 50 East Division Street North East PA 16428 FAX: (814) 725-8643	Davis Primary Elementary Grades K - 2 50 East Division Street North East PA 16428 FAX: (814) 725-0821



NEW STUDENT EMERGENCY INFORMATION

STUDENT #	_____
HOMEROOM	_____
LOCKER#	_____

STUDENT NAME _____ DOB _____ GRADE _____

N.E. STREET ADDRESS _____ PRIMARY PHONE# _____

Primary Custodial Parent/Guardian(s) – Primary Contacts that the student lives with:

Parent/Guardian #1 Name:			
Email	_____	Cell Phone #	_____
Employer	_____	Work Phone #	_____
Parent/Guardian #2 Name:			
Email	_____	Cell Phone #	_____
Employer	_____	Work Phone #	_____

Non-Custodial Parent –That the student does NOT live with full time:

Name	_____	Phone #	_____
Address	_____		_____
May Pick Up :	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____

LOCAL emergency contacts (persons not living in the student's household):

To be contacted if parent/guardian(s) are unable to be reached

	Name	Relationship to student	Phone #	May Pick up Student in case of Emergency	
E1	_____	_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
E2	_____	_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
E3	_____	_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>

AUTOMATED MASS MESSAGING SYSTEM

Please designate at least one phone number to receive automated messages from the mass messaging system in event of weather-related school closings or delays, or similar mass notifications.

This is normally the parent/guardian and/or home number. Please do NOT list student names or phone numbers. Student cell phones will not be entered for messages.

Adult Contact Name (Please Print)	Phone Number with Area Code	*Text Messages?	
		Yes	No
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

*In order to receive Text Messages you must Text the word ALERT to code 22300 from your cell phone.

For High School Students Only:

In the event that my high school student listed above has a personal mode of transportation (such as a motor vehicle or bike) at school when an evacuation is necessary, I authorize him/her to use the personal mode of transportation for evacuation travel purposes and also to transport other immediate family members if feasible: YES NO

SIGNATURE OF PARENT/GUARDIAN

DATE

PRIMARY PHONE NUMBER

HEALTH ROOM EMERGENCY INFORMATION

STUDENT # _____ HOMEROOM _____ LOCKER # _____ BLDG _____

NAME: _____ DOB ____/____/____ GRADE _____
Street _____ Primary _____
Address _____ Phone # _____

PARENT EMAIL ADDRESS _____

Primary Custodial Parent(s)/Guardian(s) (who the student lives with full time):

Name _____ Cell Phone # _____

Employer _____ Work Phone # _____

Name _____ Cell Phone # _____

Employer _____ Work Phone # _____

Non-Custodial Parent (Secondary Contact the student does NOT live with full time):

Name _____ Phone # _____

Address _____

LOCAL Emergency Contacts (persons NOT living in the student's household):

Name/Relation _____ Phone # _____

Name/Relation _____ Phone # _____

Name/Relation _____ Phone # _____

Physician: _____ Phone # _____

Health Insurance? Yes No Carrier: _____

Any Unusual Health Concerns? Yes ___ No ___ Please Specify _____

Is student up to date with immunizations? Yes ___ No ___

Check all that apply

___ Asthma, Inhaler Y N

___ Arthritis

___ Diabetes

___ Kidney Problems

___ Heart Problems

___ Mild

___ Severe

Seizures

___ Deafness

___ Bee Sting Allergy, EpiPen Y N

Other Allergy, please list _____

___ Sight Impairment

___ Wears Glasses/Contacts

Surgeries, please list _____

Routine medications at home or school, please list: _____

Other problems, please list: _____

Physical Handicap, please describe _____

PLEASE COMPLETE REVERSE SIDE

HEALTH ROOM INFORMATION

I hereby give my permission for my child to receive a **physical exam** as per PA Public Health Code section 1402, which requires all students receive a health exam upon entry into school, in the 6th grade and again in the 11th grade years.

Signature _____

Date _____

I hereby give my permission for my child to receive a **dental exam** as per PA School Health Code section 1403, which requires all students to receive a dental exam upon entry into school, in the 3rd grade and again in the 7th grade years.

Signature _____

Date _____

I hereby give my permission for my child to have his/her back screened for **scoliosis** per PA School Health Code Chapter 23, section 10. This screening is required during the 6th and 7th grade years, which are during the period of critical developmental growth.

Signature _____

Date _____

My child _____ Grade _____ has my permission to have **Tylenol** (acetaminophen) administered only by authorized school personnel for any of the following complaints: headaches, minor muscular aches, menstrual cramps, orthodontia discomfort, and tooth aches during the current school year. My child does not have a known allergy to acetaminophen. I also understand that frequent usage pattern demonstrated by my child will necessitate providing a supply of medicine from home.

Signature _____

Date _____



**NORTH EAST SCHOOL DISTRICT
HEALTH HISTORY**
THIS FORM MUST BE COMPLETED
(ONE FORM PER STUDENT)

STUDENT NAME _____ Gender Male Female

Date of Birth _____ Place of Birth _____

Current Address _____ Phone _____

Parent's/Guardian's Names _____

Grade _____ School Last Attended _____

Family Physician _____ Phone _____

Is your water supply from the North East Borough? Yes No

If NO, has your child had fluoride treatments? _____

HEALTH HISTORY: Please list any serious illnesses or communicable diseases: _____

Allergies? _____

IMMUNIZATION HISTORY: Please list dates or attach Doctor's print out.

DPT (Combination Diphtheria-Pertussis-Tetanus) – 4 Required

1) _____ 2) _____ 3) _____ 4) _____ Booster _____

MCV 1) _____ TDAP 1) _____

POLIO-SABIN VACCINE – 4 Required

1) _____ 2) _____ 3) _____ 4) _____ Booster _____

MMR (Combination Measles-Mumps-Rubella) – Required 1) _____ 2) _____

HEPATITIS A 1) _____ 2) _____

HEPATITIS B – 3 Required 1) _____ 2) _____ 3) _____

HIB VACCINE – 3 Required 1) _____ 2) _____ 3) _____

If applicable:

CHICKEN POX (Date child had chicken pox) _____ OR

VACCINE 1) _____ 2) _____

(Continued on back)

MEDICAL INFORMATION

- 1. Is your child's vision or hearing impaired?Yes No
If yes, is he/she under a doctor's care?.....Yes No
What is the problem?

- 2. Is your child toilet trained? Yes No
Does he/she have bowel or bladder accidents? Yes No
If yes, can you be specific regarding what the issues are?

- 3. Does your child have a speech or language problem?Yes No
If yes, is he/she being treated for the problem?.....Yes No
What is the problem?

- 4. Does your child have any other physical illness or handicap which might affect normal progress or participation in the usual school program?.....Yes No
If yes, please explain:

- 5. Does your child have any emotional or behavioral problem which might affect school performance or participation?.....Yes No
If yes, please explain:

- 6. Is your child on any long-term medication?Yes No
If yes, please specify:

- 7. Has your child been restricted by a doctor as far as physical activity in school is concerned?.....Yes No
If yes, please submit a statement from your doctor specifying the nature and duration of the restriction.

- 8. Does your child have any health condition which might require emergency action when he/she is at school? (i.e. seizures, bee sting allergy, bleeding problem, diabetes, heart problem, etc).....Yes No
If yes, please specify:

- 9. Do you have: _____Medical Insurance _____Medical Card
_____ Other (please explain) _____

- 10. Would you like to discuss this information with any of the following:
_____School Nurse _____Counselor
_____Teacher _____Principal

Signature of Parent/Guardian

NORTH EAST SCHOOL DISTRICT

HOME LANGUAGE SURVEY*

ONE FORM PER STUDENT MUST BE COMPLETED

The Office of Civil Rights (OCR) requires Local Education Agencies (LEA's) 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.

Student Name _____ Grade _____

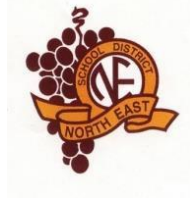
1. What is/was the student's first language? _____
(If the student's first language is English, please skip questions 2, 3, and 4. However, please remember to sign this form.)
2. **Does the student speak a language(s) other than English?**
(Do not include language(s) learned in school.) Yes No
If yes, please specify the language(s) _____
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, please complete the following:

Name of School	State	Dates Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Parent/Guardian _____

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

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



FEDERAL GUIDELINES FOR ETHNICITY AND RACE STANDARDS

Beginning in the fall of 2010, the U.S. Department of Education has revised the way state education agencies are required to report ethnicity and race data.

Student Last Name

Student First Name

Please complete the two questions below.

1. **ETHNICITY?** - Hispanic/Latino Y N (circle one)

(If you circled Y, you do NOT need to answer questions 2.)

HISPANIC/LATINO– A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

2. **RACE? (choose one or more if you circled N to question 1.)**

_____ American Indian or Alaskan Native

_____ Asian

_____ Black or African American

_____ Native Hawaiian or Other Pacific Islander

_____ White

Parent/Guardian Signature

Date

Race/Ethnicity Definitions

These are categories used to describe groups to which individuals belong, identify with, or belong to in the eyes of the community. These categories do not denote scientific definitions of anthropological origins.

1. **AMERICAN INDIAN/ALASKAN NATIVE** – A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.
2. **ASIAN** – A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent,. This includes people from China, Japan, Korea, the Philippine Islands, Samoa, India, and Vietnam.
3. **BLACK (NON-HISPANIC)** – A person having origins in any of the black racial groups of Africa (except those of Hispanic origin).
4. **NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER** – A person having origins of the original peoples of the Hawaiian Islands or other Pacific Islands
5. **WHITE (NON-HISPANIC)** – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East (except those of Hispanic origin).

As in the past, individuals or student's parents are asked to self-identify themselves. However, OBSERVER IDENTIFICATION is required if individuals decline to choose a race/ethnicity.

If you have any questions, please contact Luann Boltz at (814) 725-8671 ext. 3900. Thank you.

NORTH EAST SCHOOL DISTRICT
PARENTAL REGISTRATION STATEMENT

ONE FORM PER STUDENT MUST BE COMPLETED

Student Name _____

Date of Birth _____ Grade _____

Parent or Guardian Name _____

Address _____ Phone _____

Pennsylvania School Code § 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 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 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.

Signature of Parent or Guardian

Date

** Name of the 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.

NORTH EAST SCHOOL DISTRICT
PARENT/GUARDIAN and STUDENT SIGNATURES REQUIRED
PUBLISHING OF DOCUMENTS and IMAGES
ON THE INTERNET/WORLD WIDE WEB

The North East School District ("District") has created a website for each school within the District. This policy shall apply to schools and individual students who publish on the Internet where the information being published originates from a school or district-maintained web server or from any server currently in use by the school system. This policy should be followed in conjunction with the District's Computer/Internet Acceptable Use Policy for Students.

I. Online Images of Adults on District-owned or maintained websites

Pictures and identifying information of Board members, District employees or any other adult, such as parents or volunteers, may be published on District-owned or controlled websites provided the permission of the adult is obtained prior to the publication of his/her image and/or information on the Internet.

II. Online Images of Students of the District

Pictures and identifying information of students of the North East School District may be published on District-owned or controlled websites provided the permission of the student's parent/guardian and/or the student is not disallowed prior to the publication of his/her image and/or information on the Internet.

Parents and/or legal guardians who do not wish to allow the photograph, name(s) or work of their student(s) to be published in any written District publication and/or posted on any District maintained online format must notify the student's school in writing no later than September 30th of each school year, denying permission for such publication. In the absence of a written letter, the District shall assume that publication is granted for the current school year.

III. Publication Of Student Names

The District May Publish Students' Names on the Internet, provided that permission for such publication has not been previously disallowed in writing by the student's parent/guardian and/or the student for the current school year.

IV. Publication Of Student-Produced Work.

The District may publish student-produced work on the Internet, provided that permission for such publication has not been previously disallowed in writing by the student's parent/guardian and/or the student for the current school year.

Prior to the posting of student-generated work, schools within the District must take reasonable care that the content of the work is owned solely by the student. Plagiarism in any form is not permitted.

The District may require that student publications meet a variety of standards related to adequacy of research, spelling, grammar and appropriateness of material.

Administrative Regulation
THIS FORM MUST BE COMPLETED

Rules for North East School District Computer Users

As a user of computers owned or controlled by the North East School District, I agree to follow the District's rules relative to computer and Internet use, including the District's Computer/Internet Acceptable Use Policies, and the District's policy on the Publishing of Documents and Images on the Internet/Internet, in all of my work with computers while at the North East School District.

I will not play games or use the computer resources for non-academic activities and will not attempt to access materials which would be inappropriate in the educational setting.

I will follow the directions given at the lab site. When I am in a computer lab, I will work in ways that will not disturb others.

I will not waste or take supplies that are provided by the North East School District.

I recognize that software is protected by copyright laws; therefore, I will not make unauthorized copies of software found on the North East School District computers, either by copying them onto my own discs or onto other computers through electronic mail or bulletin boards or other electronic pathways; and I will not give, lend, or sell copies of software to others unless I have the written permission of the copyright owner or the original software is clearly identified as shareware or in the public domain.

I recognize also that the work of all users is valuable; therefore, I will protect the privacy of others by not trying to learn their passwords; I will not copy, change, read, or use files in another user's area without that user's prior permission; I will not attempt to gain unauthorized access to system programs or equipment; I will not use computer systems to disturb or harass other computer users by sending unwanted mail or by other means; and I will not download personal files onto the hard drives of any North East School District computers for permanent storage.

Violations of the District's rules and policies regarding the use of District computers and the Internet will be addressed in accordance with the discipline policies of the North East School District. Violators will lose computer privileges.

As the parent or guardian of this student, I have read the terms and conditions for Internet access. I understand that this access is designed for educational purposes. I also recognize it is impossible for the North East School District to restrict access to all controversial materials, and I will not hold them responsible for materials acquired on the network. I hereby give permission for my child to use the Internet and certify that the information contained on this form is correct. **I understand, further, that if I do not sign, my child will not be permitted access to the Internet through the school's computers.**

Student Name _____
Please Print

Parent(s) Name _____
Please Print

Student Signature _____

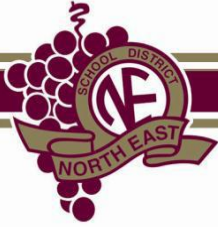
Parent Signature _____

Date _____

Date _____

Grade _____ Homeroom _____

Valid through the end of September of the following school year.



NORTH EAST SCHOOL DISTRICT

50 EAST DIVISION STREET • NORTH EAST, PENNSYLVANIA 16428
 TELEPHONE (814) 725-8671 • FAX (814) 725-9380

PARENT OR GUARDIAN NOTIFICATION

FOR PUBLICATION OF STUDENT IMAGES, NAMES, AND/OR STUDENT WORK

North East School District Board Policy 815 outlines the school district's position regarding the publishing of documents and images on the Internet/World Wide Web. This policy is readily available for your review in its entirety on the district's website at www.nesd1.org by clicking on the Resource tab and scrolling down to Policies.

North East School District currently maintains a website at this address and also a district social media (Face Book) page and publishes newsletters where, from time to time, images of students, student-produced work and/or student names may be posted, either in order to promote positive activities happening on campus or to showcase and recognize the achievements and talents of our students.

Please be aware that permission is assumed to be granted for the District to publish images and/or student-produced work and to reference students by name on District owned or maintained online sites and in such written publications as the school district newsletters and local/community newspapers.

If you **DO NOT** wish to allow your student's photograph, name or work to be posted in any online format (such as the district's website) or in any written publication (such as district or school newsletters), please send a written letter to your child's school no later than September 30th of the current school year, stating that you deny permission for such publication.

If you have any questions regarding publication of student images, names and/or student work, either in electronic or written format, you are invited to contact the Superintendent's office at (814) 725-8671 extension 3904 or any of the building administrators.

If you do not have internet access at home and would like to review the District's policy on publications, you are invited to request a printed copy of this policy from any school office.

We anticipate an exciting school year and look forward to honoring the exceptional student accomplishments which take place throughout the year.

2019 - 2020
ANNUAL PUBLIC NOTICE OF
SPECIAL EDUCATION SERVICES & PROGRAMS, SERVICES
FOR GIFTED STUDENTS AND SERVICES FOR PROTECTED
HANDICAPPED STUDENTS

Notice to Parents:

According to state and federal special education regulations, annual public notice to parents of children who reside within a school district is required regarding child find responsibilities. School districts, intermediate units and charter schools are required to conduct child find activities for children who may be eligible for services via Section 504 of the Rehabilitation Act of 1973. For additional information related to Section 504/Chapter 15 services, the parent may refer to Section 504, Chapter 15, and the Basic Education Circular entitled Implementation of Chapter 15. Also, school districts are required to conduct child find activities for children who may be eligible for gifted services via 22PA Code Chapter 16. For additional information regarding gifted services, the parent may refer to 22 PA Code Chapter 16. If a student is both gifted and eligible for Special Education, the procedure in IDEA and Chapter 14 shall take precedence.

This notice shall inform parents throughout the North East School District of the child identification activities and of the procedures followed to ensure confidentiality of information pertaining to students with disabilities or eligible young children. In addition to this public notice, North East School district publishes written information in the handbook and on the website. Children ages 3 - 21 can be eligible for special education programs and services.

If parents believe that the child may be eligible for special education, the parent should contact the North East School District or the Director of Special Education for the Northwest Tri-County Intermediate Unit identified at the end of this public notice. Children age three through the age of admission to first grade are also eligible if they have developmental delays and, as a result, need special education and related services. Developmental delay is defined as a child who is less than the age of beginners and at least three years of age and is considered to have a developmental delay when one of the following exists: (i) The child's score, on a developmental assessment device, on an assessment instrument which yields a score in months, indicates that the child is delayed by 25 percent of the child's chronological age in one or more developmental areas, for (ii) The child is delayed in one or more of the developmental areas, as documented by test performance of 1.5 standard deviations below the mean on standardized tests. Developmental areas include cognitive, communicative, physical, social/emotional and self-help. For additional information you may contact the Early Intervention Department at the Northwest Tri-County Intermediate Unit, located at 252 Waterford Street, Edinboro, PA 16412 (814)734-5610