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:

<table>
<thead>
<tr>
<th>Last Name</th>
<th>List ALL Children UNDER 18 (including the child you are registering)</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Gender M/F</th>
<th>Social Security Number</th>
<th>DATE OF BIRTH Mo/Day/Yr</th>
<th>Name of School Child will Attend (Davis/Interm Middle/High)</th>
<th>Does child Have an ER, IEP, GWR, GIEP for Special Ed or 504 Plan?</th>
<th>Student Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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</tr>
</tbody>
</table>

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 SCHOOLS IN THE PAST?  Y OR N - PLEASE GIVE NAME OF SCHOOL

PARENT/GUARDIAN INFORMATION  -  THIS SECTION MUST BE COMPLETED

Student(s) PRIMARILY Reside With:

<table>
<thead>
<tr>
<th>Name:</th>
<th>Circle Legal Relationship to student(s):</th>
<th>Father</th>
<th>Mother</th>
<th>Step-Parent</th>
<th>Guardian</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Primary Phone</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employer:</td>
<td>Work Phone</td>
<td>Ext</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E-Mail Address</td>
<td>Other Phone</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name:</th>
<th>Circle Legal Relationship to student(s):</th>
<th>Father</th>
<th>Mother</th>
<th>Step-Parent</th>
<th>Guardian</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Primary Phone</td>
<td></td>
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</tr>
<tr>
<td>Employer:</td>
<td>Work Phone</td>
<td>Ext</td>
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<td></td>
</tr>
<tr>
<td>E-Mail Address</td>
<td>Other Phone</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

PLEASCE CONTINUE ON PAGE 2
### ADULTS IN THE HOUSEHOLD

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

**Do you consider your family to be in a homeless situation?**  Yes [ ]  No [x]

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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
<th>Name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**MEDICAL INFORMATION**

Is your student covered by medical insurance?  YES [ ]  NO [x]  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 [x]  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**
**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, **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:

<table>
<thead>
<tr>
<th>Special Education</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gifted Education</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>504 Plan</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Alternative Education</td>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vocational Education</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>On-Site Counseling</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Agency Visitations</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Student Assistance Program</td>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title One Reading or Math Services</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building Level Team Support</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Case Management Support</td>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>

**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:**

<table>
<thead>
<tr>
<th>_______ NEHS_______</th>
<th>_______ NEMS_______</th>
<th>_______ NEIE_______</th>
<th>_______ DAVIS_______</th>
</tr>
</thead>
<tbody>
<tr>
<td>North East High School</td>
<td>North East Middle School</td>
<td>N.E. Intermediate Elementary</td>
<td>Davis Primary Elementary</td>
</tr>
<tr>
<td>Grades 9 – 12</td>
<td>Grades 6 – 8</td>
<td>Grades 3 – 5</td>
<td>Grades K - 2</td>
</tr>
<tr>
<td>1901 Freeport Road</td>
<td>1903 Freeport Road</td>
<td>50 East Division Street</td>
<td>50 East Division Street</td>
</tr>
<tr>
<td>North East PA 16428</td>
<td>North East PA 16428</td>
<td>North East PA 16428</td>
<td>North East PA 16428</td>
</tr>
<tr>
<td>FAX: (814) 725-3357</td>
<td>FAX: (814) 725-1086</td>
<td>FAX: (814) 725-8643</td>
<td>FAX: (814) 725-0821</td>
</tr>
</tbody>
</table>
NEW STUDENT EMERGENCY INFORMATION

STUDENT NAME ___________________________________ DOB __________ GRADE ______

N.E. STREET ADDRESS ______________________________ PRIMARY PHONE# ________

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

<table>
<thead>
<tr>
<th>Parent/Guardian #1 Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Email</td>
<td></td>
</tr>
<tr>
<td>Employer</td>
<td></td>
</tr>
<tr>
<td>Cell Phone #</td>
<td></td>
</tr>
<tr>
<td>Work Phone #</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parent/Guardian #2 Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Email</td>
<td></td>
</tr>
<tr>
<td>Employer</td>
<td></td>
</tr>
<tr>
<td>Cell Phone #</td>
<td></td>
</tr>
<tr>
<td>Work Phone #</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone #</th>
<th>Address</th>
<th>May Pick Up</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td>Yes</td>
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</tbody>
</table>

LOCAL emergency contacts (persons not living in the student’s household): To be contacted if parent/guardian(s) are unable to be reached

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to student</th>
<th>Phone #</th>
<th>May Pick up Student in case of Emergency</th>
</tr>
</thead>
<tbody>
<tr>
<td>E1</td>
<td></td>
<td></td>
<td>Yes [ ] No [ ]</td>
</tr>
<tr>
<td>E2</td>
<td></td>
<td></td>
<td>Yes [ ] No [ ]</td>
</tr>
<tr>
<td>E3</td>
<td></td>
<td></td>
<td>Yes [ ] No [ ]</td>
</tr>
</tbody>
</table>

**************************************************************************************************

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.

<table>
<thead>
<tr>
<th>Adult Contact Name (Please Print)</th>
<th>Phone Number with Area Code</th>
<th>*Text Messages?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes [ ] No [ ]</td>
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<tr>
<td></td>
<td></td>
<td>Yes [ ] No [ ]</td>
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<tr>
<td></td>
<td></td>
<td>Yes [ ] No [ ]</td>
</tr>
</tbody>
</table>

*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):*

<table>
<thead>
<tr>
<th>Name ___________________________</th>
<th>Cell Phone # ___________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer _______________________</td>
<td>Work Phone # ___________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name ___________________________</th>
<th>Cell Phone # ___________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer _______________________</td>
<td>Work Phone # ___________________</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name ___________________________</th>
<th>Phone # ___________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address ________________________________________________________________</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name/Relation _______________________</th>
<th>Phone # ___________________</th>
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</thead>
<tbody>
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</tr>
<tr>
<td>Physician: __________________________</td>
<td>Phone # ___________________</td>
</tr>
</tbody>
</table>

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)
- [ ] Deafness
- [ ] Bee Sting Allergy
  (EpiPen Y/N)
- [ ] Seizures
- [ ] Wears glasses/contacts
- [ ] Surgeries, please list
- [ ] Sight Impairment
- [ ] Diabetes
- [ ] Kidney Problems
- [ ] Other Allergy, please list
- [ ] Arthritis
- [ ] Heart Problems (Mild/Severe)
- [ ] Other Allergy, 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 ______________

Please check all items that you give permission to the school nurses to administer to your child/student while in school: Please note Ibuprofen and Acetaminophen can only be administered in grades 6-12.

- [ ] Albuterol
- [ ] Chloraseptic Throat Spray
- [ ] EpiPen/Epinephrine
- [ ] Narcan/Naloxone
- [ ] Acetaminophen
- [ ] Antibiotic Ointment
- [ ] Cough Drops, generic
- [ ] Hydrocortisone cream
- [ ] Tums
- [ ] Calahist Clear
- [ ] Diphenhydramine
- [ ] Ibruprofen
- [ ] Visine/Visine AC

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

01/11/2019
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.
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/World Wide Web, 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, 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 ___________________________ Parent(s) Name ___________________________

Please Print

Student Signature ___________________________ Parent Signature ___________________________

Date ___________________________ Date ___________________________

Grade ________ Homeroom _________

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