

**STUDENT REGISTRATION FORM
SHAMOKIN AREA SCHOOL DISTRICT
2000 WEST STATE STREET, COAL TOWNSHIP, PA 17866**

Student ID No. (School Use only) _____ Date _____

Student's Last Name _____ First _____ Middle _____ Grade _____

Address _____ City _____ State _____ Zip Code _____

If RD/RR give exact location of residence _____

Phone # _____ Cell # _____ E-Mail Address _____

Emergency/Workplace & # _____

Birthdate _____ Birthplace City _____ Birthplace State _____ Male ___ Female ___

Most recent US entry date _____ Most recent PA entry date _____

Ethnicity (check one) Hispanic Yes ___ No ___ Migrant (check one) Yes ___ No ___

Race (choose all that apply) American Indian/Alaskan Native ___ Asian ___ Black ___
Hawaiian/Pacific Islander ___ White ___

Has child attended Shamokin Area Schools previously? Yes ___ No ___ Grade last attended ___
Date of last attendance _____

Name of Last School Attended _____

Address _____ City _____ State _____ Zip Code _____

Previous School's Phone # _____ Fax # _____

Please indicate which of the following: Regular Education ___ Special Education ___
Intermediate Unit classes _____

Previous placements: Gifted ___ Speech ___ Learning Support ___ Emotional Support ___
Life Skills Support ___ Autistic Support ___ Multi-Disabilities Support ___

Does your child have medical problems? Yes ___ No ___
If yes, explain: _____

List any special circumstances that should be known to the school: _____

Transportation: *Complete only if student will be bused to and from address other than home:*
Name of Daycare/sitter _____ Phone Number _____
Address _____ City _____ State _____ Zip Code _____

**All bus students must abide by the busing rules set forth by Shamokin Area School District*

Father's Last Name _____ First _____ M. I. _____
Active Member of the Armed Forces? Yes _____ No _____

Mother's Last Name _____ First _____ M. I. _____
Active Member of the Armed Forces? Yes _____ No _____

If legal custody applies, do you have custody papers? Yes _____ No _____
The school needs a legal affidavit for a guardian, and a copy of custody papers for joint custody.

Biological or Adoptive parents are currently:
Married _____ Separated _____ Divorced _____ Deceased _____ Other _____

Presently, where is the student living? (check one) In a shelter _____ With more than one family in a house or apartment _____ In a motel, car or campsite _____ With friends or family members (other than parent/guardian) _____ This question does not apply _____

Student lives with:
Both Parents _____ Mother _____ Father _____ Other, specify _____
If other, please complete (check one): Step-Parent _____ Guardian _____ Foster Parent _____

(If other) Last Name _____ First _____ M. I. _____
Active Member of the Armed Forces? Yes _____ No _____

Residence (check one) Coal Township _____ East Cameron Township _____ Shamokin City _____
Shamokin Township _____

List all brothers name and/or sisters: (Include whole, half and step)

Last Name	First	M/F	Grade	Date of Birth
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Parent/Guardian Signature _____ Date _____
Relationship to student _____

OFFICIAL USE ONLY

PA Secure ID # _____
Immunization Yes _____ No _____ Birth Certificate Yes _____ No _____
Proof of Residence _____ Non-Resident _____
If non-resident, was letter from placing agency presented? Yes _____ No _____
Signature of School Official _____ Title _____

Shamokin Area School District
HOME LANGUAGE SURVEY*

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

School District: Shamokin Area School District

Name of Child: _____ Date: _____

Address: _____ Grade: _____

School: _____

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

2. Does the student speak a language(s) other than English?
(Do not include languages learned in school.) Yes No

If yes, 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, complete the following:

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

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

Parent/Guardian signature: _____

*The school district/charter school/full day AVTS has the responsibility under the federal law to serve students who are limited English proficient and need English instructional services. Given this responsibility, the school district/charter school/full day AVTS has the right to ask for the information it needs to identify English Language Learners (ELLs). As part of the responsibility to locate and identify ELLs, the school district/charter school/full day AVTS may conduct screenings or ask for related information about students who are already enrolled in the school as well as from students who enroll in the school district/charter school/full day AVTS in the future.

**Shamokin Area School District
2000 West State Street
Coal Township, Pennsylvania 17866**

RELEASE OF INFORMATION

To Whom It May Concern:

The purpose of this form is for you to allow the Shamokin Area School District to release information to school staff to ensure your child's health, safety, and educational wellbeing.

Please print your child's name(s), date of birth and grade below: **(use reverse side for additional siblings)**

Student Name	Date of Birth	Grade
Student Name	Date of Birth	Grade

Sincerely,

Mr. Michael Keefer

Mr. Todd Hockenbroch

Mr. Michael Keefer Principal
Shamokin Area Annex/Elementary
Grades Pre-K through 6th
Telephone: 570-648-5721
Fax: 570-644-3703

Mr. Todd Hockenbroch
Shamokin Area Middle/High School Principal
Grades 7th through 12th
Telephone: 570-648-5731
Fax: 570-648-0601

AUTHORIZATION FOR RELEASE OF INFORMATION

I, the undersigned parent or legal guardian of the above-named student, do hereby authorize the Shamokin Area School District to release information regarding my child to the Shamokin Area School District staff as necessary to ensure my child's health, safety and educational wellbeing. I understand this includes report cards, test results, IEP, psychological evaluations, Child Study Team materials, social and medical information.

Signature

Print Name/Relationship to Student

Date

SHAMOKIN AREA SCHOOL DISTRICT
2000 WEST STATE STREET
COAL TOWNSHIP, PA 17866

Chris J. Venna, Superintendent

Phone (570) 648-5752

Fax (570) 648-2592

Parental Registration Statement

Student Name _____

Date of Birth _____ Grade _____

Parent or Guardian Name _____

Address _____

Telephone Number _____

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 or is presently suspended or expelled from any public or private school of this Commonwealth or any other state for an act or offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property."

Please complete the following:

I hereby swear or affirm that my child was _____ was not _____ previously suspended or expelled, or is _____ is not _____ presently suspended or expelled from any public or private school of this Commonwealth or any other state for an act or offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property. I make this statement subject to the penalties of 24 P.S. §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)

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.

If this student has been or is presently suspended or expelled from another school, please complete:

Name of the school from which student was suspended or expelled:

Dates of suspension or expulsion: _____
(Please provide additional schools and dates of expulsion or suspension on back of this sheet.)

Reason for suspension/expulsion (optional) _____

SHAMOKIN AREA SCHOOL DISTRICT

Dear Parents,

Keeping you informed is a top priority at Shamokin Area School District. That's why we have adopted the ALERT NOW Notification Service which will allow us to send a telephone message to you providing important information about school events or emergencies. We use the ALERT NOW to notify you of school delays or cancellations due to inclement weather or other emergencies, as well as remind you about various events, including report card distribution, open house, field trips, and more. In the event of an emergency at school, you can have peace of mind knowing that you will be informed immediately by phone.

What you need to know about receiving calls sent through ALERT NOW

Caller ID will display the school's main number when a general announcement is delivered.

Caller ID will display 411 if the message is a dire emergency.

ALERT NOW will leave a message on any answering machine or voicemail.

If the ALERT NOW message stops playing, press any key 1-9 and the message will replay from the beginning.

The successful delivery of information is dependent upon accurate contact information for each student, so please make certain that we have your most current phone number. If this information changes during the year, please let us know immediately. Only one phone number can be used for the ALERT NOW system, so consider where you want the calls to be received.

Please return the form below to your child's homeroom teacher by September 9.

This number will be called for all school communications.

PLEASE FILL OUT ONE PER STUDENT.

Student's First Name _____

Middle Initial _____

Last Name _____

Grade _____

** Effective Date for change _____

ALERT NOW PHONE NUMBER -- Include Area Code: ***** ONLY 1 NUMBER ALLOWED HERE*****

Name of parent/guardian completing form _____

Please Print

**SHAMOKIN AREA SCHOOL DISTRICT
NETWORK ACCEPTABLE USE POLICY - STUDENTS AND STAFF 3940/6920**

mail. Messages relating to or in support of illegal activities may be reported to the authorities. e.) Do not use the network in such a way that you could disrupt the use of the network for other users.

4. **Security** - Security on any computer system is a high priority, especially when the system involves many users. If the user feels he/she can identify a security problem, that user must share that problem with the Shamokin Area School District Business Office. Do not demonstrate the problem to other users. Do not use another individual's account. Do not seek information on, obtain copies of, or modify files, other data, or passwords belonging to other users. Do not misrepresent other users on the network. Attempts to log in as a system operator, or the violations of any security guidelines, will result in a cancellation of privileges.

5. **Vandalism** - Vandalism will result in immediate cancellation of privileges. Vandalism is defined as any malicious attempt to harm or destroy data of another user, hardware or software associated with the computer system. This also includes the creation or transmission of computer viruses. The downloading and installation of software that does not provide a direct educational benefit or is not consistent with the educational mission of the district is strictly prohibited and will be considered vandalism. Shamokin Area School District reserves the right to expect monetary reimbursement for any and all damages incurred to the system.

6. **Copyright** - The illegal use of copyrighted software, including copying, uploading and downloading, is prohibited.

CONCLUSION

Shamokin Area School District recognizes that its students and staff have a wide range of needs and requirements. Internet and internal network access provides a relatively unrestricted and flexible means to meet those needs and requirements. To this end, the school relies on the integrity of the user to follow the guidelines of this policy.

To view the Acceptable Use of Internet, Computers and Network Resources policy in its entirety, please submit your request to the Superintendent's Office.

**NETWORK ACCEPTABLE USE POLICY
USER AGREEMENT
SIGNATURES**

I have read the Network Acceptable Use Policy for the Shamokin Area School District and understand its contents. Any questions I have about the policy and the computer system have been answered by the administration and/or technology staff.

My signature below means that I agree to follow the guidelines of the policy.

Students
NAME: _____

SIGNATURE: _____

DATE: _____

IF ACCOUNT IS FOR A STUDENT:

EXPECTED GRADUATION YEAR: _____

NAME OF PARENT(S) OR GUARDIAN(S):

PARENT(S) OR GUARDIAN(S)
SIGNATURE:

DATE:

EARNED INCOME TAX INFORMATION FOR

RESIDENTS OF THE SHAMOKIN AREA SCHOOL DISTRICT

As you may know, school districts in Pennsylvania have tax revenue sources other than real estate taxes from which they may obtain funds to support schools and education. Authority for levying these additional taxes was granted to local school districts and municipalities by the Pennsylvania General Assembly in 1965 through passage of the Local Tax Enabling Act (LTEA), commonly referred to as "Act 511". The Earned Income Tax or "Wage Tax" is usually a tax of one percent (1%) on the gross wages and/or net profits from a business or profession.

Keystone Collections Group is the appointed earned income tax officer for the Shamokin Area School District and the municipalities which comprise the School District. As the appointed earned income tax collector, Keystone Collections Group is charged with the duty of administering the school district's township's and/or borough's taxes. This included collecting the tax, establishing rules and regulations to fairly enforce such tax and creating accurate tax records and accounts for each taxpayer.

Below is an Earned Income Tax Registration Form. A complete Registration Form will fulfill your registration requirements under the Earned Income Tax rules and regulations adopted by the Shamokin Area School District and your resident municipality. More importantly, this information will ensure that your tax dollars are sent to your home taxing jurisdiction. All residents should complete this form, regardless of employment status (unemployed, retired, college student, military personnel, or homemaker). If you have recently moved, please give your current and former address.

Most resident taxpayers will have this tax deducted by their employers. Although, if you work in a jurisdiction where it is not withheld, or you are self-employed, you will have to pay the tax directly to Keystone Collections Group. Your completed registration form will be forwarded to Keystone Collections Group, who will create and accurate tax account reflecting your correct reporting status and send you the necessary tax forms.

We appreciate your cooperation in completing the registration form. Kindly refer to the back of the letter for general questions and answers about the earned income tax. If you have any additional questions, you may contact Keystone Collections Group at 1-888-328-0565 or in person at your local Keystone Office.

Shamokin Area School District
Earned Income Tax Registration Form

Your Name _____ Your Social Security No. _____
Spouse's Name _____ Spouse's Social Security No. _____
Address _____
City _____ State _____ Zip Code _____

Resident Municipality (City or Township in which you reside) circle one:
Shamokin City Coal Township Shamokin Township E. Cameron Township

Date you moved to above address _____
Did you move here from another Pennsylvania location? Yes _____ No _____
If yes, please list previous address and resident school district _____

Your Employer _____ Spouse's Employer _____
Working Jurisdiction (Twp/Boro/City) _____ Working Jurisdiction (Twp/Boro/City) _____
Is the Earned Income Tax withheld from your pay? _____ From Spouse's Pay? _____
Are you self employed? _____ Spouse? _____

If you have no earned income, please record the reason why: retired/homemaker/temporarily unemployed/disabled/
student/minor (please state age)/other (please specify)

You _____ Spouse _____
Your Signature _____ Date _____

SHAMOKIN AREA SCHOOL DISTRICT
HEALTH INFORMATION

School Name: _____

Today's Date: _____

Student Name: _____

Date of Birth: _____

Grade: _____

The following information is considered confidential and is for use of teachers, principal, school nurse/health staff, or other staff who will be in contact with and responsible for your child during the school day. If you prefer talking personally to the school nurse/health staff regarding any of the following statements, please mark here ____ and she will contact you.

Home Phone: () _____ Work Phone: () _____ Signature: _____

Do you have medical insurance? Yes ____ No ____ What kind? _____

CHECK ANY OF THESE CONDITIONS WHICH YOUR CHILD HAS:

<input type="checkbox"/> Cancer	<input type="checkbox"/> Kidney/Bladder Disease	<input type="checkbox"/> Vision Problems	<input type="checkbox"/> ADD
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Convulsions, Seizures	<input type="checkbox"/> Hearing Problems	<input type="checkbox"/> ADHD
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Orthopedic/Bone	<input type="checkbox"/> Social/Emotional/Behavioral Concerns	
<input type="checkbox"/> Autism	<input type="checkbox"/> Bowel Concerns	<input type="checkbox"/> In Counseling	

Allergy To: _____
 Asthma Provoked by _____
Severe Yes ____ No ____

Has above condition been diagnosed by a medical doctor? Yes ____ No ____

If yes, what is the doctor's name? _____ Phone # () _____

May we obtain this information? Yes ____ No ____ If yes, please sign a release of information obtained from the school nurse.

What does the child do to manage their own condition? _____

How can the teacher help with this at school? _____

What symptoms should we report to you? _____

Takes Medication Daily at ____ Home ____ School

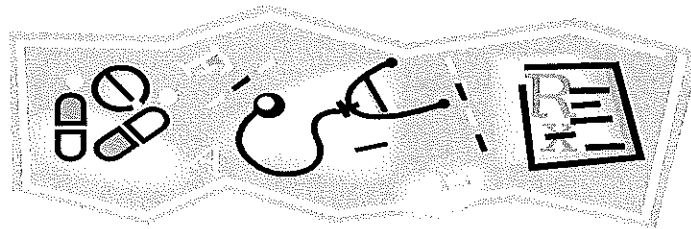
Medication is: _____

For: _____

IF YOUR CHILD MUST RECEIVE MEDICATION WHILE AT SCHOOL, AN "AUTHORIZATION FOR MEDICATION" FORM MUST BE COMPLETED AND SIGNED BY THE ATTENDING PHYSICIAN AND PARENT(S) OR LEGAL GUARDIAN(S) OF THE CHILD. YOU CAN OBTAIN THESE FROM THE SCHOOL NURSE.

Permission for hearing test? Yes ____ No ____

Provide any information not included above which you think we should know about your child's physical, mental, or emotional health which might affect school performance or require special consideration (i.e., limitations in activities, etc.).



Pennsylvania School Health Law requires a complete physical examination of all children upon original entry into school and upon entrance to the sixth and eleventh grades.

You are urged to have this required examination completed by your family physician. He/she has background information concerning your child's past experiences. He/she knows your child's potential and any modifications in your child's activities.

Please complete the following information and return promptly to the school nurse.

Student's Name: _____ Grade/Teacher: _____

Check appropriate selection.

_____ I will have the physical examination given by my family physician. Please send home a form. If no report is returned the exam will be completed in school.

_____ I prefer to have the physical examination given in school for the school year
2020-2021

The school examination may encompass assessment of general appearance and assessment of neck, heart, lungs, abdomen, posture and gait.

The school nurse will be present for all examinations.

Each examination will be individualized as much as possible, given the institutional setting. You are invited to be present.

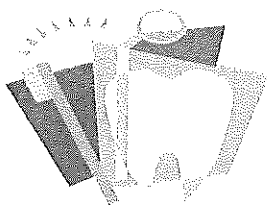
No examination will be done by the school physician unless this consent form is returned.

Parent/Guardian Signature

Date

SHAMOKIN AREA SCHOOL DISTRICT

HEALTH SERVICE DEPARTMENT



Pennsylvania School Health Law requires a completed dental examination of all children upon original entry into school, third grade, and seventh grade.

You are urged to have this required examination completed by your family dentist. He has any background information concerning your child's past experiences.

Please complete the following information and return promptly to the school nurse.

Student's Name: _____ Grade _____

Check the appropriate selection:

_____ I will have the dental examination given by my family dentist. Please send home a private dental form. If not returned, the school has permission to do the exam in school.

~~_____~~ I prefer ~~to~~ have the dental examination given in school for the school year

The school nurse will be present for all examinations.

Each examination will be individualized as much as possible given the institutional setting. You are invited to be present.

No examination will be done by the school district unless this consent form is returned.

Parent/Guardian Signature

Date

SHAMOKIN AREA SCHOOL DISTRICT
Department Of Special Education

CHILD FIND INFORMATIONAL DATA

Date: _____

Child's Name: _____

Grade _____

Parent(s) Name: _____

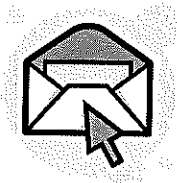
I have received a copy of Shamokin Area School District's Notice of Special Education Services and Programs.

Parent Signature

Date

Is this the first time that you have seen this notice? ___yes ___no

If the answer is no, please indicate where or how you were informed of this notice:



Other: _____

If your child has a specific disability it will be very helpful to the kindergarten screening committee if you would share this information. If you are willing to share, please use the lines below to provide information about your child's disability. Please be assured that this information will be kept confidential and will only be shared with those individuals who have a need to know.

Thank you for your cooperation,

Sherry Glosek
Coordinator of Special Education