

**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  
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)**

<b>Student Name</b>	<b>Date of Birth</b>	<b>Grade</b>
<b>Student Name</b>	<b>Date of Birth</b>	<b>Grade</b>

Sincerely,

*Mr. Michael Keefer*

*Mr. Todd Hockenbroch*

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

Mr. Todd Hockenbroch  
Shamokin Area Middle/High School Principal  
Grades 7<sup>th</sup> through 12<sup>th</sup>  
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

## HOME LANGUAGE SURVEY<sup>1</sup>

The Office of Civil Rights (OCR) requires that all 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 initial step in the identification process.

**School District:** Shamokin Area School District **Date:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Student's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

1. **What is/was the student's first language?** \_\_\_\_\_

2. **Does the student speak a language(s) other than English?**  Yes  No

*(Do not include languages learned in school.)*

**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:** \_\_\_\_\_

<sup>1</sup> The local education agency (LEA) has the responsibility under the federal law to serve students who are limited English proficient and need English instructional services. Given this responsibility, the LEA 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 LEA 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 LEA in the future.

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.

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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\*\*\***

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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.

Student

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 \_\_\_\_\_

