

**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)**

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

HOME LANGUAGE SURVEY¹

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: _____

¹ 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.

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.

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 an 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 _____

7th thru 12th grade only if playing sports.

**PENNSYLVANIA INTERSCHOLASTIC ATHLETIC ASSOCIATION, INC. (PIAA)
MEMBER SCHOOL ATHLETIC TRANSFER WAIVER REQUEST FORM
(Revised May 24, 2017)**

Pursuant to ARTICLE VI, TRANSFERS, RESIDENCE, AND RECRUITING, Section 4, Regional Panel or District Committee Review, of the PIAA By-Laws, the Principal of a PIAA member school to which a student transferred, who is not otherwise eligible under Section 2, Presumptive Eligibility, subsections A through G, may request a waiver of ARTICLE VI, Section 3, Ineligible Students, from, as applicable under the circumstances, either a Regional Panel or the District Committee having jurisdiction over that Principal's school by (1) completing Sections 1 and 2 of that Form; (2) having the student's parent(s) or guardian(s) complete and sign Section 3 of that Form; (3) thereafter completing and signing either Section 4A or 4B of that Form; (4) routing that Form to the Principal of the school from which the student transferred, for that Principal to complete and sign either Section 5A or 5B; (5) having that Principal return that Form to the Principal of the PIAA member school to which the student transferred; and (6) then submitting that completed and properly executed Form to, as applicable under the circumstances, either a Regional Panel or the District Committee having jurisdiction over the Principal's school to which the student transferred, for either that Regional Panel's or District Committee's consideration.

(PLEASE PRINT OR TYPE)

DATE: _____

Timing: A receiving school Principal before any student whose eligibility must be determined using this form shall initiate this form after the student has been enrolled in their school and is no longer in attendance at their previous school. The receiving school Principal shall forward this form to the sending school upon completion and without undue delay.

SECTION 1. RECEIVING MEMBER SCHOOL INFORMATION

- A. Full Name of Principal: _____
- B. Member School: _____
- C. Member School Address: _____

- D. Member School Phone No.: _____ Member School Fax No.: _____

SECTION 2. TRANSFERRING STUDENT INFORMATION

- A. Full Name of Student: _____ Grade _____
(First) (Middle) (Last)
- B. Place of Residence: _____
(Street Address) (City) (State) (Zip Code)
- C. Name(s) of the head of household in which the transferring student resides: _____
Relationship to the student: _____
- D. Residence is located within the boundaries of the _____ Public School District
- E. Date of Student's Birth: _____
- F. Age of Student on Last Birthday: _____
- G. Date Student Enrolled for the Current School Year: _____
- H. Summary of Student's School(s) Attended and Sport Participation in Each Season:

GRADE	SCHOOL YEAR	SCHOOL ATTENDED	LIST SPORT PARTICIPATION IN EACH SEASON		
			FALL	WINTER	SPRING
7					

SECTION 3. TRANSFERRING STUDENT'S REASON(S) FOR TRANSFERRING

- A. The transferring student and/or the student's parent(s) or guardian(s) should set forth the reason(s) for the Transfer:

(Attach Additional Sheet[s] if Necessary)

B. Identify participation in any non-school athletics (e.g. AAU, American Legion, club team, or other non-school teams) the transferring student participated which is Coached by a person affiliated with the school to which the student transferred to and/or the majority of the members of that Team were from the school to which the student transferred to:

(Attach Additional Sheet[s] if Necessary)

I (We) hereby acknowledge that I (we) have been informed by the Principal of the PIAA member school submitting this form, or that Principal's designee, as to the requirements of PIAA concerning the eligibility of students at PIAA member schools to participate in Inter-School Practices, Scrimmages, and/or Contests involving PIAA member schools. Such requirements include, but are not necessarily limited to age, amateur status, school attendance, health, Transfer from one school to another, season and out-of-season rules and regulations, semesters of attendance, seasons of sports participation, and academic performance.

I (We) further acknowledge that the information set forth in SECTION 2, TRANSFERRING STUDENT INFORMATION, and SECTION 3, TRANSFERRING STUDENT'S REASON(S) FOR TRANSFERRING, is accurate, complete, and truthful.

X _____ X _____
(Signature of Parent(s) or Guardian(s)) (Date)

SECTION 4. REVIEW AND CERTIFICATION OF PRINCIPAL OF SCHOOL TO WHICH THIS STUDENT TRANSFERRED.

(Print or Type Name of Principal of School to Which This Student Transferred)

(Print or Type Name of School to Which This Student Transferred)

E-mail address of Principal of School to Which This Student Transferred: _____

****(Please complete and sign EITHER A or B below)****

A. Upon interviewing the transferring student and the Athletic Director of my school, I hereby certify that, to the best of my knowledge, information, and belief, the student's Transfer was not motivated in some material way by an athletic purpose and the student was not recruited for an athletic purpose.

(Signature of Principal of School to Which This Student Transferred) (Date)

B. Upon interviewing the transferring student and the Athletic Director of my school, I hereby request that the District Committee having jurisdiction over my school review the circumstances of Transfer to assess whether the Transfer was motivated in some material way by an athletic purpose and/or was the result of recruiting, which was materially motivated in some way by an athletic purpose. I have checked each box that I believe applies to this Transfer and affixed my signature certifying to my request for that District Committee's review.

- The student's Transfer was motivated in some material way by a representative of my school placing an advertisement in a newspaper or other literature directed toward prospective recruits touting the athletic successes of my school's Teams and/or students. **NOTE:** A comprehensive brochure or comparable piece of literature discussing all or most aspects of the school, including, but not focusing on the athletic program, is permissible.
- A representative of my school provided the transferring student with free transportation, tickets, or admissions to a Contest (other than free transportation, tickets, or admissions made available to all students, or to all students at the same school, or to all students in the same grade level at the same school, or the transferring student attended a Feeder School of my senior high school).
- A representative of my school used AAU or other amateur athletic Coaches to steer the transferring student to my school.
- A representative of my school offered, to the transferring student, scholarships or financial aid which is not available to other students at my school.
- A representative of my school encouraged the parents or relatives of the transferring student to influence the student to enroll at my school to participate in sports. This box need not be checked if the transferring student attended a Feeder School of my senior high school.