

**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
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,

Mrs. Jennifer Neary

Mr. Todd Hockenbroch

Mrs. Jennifer Neary
Shamokin Area Elementary/Intermediate
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

ADMINISTRATIVE REGULATION

APPROVED: August 20, 2013

REVISED: March 19, 2024

REVIEWED: January 30, 2024

815-AR-0. USER AGREEMENT

Building: _____

User is: Employee Student Guest

I acknowledge that I have received and read the Acceptable Use Of Internet, Computers, And Network Resources Policy. I understand that it is my responsibility to review and abide by the policy, and to contact the Technology Department if I have any questions or need clarification with regard to this policy.

I acknowledge that the district's Internet, computers and network resources are the property of the district and that I have no expectation of privacy in anything created, stored, sent, deleted, accessed, received or displayed on or over the district's Internet, computers or network resources. I further acknowledge that failure to comply with Board policy or inappropriate use of the Internet, computers or network resources may result in action including, but not limited to, usage restrictions, loss of access privileges, disciplinary action and/or **referral to legal authorities**. I hereby release the district and its Board members, employees and agents from any claims and damages arising from my use of, or inability to use, the district's Internet, computers and network resources.

User Name: _____ (please print)

User Signature: _____ Date: _____

*** Student users are required to sign and submit this User Agreement form to the building principal annually and are required to have a parent/guardian read and sign the following:**

I have read and reviewed with my child the Acceptable Use Of Internet, Computers, And Network Resources Policy. I acknowledge that access is designed for educational purposes and that the district has taken precautions to filter access to inappropriate material by minors; however, I also recognize that it is impossible for the district to restrict access to all controversial and inappropriate materials. I will hold harmless the district, its Board members, employees and agents for any harm caused by materials obtained via the district's Internet, computers or network resources. I accept full responsibility for supervision if and when my child's use is not in a school setting. I hereby request that my child be allowed access to the district's Internet, computers and network resources.

Parent/Guardian Name: _____ (please print)

Parent/Guardian Signature: _____

Date: _____

****Please see policy #815 to view the Acceptable Use of Internet, Computers and Network Resources policy in its entirety.***

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

MEP Occupational Survey

Date Completed: _____

Please complete this form to determine if your child(ren) qualify to receive additional Free services under Title I, Part C.

Has your family moved **from** another school district, city, county, state, or country **in the last three (3) years?**

Yes No

If "yes", **from** which *school district, city, state, or country*. _____

In the last 3 years, have you or anyone in your household **worked in any way with** one or more of the following: (Check all that apply)

- Vegetables or fruits
- Flowers, trees, timber, hay or plants
- Milk or Eggs
- Cows, Chickens, Pigs or Fish

Name of Student(s)

Grade

_____	_____
_____	_____
_____	_____

Name of Parent(s) or Guardian(s): _____

Current Address: _____

Phone: _____ WhatsApp: _____

Preferred: Call Text

Best time to contact: morning afternoon evening

Magdalena B. Rosa
Recruiter/Student Support Specialist
(570) 490-1700. mrosa@csiu.org



90 Lawton Lane
Milton, PA 17047
(570) 523-1155
www.csiu.org

2024-25 FAMILY INCOME SURVEY

Dear Parent/Guardian:

Schools receive certain federal and state funding (learning assistance programs, teacher incentives, etc.) based on the number of children from households that are at or below the federal poverty level. This Family Income Survey provides your child’s school a way to collect household income information. This information makes sure your child’s school receives the full amount of federal and state funding and makes sure your child receives services they are entitled to when free/reduced price applications are not collected.

It is important that you complete this survey. Please complete and return this form to your child’s school.

Part 1. Eligibility: Figure out your total household income. Then look at the income chart below. Find your household size. If your total household income is equal to or less than the amount listed for your household size, check the box.

INCOME CHART

Effective from July 1, 2024 through June 30, 2025

CHECK BOX THAT APPLIES	HOUSEHOLD SIZE	How Often Payment is Received				
		ANNUAL	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
<input type="checkbox"/>	1	\$27,861	\$2,322	\$1,161	\$1,072	\$536
<input type="checkbox"/>	2	\$37,814	\$3,152	\$1,576	\$1,455	\$728
<input type="checkbox"/>	3	\$47,767	\$3,981	\$1,991	\$1,838	\$919
<input type="checkbox"/>	4	\$57,720	\$4,810	\$2,405	\$2,220	\$1,110
<input type="checkbox"/>	5	\$67,673	\$5,640	\$2,820	\$2,603	\$1,302
<input type="checkbox"/>	6	\$77,626	\$6,469	\$3,235	\$2,986	\$1,493
<input type="checkbox"/>	7	\$87,579	\$7,299	\$3,650	\$3,369	\$1,685
<input type="checkbox"/>	8	\$97,532	\$8,128	\$4,064	\$3,752	\$1,876
	Each Additional Member Add	+\$9,953	+\$830	+\$415	+\$383	+\$192
<input type="checkbox"/>	Household Does Not Qualify					

HOUSEHOLD is defined as all persons, including parents, children, grandparents, and all people related or unrelated who live in your home and share living expenses. If you’re applying for a household with a foster child, you may include the foster child in the total size.

HOUSEHOLD INCOME is considered to be any taxable income each household member received before taxes. This includes wages, social security, pension, unemployment, welfare, child support, alimony, and any other cash income. If including foster child as part of the household, you must also include the foster child’s personal income. Do not count foster payments as income.



SHAMOKIN AREA ELEMENTARY AND INTERMEDIATE SCHOOL

3000 West State Street
Coal Township, PA 17866
Phone: (570) 648-5721
Fax: (570) 644-3703



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: _____