



# NORTH EAST SCHOOL DISTRICT

## Registration Checklist

Welcome to the North East School District! The following documentation is required to be completed and submitted BEFORE a student can be admitted: (Please note that additional documentation will be required for Foster Children or other children who are residing with a resident adult who is not their parent.)

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### PROOF OF AGE [24 P .S §13-1304]

- a. Original or certified official birth certificate or:
- b. Original or certified baptismal certificate

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### IMMUNIZATION RECORDS [24 P .S §13-1303a]

- Certificate of immunization issued in accordance with the rules and regulations of the PA Secretary of Health and the Advisory Health Board. *Students who are NOT immunized as required by the PA Department of Health, or who are not medically or religiously exempt may not be admitted to school..*

#### **Children in all grades (K-12) need the following immunizations to attend school"**

- 4 doses of tetanus\* (1 dose on or after 4th birthday)
- 4 doses of diphtheria\* (1 dose on or after 4th birthday)
- 3 doses of polio
- 2 doses of measles\*\*
- 2 doses of mumps\*\*required.
- 1 dose of rubella (German measles)\*\*
- 3 doses of hepatitis B
- 2 doses of varicella (chickenpox) or evidence of immunity
- \* Usually given as DPT or DT or Td
- \*\* Usually given as MMR

#### **STUDENTS FROM OUT OF STATE**

A physical/dental exam by a PA physician may be required. Forms are available upon request.

#### **Students in 7th Grade also need the following immunizations:**

- 1 dose of meningococcal conjugate vaccine (MCV)
- 1 dose of tetanus, diphtheria, acellular pertussis (Tdap) [if 5 years have elapsed since last tetanus immunization]

*The only exceptions to the school laws for immunization are medical, Philosophical/Strong Moral Ethical Conviction and religious beliefs. If your child is exempt from immunizations, he/she may be removed from school during a disease outbreak.*

**>>>>>MORE IMMUNIZATION DETAILS LISTED ON BACK OF THIS SHEET<<<<<**

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### PROOF OF RESIDENCY [24 P.S §13-1302]

**Application for registration must be accompanied by two proofs of residency from the lists below.** Proof of Residence documents must indicate the physical address of residence and the name(s) of the property owner(s). A child shall be considered a resident of the school district in which his parent or guardian resides, and will be enrolled in the school building he/she would normally attend in accordance with established school district attendance areas.

#### **List A (Must Provide one)**

- Mortgage Document
- Lease Agreement
- Signed Landlord Statement

#### **List B (Must Provide one)**

- Current Utility Bill (gas, water, electric, or cable)
- Driver's License or Vehicle Registration
- Tax Bill or Current Credit Card Bill
- (Cell phone bill is NOT acceptable)**

ONE FORM PER HOUSEHOLD

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:**

Last Name	List ALL Children UNDER 18 (including the child you are registering)		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
	First Name	Middle Name						
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 PENNSYLVANIA 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:**

<b>Name:</b>	Circle Legal Relationship to student(s):				Father	Mother	Step-Parent	Guardian	Other
<b>Address:</b>	Primary Phone								
<b>Employer:</b>	Work Phone								
<b>E-Mail Address</b>	Other Phone								
<b>Name:</b>	Circle Legal Relationship to student(s):				Father	Mother	Step-Parent	Guardian	Other
<b>Address</b>	Primary Phone								
<b>Employer:</b>	Work Phone								
<b>E-Mail Address</b>	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

# 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.



# 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:**

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

Seizures

Sight Impairment

Arthritis

Deafness

Wears Glasses/Contacts

Diabetes

Bee Sting Allergy, EpiPen Y N

Kidney Problems

Other Allergy, please list \_\_\_\_\_

Surgeries, please list \_\_\_\_\_

Heart Problems

\_\_\_\_ Mild

\_\_\_\_ Severe

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 \_\_\_\_\_

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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 \_\_\_\_\_

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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 \_\_\_\_\_

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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 impaired?.....Yes No  
If yes, is he/she under a doctor's care?.....Yes No  
What is the problem?

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

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

**PARENT OR GUARDIAN PERMISSION SLIP  
FOR PUBLICATION OF STUDENT IMAGES, NAMES, AND/OR STUDENT WORK**

**THIS FORM MUST BE COMPLETED**

As parent or guardian of this student, I have read the District's policy on Publishing of Documents and Images on the Internet/World Wide Web. I understand that the District has created Web sites for each school within the District and that images of students, student-produced work, and student names are often posted on those Web sites. The following are my intentions regarding whether the District may post images and/or work produced by my child/student or use his/her name on District owned or maintained Web sites (please check whether you grant or deny your permission for each section):

**STUDENT IMAGES**

I ( **grant**  / **deny**  ) my permission for images of my child/student to be posted online in accordance with the District's policy on Publishing of Documents and Images on the Internet/World Wide Web.

**STUDENT NAMES**

I ( **grant**  / **deny**  ) my permission for the name of my child/student to be posted online in accordance with the District's policy on Publishing of Documents and Images on the Internet/World Wide Web.

**STUDENT PRODUCED WORK**

I ( **grant**  / **deny**  ) my permission for work produced by my child/student to be posted online in accordance with the District's policy on Publishing of Documents and Images on the Internet/World Wide Web.

**STUDENT IMAGES, NAMES, AND PRODUCED WORK IN OTHER MEDIA**

I ( **grant**  / **deny**  ) my permission to post my child's/student's image, name, and/or work in other media, i.e. the district's newsletter, school newspapers, local newspaper, Erie Times, radio, and/or television.

If I indicate above that I am granting my permission to post my child's/student's image, name, and/or work online, and/or other media, I understand that I am giving my blanket permission for the entire school year.

**STUDENT NAME** (please print): \_\_\_\_\_

Parent or Guardian (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Grade \_\_\_\_\_ Homeroom \_\_\_\_\_



## **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 Sara Land at (814) 725-8671 ext 3900. Thank you.

# 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.

**SPECIAL EDUCATION ANNUAL NOTICE – 2017-2018**  
**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 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

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/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, 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.

# NESD – LUNCH BENEFIT INFORMATION SHEET

Dear Parent/Guardian:

Children need healthy meals to learn. **North East School District** offers healthy meals every school day. Breakfast costs **\$1.00**; lunch costs **Elementary \$2.00, Middle and High School \$2.15**. **Your child(ren) may qualify for free meals or for reduced price meals.** Reduced price is **.30** for breakfast and **.40** for lunch. Below are some common questions and answers to help you with the application process.

**To apply for free or reduced price meals, please go to:**

**<https://www.paschoolmeals.com/Register.aspx> to register and complete the application.**

**If you don't have access to a computer to apply, one is available in the Administration Office at 50 E Division St, North East**

**If you have received a NOTICE OF DIRECT CERTIFICATION letter for free meals, DO NOT complete the application. But DO let the school know if any children in your household are not listed on the Notice of Direct Certification letter you received.**

**1. WHO CAN GET FREE OR REDUCED PRICE MEALS OR SPECIAL MILK?**

- All children in households receiving Supplemental Nutrition Assistance Program (SNAP) (formerly the Food Stamp Program) or Temporary Assistance for Needy Families (TANF) benefits are eligible for free meals.
- Foster children who are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school's Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

Your children may qualify for free or reduced price meals/milk if your household income falls at or below the limits on this chart.

FEDERAL ELIGIBILITY INCOME CHART FOR SCHOOL YEAR 2018-2019			
Household size	Annual	Monthly	Weekly
1	22,459	1,872	432
2	30,451	2,538	586
3	38,443	3,204	740
4	46,435	3,870	893
5	54,427	4,536	1,047
6	62,419	5,202	1,201
7	70,411	5,868	1,355
8	78,403	6,534	1,508
Each additional person:	7,992	666	154

- 2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY?** Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, call or email **Dr. Jennifer Ritter, homeless liaison/migrant coordinator at (814) 725-8671, Ext. 3051.**
- 3. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS?** **No**, but read the letter you received carefully and follow the instructions. If any children in your household were missing from your eligibility notification letter, contact **Sara Land, (814) 725-8671, Ext. 3900 or [sland@nesd1.org](mailto:sland@nesd1.org)** immediately.
- 4. DO I HAVE TO APPLY ONLINE? Yes!** The online application has the same requirements and will ask you for the same information as the paper application. Apply at **<https://www.paschoolmeals.com/Register.aspx>**, or Visit PA Department of Human Services website at **[www.compass.state.pa.us](http://www.compass.state.pa.us)**. **If you don't have access to a computer to apply, one is available in the Administration Office at 50 E Division St, North East**



5. **MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE?** **Yes.** Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.
6. **I GET WIC. CAN MY CHILDREN GET FREE MEALS?** Children in households participating in WIC may be eligible for free or reduced price meals. Complete the application process.
7. **WILL THE INFORMATION I GIVE BE CHECKED?** Yes. We may also ask you to send written proof of the household income you report.
8. **IF I DON'T QUALIFY NOW, MAY I APPLY LATER?** Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and or reduced price meals if the household income drops below the income limit.
9. **WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION?** You should talk to school officials. You also may ask for a hearing by calling or writing to: **Sara Land, (814) 725-8671 Ext. 3900, [sland@nesd1.org](mailto:sland@nesd1.org).**
10. **MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN?** Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.
11. **WHAT IF MY INCOME IS NOT ALWAYS THE SAME?** List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
12. **WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT?** Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Be careful when leaving income fields blank, as we will assume you meant to do so.
13. **WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY?** Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, or receive Family Subsistence Supplemental Allowance payments, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
14. **MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR?** To find out how to apply for **SNAP** or other assistance benefits, visit [www.compass.state.pa.us](http://www.compass.state.pa.us), contact your local assistance office, or call 1-800-692-7462.

If you have other questions or need help, call **(814) 725-8671, Ext. 3900**

Sincerely,

**Sara Land**

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at, [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW Washington, D.C. 20250-9410
- (2) Fax: (202) 690-7442; or
- (3) Email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.