

FANNETT-METAL
SCHOOL DISTRICT

ADMINISTRATIVE REGULATION

200-AR-1 – NEW/RETURNING STUDENT INTAKE CHECK LIST

NAME: _____ DATE OF INTAKE: _____

ADDRESS: _____ PROJECTED START DATE: _____

PHONE: _____

EMAIL: _____

PREVIOUS SCHOOL DISTRICT: _____

Check Items Collected During Intake:

- ___ Academic Records
- ___ Health Record Form (to be given to parent/guardian and completed during intake)
- ___ Immunization Records
- ___ Proof of Residency
- ___ Birth Certificate
- ___ Individualized Education Plan (IEP)
 - ___ IEP Exists But Not Provided
 - ___ No IEP Exists for this Student
- ___ Gifted Individualized Education Plan (GEIP)
 - ___ GEIP Exists But Not Provided
 - ___ No GEIP Exists for this Student
- ___ 504 Plan
 - ___ 504 Exists But Not Provided
 - ___ No 504 Plan Exists for this Student
- ___ Other Legal Documents (Custody etc...)
 - ___ Custodial Affidavit
 - ___ Educational Rights/Surrogate
- ___ Other Services Needed
 - ___ ELL
 - ___ Migrant
 - ___ Homeless

PARENT/GUARDIAN SIGNATURE: _____

PRINTED NAME: _____ DATE: _____

**FANNETT-METAL SCHOOL DISTRICT
STUDENT REGISTRATION/WITHDRAWAL/CHANGE FORM**

| | |
|------------------------|------------------------|
| Entry Date: _____ | Entry Code: _____ |
| Withdrawal Date: _____ | Withdrawal Code: _____ |
| Change Date: _____ | Change Code: _____ |

| | | |
|--------------------------------|------------------------------------|---------------------------|
| Student's Name: _____ | | |
| First | Middle | Last |
| School ID #: _____ | PA Secure ID#: _____ | |
| Gender: _____ | D.O.B: _____ | Place of Birth: _____ |
| Birth certificate on file: Y/N | Number of birth certificate: _____ | |
| Resident: _____ | Foster Child: _____ | Foreign Exchange: _____ |
| Tuition Paid: _____ | | |
| Other (explain): _____ | | |
| Grade: _____ | Homeroom: _____ | Ethnicity: _____ |
| Special Ed (IEP/504): _____ | Gifted: _____ | Free/Reduced Lunch: _____ |
| State Entry Date: _____ | Grade 9 Entry Date: _____ | |

| | |
|--|------------------------------|
| Name of parent/guardian with whom student resides: _____ | |
| Address of above: _____ | |
| _____ | |
| Telephone #: _____ | Emergency Telephone #: _____ |

| |
|--|
| School/District last attended/moving to: _____ |
| Address of school: _____ |
| _____ |
| Telephone #: _____ |

Parent/Guardian Signature: _____ Date: _____

Child Accounting Clerk: _____ Date: _____

Building Principal Signature: _____ Date: _____

Superintendent Signature: _____ Date: _____

**FANNETT-METAL SCHOOL DISTRICT
AUTHORIZATION TO RELEASE STUDENT INFORMATION**

| | |
|-------------------------------|--------------|
| Student's Name: _____ | |
| Birth Date: _____ | Grade: _____ |
| Parent/Guardian's Name: _____ | Phone: _____ |
| Address: _____ | |

| |
|--|
| Name and address of school student is transferring from: _____ _____ _____ _____ |
|--|

| | |
|--|--|
| I HEREBY AUTHORIZE YOU TO FORWARD TO THE SCHOOL LISTED BELOW ALL INFORMATION AND RECORDS PERTAINING TO THE CHILD LISTED ABOVE. THIS WILL INCLUDE: | |
| _____ | Educational Records |
| _____ | Guidance Records |
| _____ | Psychological/Psychiatric Evaluations |
| _____ | Medical Records/Immunizations, Etc. |
| _____ | Grades, Copy of Present Report Card |
| _____ | Speech/Hearing/Vision/Language/Audio Logical Evaluations |
| _____ | Physical/Occupational Records |
| _____ | Disciplinary, Suspension/Expulsion Records |
| _____ | I.E.P. Special Education Materials |
| _____ | Other |
| PPID# _____ | State Entry Date _____ |
| Grade 9 Entry Date _____ | |

The above checked information shall be sent to:

Sandra D. Bloom
Fannett-Metal School District
14923 Path Valley Rd.
P.O. Box 91
Willow Hill, PA 17271
717-349-7172 (Telephone)
717-349-2748 (Fax)
blooms@fmtigers.org

Signature of Parent/Guardian

Date

CERTIFIED DISCIPLINARY RECORDS REQUEST

Fannett-Metal School District
14823 Path Valley Rd., PO Box 91
Willow Hill, PA 17271
717-349-7172

Pennsylvania School Code (24 PS 13-1305-A Transfer of Records) requires receiving school district in the State of Pennsylvania to request certified disciplinary records from a student's former school or school district. Please accept this form as a request for certified disciplinary records.

Name of Student

Please check the appropriate statement:

_____ Student has had no disciplinary record at this school.

_____ Student's certified disciplinary record is attached.

The signature of the following individual certifies the disciplinary records enclosed are true and accurate discipline records of the above indicated student.

Name of School Official

Position

Date

Please return this form and discipline records along with student's permanent record file.

Records requested: _____

Records received: _____

Follow-up contact made: _____

**FANNETT-METAL SCHOOL DISTRICT
STATEMENT IN SUPPORT OF RESIDENCY IN COMPLIANCE WITH PENNSYLVANIA
SCHOOL CODE 1302**

Student: _____ Date of Birth: _____

| | |
|---|--------------------------|
| Student's natural mother or legal guardian: _____ | |
| Address: _____ | |
| Home Phone Number: _____ | Work Phone Number: _____ |

| | |
|---|--------------------------|
| Student's natural father or legal guardian: _____ | |
| Address: _____ | |
| Home Phone Number: _____ | Work Phone Number: _____ |

| | |
|--|--------------------------|
| Applicant with whom student resides: _____ | |
| Address: _____ | |
| Home Phone Number: _____ | Work Phone Number: _____ |

| | |
|--|--|
| Name of person with whom student previously resided: _____ | |
| Address: _____ | |
| Relationship to child: _____ | |

| |
|---|
| Please give statement as to why this child cannot reside with either mother/father/legal guardian and is living with you: |
|---|

RESIDENCY COMPLIANCE

When did the student come to live with you? _____

How long will the student live with you? _____

Number of days each week child will live with you. If other than 7 please explain: _____

FINANCIAL INFORMATION:

Who is the person responsible for financial support gratis for the child while he/she resides in applicant's household? (Gratis means the applicant is not being paid or reimbursed for providing this support.)

Name: _____ Phone Number: _____

Address: _____

Who is the person responsible for all financial obligations to the Fannett-Metal School District for the child while he/she resided in the applicant's household and the person assuming all responsibility involving the child and school related issues.

Name: _____ Phone Number: _____

Address: _____

Certification

I hereby attest that the information contained in this registration from is true and accurate. I understand that if any of the information is untrue or inconsistent with the provisions of Section 1302 of the School Code of Pennsylvania, that the claimed residency of the child may be rejected. I also understand if that happens, I will be responsible for any tuition due to the Fannett-Metal School District. I also acknowledge that false swearing is a misdemeanor of the third degree and that the punishment is a fine of not more than \$2,500.00 or imprisonment for not more than one year or both.

Signature of Applicant

Date

Child Accounting Clerk

Date

FANNETT-METAL SCHOOL STUDENT IDENTIFICATION

In order to complete records required by the Pennsylvania Department of Education please choose only one of the following racial/ethnic categories.

_____ WHITE – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East (except those of Hispanic origin).

_____ HISPANIC – A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

_____ BLACK (Non Hispanic) – A person having origins in any of the black racial groups of Africa (except those of Hispanic origin).

_____ ASIAN/PACIFIC ISLANDER – A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or Pacific Islands. This includes people from China, Japan, Korea, the Philippine Islands, Samoa, and Vietnam.

_____ AMERICAN INDIAN/ALASKAN NATIVE – A person having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

Student Name: _____

Parent Signature: _____

Date: _____

**FANNETT-METAL SCHOOL DISTRICT
PARENTAL REGISTRATION STATEMENT**

Student Name: _____

Grade: _____

Pennsylvania School Code Section 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. Section 13-1304-A(b) and 18 Pa. C.S.A. Section 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.

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 of suspension or expulsion (optional): _____

Signature of parent/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.

Fannett-Metal School District Home Language Survey Form

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

| | |
|---|-------|
| Date of Enrollment: | _____ |
| Name of student: | _____ |
| Date of Birth: | _____ |
| Grade: | _____ |
| School Building: Fannett-Metal Elementary or Fannett-Metal Secondary School | |

| | | |
|--|-------|----------------|
| What is/was the student's first language? _____ | | |
| Does the student speak a language(s) other than English? (Do not include languages learned in school.) Yes _____ No _____ | | |
| If yes, specify the language(s): _____ | | |
| What language(s) is/are spoken in your home? _____ | | |
| Has the student attended any United States schools 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): _____

Signature of Parent or Guardian

Date

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

Office Use Only

Effective Dated: _____

Grade: _____

Bus # _____

BUSING INFORMATION

Child's Name: _____

Home Telephone: _____ Emergency Phone: _____

Address (house number & mailing): _____

Exact location of residence: _____

Father's Name: _____

Mother's Name: _____

Father's Work Telephone: _____

Mother's Work Telephone: _____

Father's Cell Telephone: _____

Mother's Cell Telephone: _____

IF YOUR CHILD WILL BE PICKED UP OR DROPPED OFF AT ANOTHER RESIDENCE, PLEASE PROVIDE THE FOLLOWING INFORMATION:

Name: _____

Telephone: _____

Cell Telephone: _____

Address (house number & mailing): _____

Exact location of residence: _____

Child will be picked up _____, dropped off _____, or both _____.

Please note Pre-K and Kindergarten students will not be dropped off without an adult or older sibling visible/present. If no one is visible the child will be returned to school and the parents/guardians must pick up the child at school. After three incidences, bus privileges will be revoked.

NON-DISCRIMINATION

It is the policy of the Fannett-Metal School District not to discriminate on the basis of race, color, age, creed, religion, sex, sexual orientation, ancestry, national origin, marital status, pregnancy or handicap/disability in its admission, educational programs, activities, or employment policies as required by Title VI of the Civil Rights Act of 1964, Title IX of the 1972 Educational Amendments and Section 504 of the Rehabilitation Act of 1973.

Inquiries regarding compliance with the Titles VI and IX and Section 504, may be directed to:

Superintendent - 14823 Path Valley Road
Willow Hill, PA 17271
Telephone: 717-379-7172

Notification of Rights under FERPA for Elementary and Secondary Schools: The Family Educational Rights and Privacy Act (FERPA) affords parents and students over 18 years of age ("eligible students") certain rights with respect to the students' education records. These rights are:

- (1) The right to inspect and review the student's education records within 45 days of the day the School receives a request for access. Parents or eligible students should submit to the School principal (or appropriate school official) a written request that identifies the record(s) they wish to inspect. The School official will make arrangements for access and notify the parent or eligible student of the time and place where the records may be inspected.
- (2) The right to request the amendment of the student's education records that the parent or eligible student believes are inaccurate. Parents or eligible students may ask the School to amend a record that they believe is inaccurate. They should write the School principal [or appropriate school official], clearly identify the part of the record they want changed, and specify why it is inaccurate. If the School decides not to amend the record as requested by the parent or eligible student, the School will notify the parent or eligible student of the decision and advise them of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent or eligible student when notified of the right to a hearing.
- (3) The right to consent to disclosures of personally identifiable information contained in the student's education records, except to the extent that FERPA authorizes disclosure to school officials with legitimate educational interests. A school official is a person employed by the School as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel); a person serving on the School Board; a person or company with whom the School has contracted to perform a special task (such as an attorney, auditor, medical consultant, or therapist); or a parent or student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his or her tasks. A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility.
[Optional] Upon request, the School discloses education records without consent to officials of another school district in which a student seeks or intends to enroll. [NOTE: FERPA requires a School District to make a reasonable attempt to notify the parent or student of the records request unless it states in its annual notification that it intends to forward records on request.]
- (4) The right to file a complaint with the U.S. Department of Education concerning alleged failures by the Fannett-Metal School District to comply with the requirements of FERPA. The name and address of the Office that administers FERPA are:

Family Policy Compliance Office
U. S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202-4605

[NOTE: In addition, a school may want to include its directory information public notice, as required by 99.37 of the regulations, with its annual notification of rights under FERPA.]

Notification of Rights Under the Protection of Pupil Rights Amendment (PPRA): PPRA affords parents and students who are 18 or emancipated minors (“eligible students”) certain rights regarding our conduct of surveys, collection and use of information for marketing purposes, and certain physical exams. These include the right to:

- *Consent* before students are required to submit to a survey that concerns one or more of the following protected areas (“protected information survey”) if the survey is funded in whole or in part by a program of the U.S. Department of Education (ED)-
 1. Political affiliations or beliefs of the student or student’s parent;
 2. Mental or psychological problems of the student or student’s family;
 3. Sex behavior or attitudes;
 4. Illegal, anti-social, self-incriminating, or demeaning behavior;
 5. Critical appraisals of others with whom respondents have close family relationships;
 6. Legally recognized privileged relationships, such as with lawyers, doctors, or ministers;
 7. Religious practices, affiliations, or beliefs of the student or parents; or
 8. Income, other than as required by law to determine program eligibility.
- *Receive notice and an opportunity to opt a student out of*–
 1. Any other protected information survey, regardless of funding;
 2. Any non-emergency, invasive physical exam or screening required as a condition of attendance, administered by the school or its agent, and not necessary to protect the immediate health and safety of a student, except for hearing, vision, or scoliosis screenings, or any physical exam or screening permitted or required under State law; and
 3. Activities involving collection, disclosure or use of personal information obtained from students for marketing or to sell or otherwise distribute the information to others.
- *Inspect*, upon request and before administration or use-
 1. Protected information surveys of students;
 2. Instruments used to collect personal information from students for any of the above marketing, sales, or other distribution purposes; and
 3. Instructional material used as part of the educational curriculum.

[Fannett-Metal School District has develop[ed] and adopt[ed]] policies, in consultation with parents, regarding these rights, as well as arrangements to protect student privacy in the administration of protected surveys and the collection, disclosure, or use of personal information for marketing, sales or other distribution purposes. **[Fannett-Metal School District will directly notify parents and eligible students of these policies at least annually at the start of each school year]** and after any substantive changes. **[Fannett-Metal School District]** will also directly notify parents and eligible students, such as through U.S. Mail or email, at least annually at the start of each school year of the specific or approximate dates of the following activities and provide an opportunity to opt a student out of participating in:

- Collection, disclosure, or use of personal information for marketing, sales or other distribution.
- Administration of any protected information survey not funded in whole or in part by ED>
- Any non-emergency, invasive physical examination or screening as described above.

Parents/eligible students who believe their rights have been violated may file a complaint with:

Family Policy Compliance Office
U. S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202-4605

Fannett-Metal School District

14823 Path Valley Road

Willow Hill, PA 17271

Dear Parents,

Keeping you informed is a top priority at Fannett-Metal School District. That's why we have adopted the One Call Now which will allow us to send a telephone, e-mail or text message to you providing important information about school events or emergencies. We anticipate using this system to notify you of school delays or cancellations due to inclement weather, as well as your child(ren)'s daily attendance. In the event of an emergency at school, you can have peace of mind knowing that you will be informed immediately by phone and/or email.

What you need to know about receiving calls sent through One Call Now

- Caller ID will display the school's main number when an announcement is delivered.
- One Call Now will leave a message on any answering machine or voicemail.
- If the One Call Now message stops playing, press any key 1-9 and the message will replay from the beginning.
- Any background noise will interfere with the message and it might need to be replayed.

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 numbers. If this information changes during the year, please let the school secretary know immediately.

Note that the primary phone number will be called for standard calls (events info., etc.). All phone numbers (primary, secondary, and emergency) will be called for weather delays/cancellations as well as emergencies and all will be dialed simultaneously. Please keep in mind that we cannot dial extensions.

We are very excited to incorporate One Call Now as a tool to improve parent communication and look forward to having the ability to deliver real time information to you and provide awareness of events that take place within the school.

The Emergency Contact Information will be kept on file in the office for emergencies. The Health Information will go to the nurse.

Thank you for your cooperation and if you have any questions, please don't hesitate to contact the school office.

Sincerely,

Mr. T. Best
HS/MS Principal

Mrs. S. Shoemaker
Elementary Principal

Fannett-Metal School District
14823 Path Valley Road
Willow Hill, PA 17271

Emergency Contact Information

Student Name: _____ **Grade & Teacher:** _____ **Gender:** ____ **DOB:** _____

Physical Address: _____

City: _____ **State:** _____ **Zip:** _____

Mailing Address (if Different): _____

City: _____ **State:** _____ **Zip:** _____

Student lives with ____ Both Parents ____ Father/Stepfather ____ Mother/Stepmother ____ Guardian

Please circle one:

Father/Stepfather/Guardian/Other **Name:** _____

Place of Employment: _____ **Phone # of Place of Employment:** _____

Please circle one:

Mother/Stepmother/Guardian/Other: **Name:** _____

Place of Employment: _____ **Phone # of Place of Employment:** _____

Primary Phone #: _____ **(Receive Text – Y or N)** **Name:** _____ **Relation:** _____

Secondary Phone #: _____ **(Receive Text – Y or N)** **Name:** _____ **Relation:** _____

Emergency Phone #: _____ **(Receive Text – Y or N)** **Name:** _____ **Relation:** _____

Email Address: _____

Other children in same household:

| Name | Gender | Date of Birth | Grade |
|------|--------|---------------|-------|
| | | | |
| | | | |
| | | | |
| | | | |

Bus #: _____

See Reverse Side

~~Please place asterick (*) by new information.~~

Fannett-Metal School District
14823 Path Valley Road, Willow Hill, PA 17271

Student Health Information

Please initial which items may be used by the school nurse in the care of your child:

| | | | |
|--|--|--|------------------------------------|
| <input type="checkbox"/> Acetaminophen (Tylenol) | <input type="checkbox"/> Aloe (Topical) | <input type="checkbox"/> Antibiotic Ointment (Topical) | <input type="checkbox"/> Benadryl |
| <input type="checkbox"/> Burn Jel | <input type="checkbox"/> Calamine Lotion | <input type="checkbox"/> Chloraseptic Spray | <input type="checkbox"/> Ibuprofen |
| <input type="checkbox"/> Hydrocortisone 1% Cream | <input type="checkbox"/> Midol | <input type="checkbox"/> Mylanta (Antacid) | <input type="checkbox"/> Orajel |
| <input type="checkbox"/> Tums (Antacid) | | | |

Check any of the following that your child has experienced within the past year:

Accident Date: _____ Surgery Date: _____

If you checked anything, please explain: _____

Is your child presently under the care of a doctor or other health care provider: Yes No

Family Doctor: _____ Phone: _____

Family Dentist: _____ Phone: _____

Has your child seen a dentist within the last year: _____ If yes, date: _____

Preferred Hospital: _____

Please list any immunizations your child has received in the past year: _____

List any medications your child is currently taking: _____

Special health conditions/allergies: _____

Other adults to be contacted and to whom students may be released (Name, Relationship, Phone):

I give my permission for school staff to treat my child Yes No

I give my permission to share my child's medical information with school staff. Yes No

I give my permission to speak with family doctor. Yes No

In an extreme emergency, it may be necessary to transport your child to the nearest hospital. I give my permission to the staff of the Fannett-Metal School District to transport or make arrangements for the transportation of my child to receive emergency medical care in the event that the persons listed above cannot be contacted. Yes No

Parent/Guardian Signature: _____ Date: _____



FANNETT-METAL SCHOOL DISTRICT

Student Health History

This record must be on file even though the student is examined by your family health care provider.

Name _____ Grade _____

Date of Birth _____ Birthplace _____

Father's Name _____ Birthplace _____

Mother's Name _____ Birthplace _____

Mother's Maiden Name _____

Address of Family _____

Phone Number _____

People who student lives with

Past Health History of Student

Please include dates when possible

Allergies _____

Enuresis (Bed Wetting) _____ Asthma _____

Pneumonia _____ Hernia _____ Arthritis _____

Heart Disease _____ Epilepsy _____ Bronchitis _____

Rheumatic Fever _____ Polio _____ Measles _____

Scarlett Fever _____ Chicken Pox _____ Diabetes _____

Pleurisy _____ Whooping Cough _____

TB Student and or family _____

Does the child take any medications on a regular basis? (please include name of medication, dose, what time of day it is given, and reason the child receive this medication.)



FANNETT-METAL SCHOOL DISTRICT

To help us meet the needs of the child please provide detailed information on any early childhood complications.

Birth (premature delivery, long labor, growth issues)

During Preschool

Food Allergies

Surgeries

Nervous Conditions/ Fears

Serious Accidents or Medical Concerns not yet mentioned.

Are there any illnesses or conditions that you and your health care provider feel that school district should be made aware of.

Physical Examination

I request the school physician to examine child.

I will have our own health care provider examine child.

Please list name and date of birth of other children in household.

Parent/ Guardian Signature _____ Please return promptly.

Fannett-Metal School District
14823 Path Valley Road
Willow Hill, PA 17271
(717) 349-7172

Dear Parents/Guardians:

To better provide for the safety of your child while being transported to and from school, the Fannett-Metal School District asks you to fill out the bottom portion of this form and return it within two (2) school days. This information will be shared with your child's bus/van driver.

Should you have any questions about this form, please contact your child's building principal.

Student Name: _____

Bus # _____

Bus Driver _____

Ability to Communicate:

_____ asthma

_____ allergies (specify below)

_____ autism

_____ cerebral palsy

_____ heart condition

_____ spina bifida

_____ seizures (specify below)

_____ other (specify below)

_____ none known

Medication(s) taken for the above-specified condition(s):

Accommodations needed for the above-specified condition(s):

Parent/Guardian Signature: _____

Date: _____

School District
Student Residency Questionnaire


Dear Parent or Guardian,

Your responses to these questions will help staff determine what residency documents are necessary to enroll your child. Thank you for your cooperation.

1. Student name: _____ Birth Date: _____

Person completing form: _____ Relationship to child: _____

2. In what type of setting is the child living now? Check one box below:

| Section A | Section B |
|---|---|
| <p><input type="checkbox"/> In an emergency or transitional shelter.</p> <p><input type="checkbox"/> Sharing the housing of other persons due to loss of housing, economic hardship, or similar reason.</p> <p><input type="checkbox"/> In a motel, hotel, campsite, or card due to a lack of alternative, adequate accommodations.</p> <p><input type="checkbox"/> In a car, park, public space, abandoned building, substandard housing, bus or train stations, or similar settings.</p> <p><input type="checkbox"/> Other places not designed for, or ordinarily used as, regular sleeping accommodations for human beings.</p> <p>CONTINUE TO THE QUESTIONS BELOW if you checked a box in SECTION A.</p> | <p><input type="checkbox"/> None of the choices in SECTION A apply.</p> <div data-bbox="1117 716 1393 940" style="text-align: center;"></div> <p>If you checked this section, you do not need to complete questions 3 through 6. Please sign and date the form and turn it in.</p> |

3. Contact number for person completing this form: _____

Address where the child is now living: _____

4. The child lives with (Check all that apply):

- Parent or legal guardian
- Relative, friend or other adult
- Alone
- Other: _____

5. Name, Address & Phone Number of the school the child attended last: _____

6. Does the child have an IEP or a Chapter 15/504 agreement?

- No.
- Yes. Please explain: _____

Signature of Parent/Legal Guardian: _____ Date: _____

Focused on Student Safety
Making a Difference in Our Community
Striving for Academic Excellence
Demonstrating Individual and Group Efforts



14823 Path Valley Road
Willow Hill, PA 17271
Phone: 717-349-7172
Fax: 717-349-2748

1:1 School Issued Computer Agreement

By signing below, I/we choose to use a school issued computer (laptop or netbook) rather than a personal, wireless computing device for the 1:1 high school computer initiative.

I/we understand we must follow all terms and agreements as listed in the FMSD policies regarding but not limited to electronic device use, email, and acceptable use of the FMSD network and Internet access.

I/we understand that we must contact the Technology Department immediately should any damage or theft occur to the school issued computer and thus may result in I/we having to pay for some of the repairs or replacement cost of the school issued computer.

I/we understand that software updates must be allowed to run and installed to ensure that the school issued computer is running smoothly.

Please sign below to accept the 1:1 School Issued Computer Agreement:

Student Name/Grade

Student Signature

Date

Parent/Guardian Name

Parent/Guardian Signature

Date