

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

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.

This number will be called for all school communications.

PLEASE FILL OUT ONE PER STUDENT.

Keep top portion for your records

----- CUT HERE -----

Student's First Name

Middle Initial

Last Name

Grade ____ **2023 - 2024**

**** 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

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.

**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 _____

**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)

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

Sincerely,

Mr. Michael Keefer

Mr. Todd Hockenbroch

Mr. Michael Keefer
Shamokin Area Annex/Elementary Principal
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

Please print your additional children's names, dates of birth and grades below:

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

Shamokin Area School District

2000 West State Street
Coal Township, PA 17866
(570) 648-5752
(570) 648-2592

Chris J. Venna
Superintendent

Karen A. Colangelo
Business Manager

Parental Registration Statement

Student Name _____
Date of Birth _____ Grade _____
Parent or Guardian Name _____
Address _____
Telephone # _____

Pennsylvania School Code §-13-1304A 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 or 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, and 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 believe.

(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: _____

Reason for suspension(s)/expulsion: _____

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

**SHAMOKIN AREA SCHOOL DISTRICT
HEALTH INFORMATION**

Student Name: _____

Today's Date: _____

Address: _____

Date of Birth: _____

Phone: _____

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 someone will contact you.

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

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

Family Doctor: _____ Family Dentist: _____

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"/> In Counseling	<input type="checkbox"/> Chicken Pox
<input type="checkbox"/> Autism	<input type="checkbox"/> Bowel Concerns	<input type="checkbox"/> Social/Emotional/Behavioral Concerns	Age _____
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: _____ Dosage: _____ Time Given: _____

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.).



Shamokin Area School District

Elementary and Intermediate School

3000 West State Street Coal Township, PA 17866

Phone: 570-648-5721 Fax: 570-644-3703



Michael Keefer
Principal

Anthony Carnuccio
Assistant Principal

Pennsylvania Mandated Health Services Permission Form

The Pennsylvania State Law Requires the following health screenings and examinations for the grade levels shown before and that all school districts must provide/offer these health services:

Height, Weight, and BMI (Body Mass Index) screenings- Grades Pre-K-12th

Vision Screening- Grades Pre-K-12

Hearing Screening- Grades Pre-K, K,1,2,3,7,11

Scoliosis Screening-Grades 6 & 7

Physical Examination- Pre-K, K,6, 11

Dental Examination- Pre-K, K,3,7

I am the Parent of _____ Date of birth _____ Grade _____

I understand that I may choose to have the required physical/dental exam(s) done by my child's private health care provider/dentist. I also understand that the completed "Private Physical Report" and/or "Private Dental Report" form must be completed and returned to the school nurse **BEFORE** the day of the school exam(s). Private forms are available on request from the school nurse.

Exams performed up to one (1) year **BEFORE** the first day of the mandated grade may be accepted. PIAA sports exams may also be accepted as evidence of mandated physical exam.

I understand that the above health services must be provided from the Shamokin Area School District according to the Pennsylvania State Law. I give my permission for my child to receive these services from the Shamokin Area Health Services. I understand that I will be notified in writing prior to the date of all in-school examinations and that I will be informed of any abnormal results of exams/tests given to my child. I understand that the school physician/dentist will perform the exam(s) if I do not return the completed "Private Physical Report" and/or "Private Dental Exam" forms **BEFORE** the date of the school exam(s).

I also understand that if my child is absent or refuses to be examined by the school's physician or dentist, it becomes my responsibility, as parent/guardian, to have the exam completed and that the complete private form **MUST** be received by the school nurse before the end of the year in which it is required.

I understand that this permission form will remain in effect for as long as my child is enrolled in the Shamokin Area School District.

Parent/Guardian Signature: _____

Date: _____

"We are an Equal Opportunity Employer"

SCHOOL VACCINATION REQUIREMENTS FOR ATTENDANCE IN PENNSYLVANIA SCHOOLS

FOR ATTENDANCE IN ALL GRADES CHILDREN NEED THE FOLLOWING:



- 4 doses of tetanus, diphtheria, and acellular pertussis* (1 dose on or after the 4th birthday)
- 4 doses of polio (4th dose on or after 4th birthday and at least 6 months after previous dose given)**
- 2 doses of measles, mumps, rubella***
- 3 doses of hepatitis B
- 2 doses of varicella (chickenpox) or evidence of immunity

**Usually given as DTP or DTaP or if medically advisable, DT or Td*

*** A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose*

****Usually given as MMR*

ON THE FIRST DAY OF SCHOOL, unless the child has a medical or religious/philosophical exemption, a child must have had at least one dose of the above vaccinations or risk exclusion.

- If a child does not have all the doses listed above, needs additional doses, and the next dose is medically appropriate, the child must receive that dose within the first five days of school or risk exclusion. If the next dose is not the final dose of the series, the child must also provide a medical plan (red and white card) within the first five days of school for obtaining the required immunizations or risk exclusion.

- If a child does not have all the doses listed above, needs additional doses, and the next dose is not medically appropriate, the child must provide a medical plan (red and white card) within the first five days of school for obtaining the required immunizations or risk exclusion.

- The medical plan must be followed or risk exclusion.



FOR ATTENDANCE IN 7TH GRADE:

- 1 dose of tetanus, diphtheria, acellular pertussis (Tdap) on the first day of 7th grade.
- 1 dose of meningococcal conjugate vaccine (MCV) on the first day of 7th grade.

ON THE FIRST DAY OF 7TH GRADE, unless the child has a medical or religious/philosophical exemption, a child must have had the above vaccines or risk exclusion.

FOR ATTENDANCE IN 12TH GRADE:

- 1 dose of MCV on the first day of 12th grade. If one dose was given at 16 years of age or older, that shall count as the twelfth grade dose.

ON THE FIRST DAY OF 12TH GRADE, unless the child has a medical or religious/philosophical exemption, a child must have had the above vaccines or risk exclusion.

The vaccines required for entrance, 7th grade and 12th grade continue to be required in each succeeding school year.

These requirements allow for the following exemptions: medical reason, religious belief, or philosophical/strong moral or ethical conviction. Even if your child is exempt from immunizations, he or she may be excluded from school during an outbreak of vaccine preventable disease.

Pennsylvania's school immunization requirements can be found in 28 Pa.CODE CH.23 (School Immunization). Contact your healthcare provider or call 1-877-PA-HEALTH for more information.



pennsylvania
DEPARTMENT OF HEALTH

SHAMOKIN AREA SCHOOL DISTRICT
Department of Special Education

CHILD FIND INFORMATIONAL DATA 2023 - 2024

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

**2022-2023 Annual Public Notice of Special Education Services and Programs, for
Central Susquehanna Intermediate Unit, Local School Districts and Other Local
Agencies Providing Services for Gifted Students and Protected Handicapped
Students**

August 2022

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 (SDs), intermediate units (IUs) and charter schools (CSs) 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 22 PA 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 procedures in IDEA and Chapter 14 shall take precedence.

This notice shall inform parents throughout the school district, intermediate unit, and charter school 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, each school district, intermediate unit, and charter school shall publish written information in the handbook and on the web site. Children ages three through twenty-one 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 appropriate staff member identified at the end of this public notice.

Children ages three to school-age may be eligible for Early Intervention services if they are experiencing developmental delays. Developmental delays, as defined by the State and as measured by appropriate diagnostic instruments, include a 25 percent delay or a test performance of 1.5 standard deviations below the mean on a standardized assessment in one of the following developmental areas: physical development, cognitive development, communication development, social or emotional development or adaptive development. A young child may also be deemed eligible if they are determined to have a diagnosed disability as defined by PA Chapter 14 regulations. Eligibility for Early Intervention services is two-pronged. The child must be diagnosed with a developmental delay or a diagnosed disability and display a need for specially designed instruction. Specially designed instruction means adapting the content, methodology, or delivery of instruction to address the unique needs of the child and to ensure access to the general education curriculum.

Evaluation Process

Each school district, intermediate unit, and charter school has a procedure in place by which parents can request an evaluation. For information about procedures applicable to your child, contact the school which your child attends. Telephone numbers and addresses can be found at the end of this notice. Parents of preschool age children, age three through five, may request an evaluation in writing by addressing a letter to the intermediate unit staff.

Consent

School entities cannot proceed with an evaluation or reevaluation, or with the initial provision of special education and related services, without the written consent of the parents. For additional information related to consent, please refer to the Procedural Safeguards Notice which can be found at the PaTTAN website, www.Pattan.net or your educational agency. Once written parental consent is obtained, the district will proceed with the evaluation process. If the parent disagrees with the evaluation, the parent can request an independent education evaluation at public expense.

Program Development

Once the evaluation process is completed, a team of qualified professionals and parents determine whether the child is eligible. If the child is eligible, the individualized education program team meets, develops the program, and determines the educational placement. Once the IEP team develops the program and determines the educational placement, school district staff, intermediate unit staff, or charter school staff will issue a notice of recommended educational placement/prior written notice. Your written consent is required before initial services can be provided. The parent has the right to revoke consent after initial placement.

Confidentiality of Information

The SDs, IUs and CSs maintain records concerning all children enrolled in the school, including students with disabilities. All records are maintained in the strictest confidentiality. Your consent, or consent of an eligible child who has reached the age of majority under State law, must be obtained before personally identifiable information is released, except as permitted under the Family Education Rights and Privacy Act (FERPA). The age of majority in Pennsylvania is 21. Each participating agency must protect the confidentiality of personally identifiable information at collection, storage, disclosure, and destruction stages. One official at each participating agency must assume responsibility for ensuring the confidentiality of any personally identifiable information. Each participating agency must maintain, for public inspection, a current listing of the names and positions of those employees within the agency who have access to personally identifiable information.

In accordance with 34 CFR § 300.624, please be advised of the following retention/destruction schedule for the Pennsylvania Alternate System of Assessment (PASA), Pennsylvania System of School Assessment (PSSA), and Keystone Exam related materials:

- PSSA, Keystone Exam, and PASA test booklets will be destroyed one year after student reports are delivered for the administration associated with the test booklets.
- PSSA and Keystone Exam answer booklets and PASA media recordings will be destroyed three years after completion of the assessment.

For additional information related to student records, the parent can refer to the Family Education Rights and Privacy Act (FERPA).

This notice is only a summary of the Special Education services, evaluation and screening activities, and rights and protections pertaining to children with disabilities, children thought to be disabled, and their parents. For more information or to request evaluation or screening of a public or private school child, contact the responsible school entity listed below. For preschool age children, information, screenings and evaluations requested may be obtained by contacting the Intermediate Unit. The addresses of these schools are as follows:

INTERMEDIATE UNIT 16	
Central Susquehanna Intermediate Unit 570-523-1155, ext. 2212 Terri Locke 90 Lawton Lane Milton, PA 17847	CSIU Early Intervention 570-523-1155, ext. 2226 Kaitlyn Hall 90 Lawton Lane Milton, PA 17847
SCHOOL DISTRICT/VOCATIONAL SCHOOL OFFICES	
Benton Area School District 600 Green Acres Road Benton, PA 17814 Mary Rose Latorre 570-925-6651, ext. 3003	Berwick Area School District 500 Line Street Berwick, PA 18603 Pamela Hegland 570-759-6400, ext. 3503
Bloomsburg Area School District 728 East Fifth Street Bloomsburg, PA 17815 Dr. Ricki Boyle 570-784-7885, ext. 1148	Central Columbia School District 4777 Old Berwick Road Bloomsburg, PA 17815 Jennifer Snyder 570-784-2850, ext. 4043
Danville Area School District 931 Ironmen Lane Danville, PA 17821 Alyssa Wenrich 570-271-3268, ext 3719	Lewisburg Area School District 1951 Washington Ave., PO Box 351 Lewisburg, PA 17837 Stephanie Beaver 570-522-3277
Line Mountain School District 185 Line Mountain Road Herndon, PA 17830 Amy Dunn 570-758-2640, ext. 6021	Midd-West School District 568 East Main Street Middleburg, PA 17842 Erin Sheedy 570-837-0046, ext. 1301
Mifflinburg Area School District 178 Maple Street, Box 285 Mifflinburg, PA 17844 Linda Kline 570-966-8281	Millville Area School District 330 East Main Street, PO Box 260 Millville, PA 17846 Dee Davis 570-458-5538, ext. 1007

Milton Area School District 700 Mahoning Street Milton, PA 17847 Misty Harris 570-742-0539	Mt. Carmel Area School District 600 West Fifth Street Mount Carmel, PA 17851 Nicole Edmondson 570-339-1500, ext. 3149
Selinsgrove Area School District 329 Seals Avenue Selinsgrove, PA 17870 Susan Lipsey 570-372-2205	Shamokin Area School District 2000 West State Street Coal Township, PA 17866 Sherry Glosek 570-648-5731, ext. 3601
Shikellamy School District 200 Island Boulevard Sunbury, PA 17801 Stephanie Michaels 570-286-3721, ext. 2363	Southern Columbia Area School District 800 Southern Drive Catawissa, PA 17820 Specal Education Office 570-356-3510
Warrior Run School District 4800 Susquehanna Trail Turbotville, PA 17772 Julie Petrin 570-649-5138, ext. 5010	North Central Secure Treatment 13 Kirkbride Drive Danville, PA 17821 Charles Bomboy 570-271-4752
Columbia-Montour Area Vocational- Technical School 5050 Sweppenheiser Drive Bloomsburg, PA 17815 James Dunkelberger 570-784-8040	Northumberland County Career and Technology Center 1700-2000 West Montgomery Street Coal Township, PA 17866 Dr. James E. Catino 570-644-0304
SUN Area Technical Institute 815 East Market Street and 21 st Century Drive New Berlin, PA 17855 David Bacher 570-966-1031	
NON-PUBLIC SCHOOLS LOCATED IN IU 16	
Central Susquehanna Intermediate Unit 570-523-1155 Jennifer Allen 90 Lawton Lane Milton, PA 17847	
CHARTER SCHOOLS	
SusQ-Cyber Charter School 240 Market Street, Box 1A, Suite 15 Bloomsburg, PA 17815 Patricia Leighow 570-245-0252, ext. 1003	

PRISONS	
Columbia County Prison 721 Iron Street Bloomsburg, PA 17815 George Nye 570-784-4815	Montour County Prison 117 Church Street Danville, PA 17821 Samuel Kranzer 570-271-3039
Northumberland County Prison 1 Kelley Drive Coal Township, PA 17866 Tom Reisinger 570-988-4232	Snyder County Prison 600 Old Colony Road Selinsgrove, PA 17870 Scott Robinson 570-374-7912
Union County Jail Union County Courthouse Lewisburg, PA 17837 Douglas Shaffer 570-524-8711	

The school entity or charter school will not discriminate in employment, educational programs, or activities based on race, color, national origin, age, sex, handicap, creed, marital status or because a person is a disabled veteran or a veteran of the Vietnam era. No preschool, elementary or secondary school pupil enrolled in a school district, Intermediate Unit, or charter school program shall be denied equal opportunity to participate in age and program appropriate instruction or activities due to race, color, handicap, creed, national origin, marital status or financial hardship.

8/2022