



Dear Parent/Guardian:

Welcome to Sharpsville Area School District! Enclosed are registration forms which need to be completed to officially register your child in the district. These forms may either be returned in person or mailed to the appropriate building address below. Additional forms may be required based on grade level.

Forms included are:

- Student Registration Information
- Verification of Residency
- Personal Data/Health Information
- Parental Registration Statement
- Acceptable Use Policy and Network/Internet Usage Contract
- Authorization and Release
- Lunch Application

Along with the previous forms, please provide the following documents:

- **State Birth Certificate** (not hospital certificate)
- **Immunization record/book**
- **Proof of Residency**- 4 acceptable forms

Copies of these documents may be made at any Sharpsville Area School free of charge.

Immunization requirements set forth by the Commonwealth of Pennsylvania state that all students entering school for the first time must have the following immunizations **prior to attending** school:

- Four (4) doses of Tetanus and Diphtheria Vaccine, including one dose administered on or after the fourth birthday
- Three (3) doses of Oral Polio Vaccine (OPV)
- Two (2) doses of Measles Vaccine
- Two (2) doses of Mumps Vaccine
- Two (2) dose of Rubella Vaccine
- Three (3) doses of Hepatitis B Vaccine (HepB)
- Two (2) doses of Varicella (Chickenpox) OR written statement from the parent, physician, and/or health care provider that the child has had the chickenpox disease.

In addition, students entering 7th grade must have the following immunizations:

- One (1) dose of Meningococcal Conjugate (MCV)
- One (1) dose Tetanus, Diphtheria, and Acellular Pertussis (Tdap) if five years have elapsed since last tetanus containing vaccine

STUDENTS WILL NOT BE ADMITTED TO START SCHOOL WITHOUT COMPLETE IMMUNIZATIONS. If there are any questions, please contact the appropriate school at the number below.

Transportation arrangements should be made by visiting the Central Administration building at 701 Pierce Avenue, Sharpsville, PA 16150. Or, you may call Rhonda Baker at 724-962-7861 ext. 4100.

Sharpsville Elementary School

100 Hittle Drive
Sharpsville, PA 16150
Phone: 724-962-7861 Ext. 3000
Fax: 724-962-1003

Sharpsville Middle School

303 Blue Devil Way
Sharpsville, PA 16150
Phone: 724-962-7861 Ext. 2000
Fax: 724-962-7891

Sharpsville High School

301 Blue Devil Way
Sharpsville, PA 16150
Phone: 724-962-7861 Ext. 1000
Fax: 724-962-7730

Sharpsville Area Elementary School
100 Hittle Dr.
Sharpsville, PA 16150
www.sharpsville.k12.pa.us
E.O.E Institution

Matthew R. Dieter
Principal

Phone 724-962-7168
Fax 724-962-7864

TO: _____

DATE: _____

The following student has enrolled at the Sharpsville Area Elementary School. Is the policy of the Sharpsville Area School District to secure all vital school records from the former school before attendance may begin. Please send all essential records including:

- Official Administrative Records (name, birthday, grade level completed, grades and attendance record)
- Birth Certificate
- Custody Papers
- Medical/Immunization Records
- Standardized Achievement Test Records
- Intelligence Test Scores
- Psychological Report
- I.E.P

Student Name _____

Date of Birth _____ Current Grade _____

Former Address _____

I wish to have my child's records forwarded to:

Sharpsville Area Elementary School
100 Hittle Dr.
Sharpsville, PA 16150
ATTN: Krystal Miller

Your immediate attention to this request will be appreciated.

Signature of Parent/Guardian

Date

Student Registration Form

| Household Information | | | | | | | | | | |
|--|--|---|--------|--|--|---|--------------|--|--|--|
| Household Last Name | | | | | | | Today's Date | | | |
| Residence Type | | <input type="checkbox"/> Lease <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Trailer Park/Condo Unit | | | | | | | | |
| Household Address | | | Street | | | | | | Apt # | |
| City | | State | | Zip | | County | | | | |
| Is mailing address same as Household address? | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| If no, please fill out the information below: | | | | | | | | | | |
| Address | | Street | | | | | | Apt # | | |
| City | | State | | Zip | | PO Box | | | | |
| Household Phone Number | | | | | | | Unlisted | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Student Information | | | | | | | | | | |
| First Name | | | | | | Last Name | | | | |
| Middle Name | | | | | | Suffix | | <input type="checkbox"/> Jr <input type="checkbox"/> Sr <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV | | |
| Nickname | | Grade | | | | Cell Phone | | | | |
| Multiple Birth | | <input type="checkbox"/> Single <input type="checkbox"/> Twins <input type="checkbox"/> Triplets <input type="checkbox"/> Quadruplets <input type="checkbox"/> Quintuples | | | | | | | | |
| Siblings | | Name | | Name | | Name | | | | |
| | | Relationship | | Relationship | | Relationship | | | | |
| Demographic Information and Home Language Survey ¹ | | | | | | | | | | |
| Is the student Hispanic, Latino, or of Spanish origin? | | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Race | | <input type="checkbox"/> 3/Co gtlecp"Kf kcpICruncp"Pcvxg <input type="checkbox"/> 5/Drcemlqt"Chlecp"Co gtlecp <input type="checkbox"/> 7/Y j kg <input type="checkbox"/> ;/Cufcp <input type="checkbox"/> 32/P'cvxg"J'cy'ckcp"qt"Qvj gt"Rcèlle"Kürpf gf <input type="checkbox"/> 8/O wnk'Tcekn"Ur gelh("wulpi "eqf guaaaaaaa" | | | | | | | | |
| Date of Birth | | | | Gender | | <input type="checkbox"/> Male <input type="checkbox"/> Female | | | | |
| Birth City | | | | Dominate Language | | | | | | |
| Birth State | | | | Birth Country | | | | | | |
| Home Language | | | | Language(s) Spoken <u>Other</u> Than English | | | | | | |
| US Citizen | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | If no, specify Country of Origin: | | | | | | |
| Foster Information | | | | | | | | | | |
| Foster Student | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | Foster Agency | | | | | | |
| Birth Mother's Resident District | | | | | | Birth Father's Resident District | | | | |
| School History | | | | | | | | | | |
| Pre-K Experience | | <input type="checkbox"/> Universal PreK Program <input type="checkbox"/> No Formal PreK Experience <input type="checkbox"/> Private Provider <input type="checkbox"/> Headstart | | | | | | | | |
| Was student enrolled in Sharpville Area School District prior to this date? | | | | | | | | <input type="checkbox"/> Yes* <input type="checkbox"/> No | | |
| Did student attend any school prior to Sharpville Area School District? | | | | | | | | <input type="checkbox"/> Yes* <input type="checkbox"/> No | | |
| Did student attend any school <u>outside</u> or Pennsylvania? | | | | | | | | <input type="checkbox"/> Yes* <input type="checkbox"/> No | | |
| *If answered YES to <u>any</u> of the above questions, please fill out this section: | | | | | | | | | | |
| Name of School | | | | State | | Dates Attended | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| FOR OFFICE USE ONLY | | | | | | | | | | |
| Enrollment Date | | Student ID | | PAsureID | | Special Ed? | | Tuition? | | |
| | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

| Parent/Guardian Emergency Contact #1 | | | | | | | | | |
|--|---|--|---|--|----------------|----------------|--|--------|--|
| Salutation | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other | | | | | Relationship | | | |
| First Name | | | Middle Init. | | Last Name | | | Suffix | |
| Gender | <input type="checkbox"/> M <input type="checkbox"/> F | | Resides in Household | <input type="checkbox"/> Yes <input type="checkbox"/> No | | Household Head | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Custody Status | <input type="checkbox"/> Primary Physical <input type="checkbox"/> Legal <input type="checkbox"/> Physical and Legal <input type="checkbox"/> No Contact Privileges <input type="checkbox"/> Visitation Rights <input type="checkbox"/> Supervised Visitation Only | | | | | | | | |
| Are there any custody issues? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | If Yes, the District <i>must</i> have pertinent court orders | | | | | | |
| Call Priority | Phone Type | | | Phone Number | | | Unlisted | | |
| 1 | <input type="checkbox"/> Home <input type="checkbox"/> Cell | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 2 | <input type="checkbox"/> Home <input type="checkbox"/> Cell | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Email Address | | | | | | | | | |
| Employer Info | | | | | | | | | |
| Employer Name | | | | | Employer Phone | | | Ext. | |
| Parent/Guardian Emergency Contact #2 | | | | | | | | | |
| Salutation | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other | | | | | Relationship | | | |
| First Name | | | Middle Init. | | Last Name | | | Suffix | |
| Gender | <input type="checkbox"/> M <input type="checkbox"/> F | | Resides in Household | <input type="checkbox"/> Yes <input type="checkbox"/> No | | Household Head | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Address (If different from Household) | | | Street | | | | Apt # | | |
| City | | | State | | Zip | | County | | |
| Custody Status | <input type="checkbox"/> Primary Physical <input type="checkbox"/> Legal <input type="checkbox"/> Physical and Legal <input type="checkbox"/> No Contact Privileges <input type="checkbox"/> Visitation Rights <input type="checkbox"/> Supervised Visitation Only | | | | | | | | |
| Are there any custody issues? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | If Yes, the District <i>must</i> have pertinent court orders | | | | | | |
| Call Priority | Phone Type | | | Phone Number | | | Unlisted | | |
| 1 | <input type="checkbox"/> Home <input type="checkbox"/> Cell | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 2 | <input type="checkbox"/> Home <input type="checkbox"/> Cell | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Email Address | | | | | | | | | |
| Employer Info | | | | | | | | | |
| Employer Name | | | | | Employer Phone | | | Ext. | |

| Emergency Contact #1 | | | | |
|----------------------|---|--|------------------|--------------|
| Salutation | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other | | | Relationship |
| First Name | | | Last Name | |
| Resides in Household | <input type="checkbox"/> Yes <input type="checkbox"/> No | | Phone Number (s) | |
| Emergency Contact #2 | | | | |
| Salutation | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other | | | Relationship |
| First Name | | | Last Name | |
| Resides in Household | <input type="checkbox"/> Yes <input type="checkbox"/> No | | Phone Number (s) | |
| Emergency Contact #3 | | | | |
| Salutation | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other | | | Relationship |
| First Name | | | Last Name | |
| Resides in Household | <input type="checkbox"/> Yes <input type="checkbox"/> No | | Phone Number (s) | |

'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 the 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.

Parent/Guardian Signature

Date

Rev. 06/2012 Form 1-2



VERIFICATION OF RESIDENCY

In order to verify residency within the Sharpsville Area School District, you must provide 4 current documents from the following list of acceptable forms of proof:

- _____ IRS Tax Return
- _____ Letter or Pay Stub from Current Employer
- _____ PA Driver's License
- _____ PA Motor Vehicle Registration
- _____ Automobile Insurance Policy
- _____ Residence Lease
- _____ Property Tax Card
- _____ Voter Registration
- _____ Letter from the Department of Welfare
- _____ Health Insurance
- _____ Penn Power bill
- _____ National Fuel Gas bill
- _____ Water and/or Sewer bill
- _____ Time-Warner Cable bill
- _____ US Post Office Official Document
- _____ Bank Statement
- _____ Deed
- _____ Current Credit Card bill

Please bring your documents to the registration office to be copied and reviewed. The documents must show the name and address of the person(s) enrolling the student.

Additional information will be required if a student lives with a resident adult other than a parent.

| Office Use Only | |
|-----------------|------|
| Initials | Date |
| | |



PARENTAL REGISTRATION STATEMENT

Student Name _____ Date _____

Date of Birth _____ Grade _____

Parent/Guardian Name _____

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 of 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.

If this student has been or is presently suspended or expelled from another school, please complete the following:

Name of school _____

Dates of suspension or expulsion _____

Reason for suspension or expulsion (optional) _____

Signature of Parent/Guardian

Date

Sharpsville Area School District is proud to provide two opportunities for our students: 1) the ability to showcase their work through a variety of media; 2) use this media to work collaboratively with students all around the world from the comfort and safety of our own classrooms. In order for you and your students to take advantage of these opportunities, we ask that you sign the attached Authorization and Release. Your authorization opens doors for your student to publish work and be appropriately recognized for the projects he or she completes.

If you have any questions please feel free to contact the school at 724/962-7861. Thank you.

SHARPSVILLE AREA SCHOOL DISTRICT
701 Seventh Street, Sharpsville, Pennsylvania 16150
Telephone: 724.962-7872 Fax: 724.962-7873
AUTHORIZATION AND RELEASE

I/We _____ HEREBY AUTHORIZE AND GRANT
(parent(s)/guardian(s) name(s))

permission to the Sharpsville Area School District of Mercer County, Pennsylvania (hereinafter "District") the right to use, re-use, publish or re-publish, on the District's website or any other form of media, the voice recordings, images, photographs, videos, stories, accounts, quotations, and any work, project or artifact (hereinafter "Material") created or provided during or relative to any school activity by my/our: _____, while a student at the District .
(child(ren) or ward(s) name(s))

I/We also agree to the use by the District of the Material created or provided my/our child(ren), or ward(s) in other District promotional materials in either electronic or printed form or any other media, and authorize the District to release the Material created or provided by my/our child(ren), or ward(s) for use by other news and media outlets, without notifying me/us. Further, I/we understand that the District will request, via notice on the District's website, Material created or provided by my/our child(ren), or ward(s) shall be treated with the utmost integrity.

In exchange for the opportunity of my/our child(ren) or ward(s) to participate in the educational endeavors of the District referred to in this Authorization and Release, I/we hereby release and agree to indemnify and hold harmless the District, its elected and appointed officials, agents, servants and employees from any and all claims, demands and/or causes of action of whatever kind of nature arising from the use of such Material created, provided by our child(ren) or ward(s).

I/We hereby waive any right to inspect or approve Material produced by the District or other media outlets that include portions of the Material provided by my/our child(ren) or ward(s) now, or in the future, whether that use is known or unknown to me/us. I/We further agree to waive for myself/ourselves and on behalf of my/our child(ren) or ward(s) any and all right to compensation, fee, or royalty for myself/ourselves and my/our personal representatives, administrators, successors, heirs, or assigns pertaining to the production or use of the aforesaid Materials.

A reproduced copy of this Authorization and Release shall be as valid as the original.

[Balance of Page Intentionally Blank]

[Signature Page Immediately Follows]

SHARPSVILLE AREA SCHOOL DISTRICT

AUTHORIZATION AND RELEASE

I/WE AM/ARE 18 YEARS OF AGE OR OLDER, AND I/WE AM/ARE COMPETENT TO CONTRACT IN MY/OUR OWN NAME(S). I/WE HAVE READ THIS AUTHORIZATION AND RELEASE BEFORE SIGNING BELOW, AND I/WE FULLY UNDERSTAND THE CONTENTS, MEANING AND IMPACT OF THIS AUTHORIZATION AND RELEASE. I/WE UNDERSTAND THAT I/WE AM/ARE FREE CONSULT WITH AN ATTORNEY OF MY/OUR CHOICE TO ADDRESS ANY SPECIFIC QUESTIONS REGARDING THIS AUTHORIZATION AND RELEASE PRIOR TO SIGNING, AND I/WE AGREE THAT MY/OUR FAILURE TO DO SO WILL BE INTERPRETED AS A FREE AND KNOWLEDGEABLE ACCEPTANCE OF THE TERMS OF THIS AUTHORIZATION AND RELEASE.

Parent/Guardian Signature

Date: _____

Print Name of Parent/Guardian

Relationship to minor

Parent/Guardian Signature

Date: _____

Print Name of Parent/Guardian

Relationship to minor

Address: _____
(Of Parent/Guardian, Child(ren) or Ward(s))

City: _____ State: _____ Zip: _____

All personal details provided by parent(s), guardian(s), child(ren) or ward(s) will remain "Confidential" and are strictly for the District's files.

SHARPSVILLE AREA SCHOOL DISTRICT

Dear Parent/Guardian:

Children need healthy meals to learn. Sharpsville Area School District offers healthy meals every school day. Breakfast costs \$0.25; lunch costs \$2.25. Your children may qualify for free meals or for reduced price meals. Reduced price is \$0.15 for breakfast and \$0.40 for lunch.

1. **DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** No. Complete the application to apply for free or reduced price meals. *Use one Free and Reduced Price School Meals Application for all students in your household.* We cannot approve an application that is not complete, so be sure to fill out all required information. Families can also apply online for free or reduced school meals and other benefits at www.compass.state.pa.us.
2. **WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD?** You must include all those living in your household, related or not (such as grandparents, other relatives, or friends), who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.
3. **WHO CAN GET FREE/REDUCED MEALS?** All children in households receiving benefits from Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) can get free meals regardless of your income. This includes children living in the household who do not receive SNAP or TANF. Your children can get free/reduced meals if your household's gross income is within the free/reduced limits on the Federal Income Eligibility Guidelines.
4. **CAN FOSTER CHILDREN GET FREE MEALS?** Yes, foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income and should be included on the household application.
5. **CAN HOMELESS, RUNAWAY AND MIGRANT CHILDREN GET FREE MEALS?** Yes, children who meet the definition of homeless, runaway, or migrant qualify for free meals. If you haven't been told your children will get free meals, please call or e-mail Chris Smith to see if they qualify.
6. **SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE APPROVED FOR FREE MEALS?** Please read the letter you got carefully and follow the instructions. Call the school at 724-962-7874 Ext 4100 if you have questions.
7. **MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE?** Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application by October 16, 2013 unless the school told you that your child is eligible for free meals for the new school year.
8. **I GET WIC. CAN MY CHILD(REN) GET FREE MEALS?** Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.
9. **WILL THE INFORMATION I GIVE BE CHECKED?** Yes and we may also ask you to send written proof.
10. **IF I DON'T QUALIFY NOW, MAY I APPLY LATER?** Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free or reduced price meals if the household income drops below the income limit.
11. **WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION?** You should talk to school officials. You also may ask for a hearing by calling or writing to: Dr. Hoge 724-962-7874
12. **MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN?** Yes. You or your child(ren) do not have to be U.S. citizens to qualify for free or reduced price meals.
13. **WHAT IF MY INCOME IS NOT ALWAYS THE SAME?** List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
14. **WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME?** If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.

15. **MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS THEIR COMBAT PAY COUNTED AS INCOME?** No, if the combat pay is received in addition to their basic pay because of their deployment and it wasn't received before they were deployed, combat pay is not counted as income. Contact your school for more information.
16. **MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR?** To find out how to apply for SNAP and/or other assistance benefits, contact your local assistance office or call 1-800-692-7462 (1-800-451-5886 TDD number for individuals with hearing impairments).

If you have other questions or need help, call 724-962-7874.

Your children may qualify for reduced price or free meals if your household income falls at or below the limits on this chart.

| FEDERAL ELIGIBILITY INCOME CHART FOR SCHOOL YEAR 2012-2013 | | | |
|--|----------|---------|---------|
| Household size | Yearly | Monthly | Weekly |
| 1 | \$21,257 | \$1,772 | \$409 |
| 2 | \$28,694 | \$2,392 | \$552 |
| 3 | \$36,131 | \$3,011 | \$695 |
| 4 | \$43,568 | \$3,631 | \$838 |
| 5 | \$51,005 | \$4,251 | \$981 |
| 6 | \$58,442 | \$4,871 | \$1,124 |
| 7 | \$65,879 | \$5,490 | \$1,267 |
| 8 | \$73,316 | \$6,110 | \$1,410 |
| Each additional person: | \$7,437 | \$620 | \$144 |

Sincerely,

Dr. Hoge, Interim Superintendent

Use of Information Statement: This explains how we will use the information you give us.

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."

INSTRUCTIONS FOR APPLYING

A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU.

IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) OR TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF), FOLLOW THESE INSTRUCTIONS:

- Part 1:** List the name and nine (9) digit case number of any household member (including adults) receiving SNAP or TANF benefits.
- Part 2:** Skip this part.
- Part 3:** Complete section A including ALL household members. List the child(ren)'s school they attend and grade. *Do not complete section B*
- Part 4:** Sign and date the form. Providing contact information could result in faster processing. The last four digits of a Social Security Number are not necessary.
- Part 5:** Complete this part if you choose.

IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT, OR RUNAWAY AND DOES NOT RECEIVE SNAP OR TANF BENEFITS, FOLLOW THESE INSTRUCTIONS:

- Part 1:** Skip this part.
- Part 2:** If any child you are applying for is homeless, migrant, or a runaway, call Mr. Chris Smith.
- Part 3:** In section A, list the child(ren)'s name. Indicate if the child(ren) is homeless, a migrant, or runaway by circling H for homeless; M for migrant; or R for a runaway. List what school they attend and their grade. Section B does not need to be completed.
- Part 4:** Sign and date the form. Providing contact information could result in faster processing. The last four digits of a Social Security Number are not necessary.
- Part 5:** Complete this part if you choose.

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:

If all children in the household are foster children:

- Part 1:** Skip this part.
- Part 2:** Skip this part
- Part 3:** In section A, list the foster child(ren)'s name. Indicate each child is a foster by circling Fos. List what school they attend and their grade. Section B does not need to be completed.
- Part 4:** Sign and date the form. Providing contact information could result in faster processing. The last four digits of a Social Security Number are not necessary.
- Part 5:** Complete this part if you choose.

If some of the children in the household are foster children:

Complete the application for the family based on SNAP or TANF benefits, homeless/migrant/runaway status or household income as described in the other sections of this page. Include foster children as household members in Part 3 of the application, circling Fos. to indicate the foster status. Do not include income from SNAP, WIC Federal education benefits, and foster payments received by the family from the placing agency.

ALL OTHER HOUSEHOLDS, INCLUDING INCOME BASED AND WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

- Part 1:** Skip this part.
- Part 2:** Skip this part.
- Part 3:** Follow these instructions to report total household income from this month or last month.
- **Section A – Name:** List all household members. List the child's school and grade. For any person, including children, with no income, you must check the "No Income" box.
 - **Section B – Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received. Circle W for weekly, E for every other week, T for twice a month, or M for monthly. For earnings, be sure to list the **gross income**, not the pay you take-home. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your employer can tell you. For other income, list the amount each person received for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under *All Other Income*, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, WIC, Federal education benefits, and foster payments received by the family from the placing agency. For self-employed ONLY, under *Earnings from Work*, report income after expenses (NET income). This is for your business, farm, or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.
- Part 4:** Adult household member must sign and date the form as well as list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one). Providing contact information could result in faster processing.
- Part 5:** Complete this part if you choose.

2013-2014 FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

PART 1. BENEFITS: IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES [State SNAP] OR [State TANF Cash Assistance], PROVIDE THE NAME AND CASE NUMBER FOR THE PERSON WHO RECEIVES BENEFITS AND **SKIP TO PART 3** to only fill out the child's name, grade and school the child attends. **IF NO ONE RECEIVES THESE BENEFITS, SKIP TO PART 2.**

NAME: _____ CASE NUMBER: -

PART 2. IF ANY CHILD YOU ARE APPLYING FOR IS A (Fos.) FOSTER (legal charge of welfare agency or court), (Hom.) HOMELESS, (Mig.) MIGRANT, OR (Run.) RUNAWAY CIRCLE THE APPROPRIATE CODE IN

PART 3. CALL Chris Smith at 724-962-7861 Ext 3107 IF YOU ARE APPLYING FOR A HOMELESS, MIGRANT OR RUNAWAY CHILD.

PART 3. TOTAL HOUSEHOLD GROSS INCOME. You must tell us who, how much and how often.

| A. NAME (List all household members. Attach an additional page if needed) | Indicate if a Foster, Homeless, Migrant or Runaway Child | | Child's School (Write N/A for any household members not in school) | Child's Grade | B. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED: <i>circle one below: W = weekly; E = every other week; T = twice a month; M = monthly; A = Annual</i> | | | | | | | | | | | | | | | | | | | | | |
|--|--|------|---|---------------|---|--|--|---------------------------------|---|----|---|--|---|------------------|----|--|--|---|---|----|----|--|---|---|--------------------------|--------------------------|
| | | | | | Earnings From Work Before Deductions | | | Welfare, Child Support, Alimony | | | Pensions, Retirement, Social Security, SSI, VA Benefits | | | All Other Income | | | Check if NO income <input type="checkbox"/> | | | | | | | | | |
| | Fos. | Hom. | | | \$ | | | W | E | \$ | | | W | E | \$ | | | | W | E | \$ | | | W | E | <input type="checkbox"/> |
| | Mig. | Run. | | | | | | T | M | A | | | T | M | A | | | T | M | A | | | T | M | A | <input type="checkbox"/> |
| | Fos. | Hom. | | | \$ | | | W | E | \$ | | | W | E | \$ | | | W | E | \$ | | | W | E | <input type="checkbox"/> | |
| | Mig. | Run. | | | | | | T | M | A | | | T | M | A | | | T | M | A | | | T | M | A | <input type="checkbox"/> |
| | Fos. | Hom. | | | \$ | | | W | E | \$ | | | W | E | \$ | | | W | E | \$ | | | W | E | <input type="checkbox"/> | |
| | Mig. | Run. | | | | | | T | M | A | | | T | M | A | | | T | M | A | | | T | M | A | <input type="checkbox"/> |
| | Fos. | Hom. | | | \$ | | | W | E | \$ | | | W | E | \$ | | | W | E | \$ | | | W | E | <input type="checkbox"/> | |
| | Mig. | Run. | | | | | | T | M | A | | | T | M | A | | | T | M | A | | | T | M | A | <input type="checkbox"/> |
| | Fos. | Hom. | | | \$ | | | W | E | \$ | | | W | E | \$ | | | W | E | \$ | | | W | E | <input type="checkbox"/> | |
| | Mig. | Run. | | | | | | T | M | A | | | T | M | A | | | T | M | A | | | T | M | A | <input type="checkbox"/> |
| | Fos. | Hom. | | | \$ | | | W | E | \$ | | | W | E | \$ | | | W | E | \$ | | | W | E | <input type="checkbox"/> | |
| | Mig. | Run. | | | | | | T | M | A | | | T | M | A | | | T | M | A | | | T | M | A | <input type="checkbox"/> |
| | Fos. | Hom. | | | \$ | | | W | E | \$ | | | W | E | \$ | | | W | E | \$ | | | W | E | <input type="checkbox"/> | |
| | Mig. | Run. | | | | | | T | M | A | | | T | M | A | | | T | M | A | | | T | M | A | <input type="checkbox"/> |
| | Fos. | Hom. | | | \$ | | | W | E | \$ | | | W | E | \$ | | | W | E | \$ | | | W | E | <input type="checkbox"/> | |
| | Mig. | Run. | | | | | | T | M | A | | | T | M | A | | | T | M | A | | | T | M | A | <input type="checkbox"/> |

PART 4. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN BELOW)

An adult household member must sign the application. **If Part 3 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.** (See Use of Information Statement on the Parent/Guardian letter.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Sign Here: _____ Print Name: _____ Date: _____

Address: _____

City: _____ State: Zip Code:

Phone Number: - - Last four digits of Social Security Number: * * * - * * - ☐ I do not have a Social Security Number

PART 5. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)

Choose one ethnicity:

☐ Hispanic/Latino ☐ Not Hispanic/Latino

Choose one or more (regardless of ethnicity):

☐ Asian ☐ American Indian or Alaska Native ☐ Black or African American ☐ White ☐ Native Hawaiian or Other

DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24 Monthly x 12

Total Income: _____ Per: ☐ Week, ☐ Every 2 Weeks, ☐ Twice A Month, ☐ Month, ☐ Year Household Size: _____

Eligibility: ☐ Free ☐ Reduced ☐ Denied Reason: _____; ☐ Categorically Eligible; ☐ Other Source Categorically Eligible; Date Withdrawn: _____

Determining Official's Signature: _____ Date: _____ Confirming Official's Signature (cannot be the Determining Official): _____ Date: _____

Signature of School Employee Completing Verification: _____ Date: _____

Welcome to the CSIU Parent Portal!

Congratulations! Sharpsville Area School District has signed up to use the CSIU Parent Portal. This Parent Portal is a unique communication tool created for parents and guardians to instantly access current and important information relating to your child(ren)'s academic career. Through the Parent Portal, you will be able to access the following information:

- Schedule
- Attendance
- Discipline
- Teacher Contact Information
- Assignments and Grades
- Progress Reports, Report Cards, and more...

As well as maintaining guardian information such as:

- Name
- Phone Number
- Email and more...

To create your login, please visit our webpage at www.sharpsville.k12.pa.us and click on the CSIU Parent Portal link in the **Forms/Links** section, or go to <https://web4.schoolport.org/plexus/parentportal/>. You will need to provide an email address in order to register. First time users will need to go to the ***First Time Here?*** link located in the blue shadow box on the login page.

Upon registration, you will need to know your child(ren)'s Student's ID Number (found on students' schedules), Student's Full Name, Grade Level, and Building. Families with multiple children will only need to know the aforementioned criteria for **one** student, but will be able to view all children in the household once registration is approved. This approval process will take 1-3 days.

For your convenience, a complete learning guide can be downloaded from our website under the **Forms/Links** section. This helpful guide takes you step by step through the registration process as well as navigating through your child(ren)'s profile.

Attention Students!

The Student Portal is now available as well! The link for the student portal can also be found under the **Forms/Links** section of our webpage. Logins are student id numbers and passwords are defaulted to: [welcome2csiu](#). You will be required to change your password upon initial login.

If you have any problems or questions, please feel free to call Krystal Miller at 724-962-7861 extension 1651.

Dear Parents/Guardians:

I would like to take this opportunity to introduce myself as well as make you aware of our policies regarding health issues at the Sharpsville Area School District. My name is Julie Mehler and I am a Registered Nurse. I am the nurse for the District. I look forward to meeting all of your children this upcoming school year. Please know that I am available for discussion of any health matters that your child may have. Please do not hesitate to call. Please review the attached information about medication policy and procedure. A complete outline of all health policies will be available in the student handbook that your child will receive at the start of the school year. Please note that ALL medications are to be processed through the Nurse's Office. This is for the safety of all of our students. Students are NOT permitted to have over the counter or prescription medication with them. Also, we do not provide cough drops and if you want your child to have these during school, you must send them to school with a note.

The following vaccines are REQUIRED to begin kindergarten per Pennsylvania law:

- Four (4) doses of Tetanus and Diphtheria Vaccine, including one dose administered on or after the fourth birthday
- Three (3) doses of Oral Polio Vaccine
- Two (2) doses of Measles Vaccine
- Two (2) doses of Mumps Vaccine
- Two (2) doses of Rubella Vaccine
- Three (3) doses of Hepatitis B Vaccine
- Two (2) doses of Varicella (Chickenpox) OR written statement from the parent, physician, and/or health care provider that the child has had the chickenpox disease

In addition, students entering 7th grade must have the following immunizations:

- One (1) dose of Meningococcal Conjugate (MCV)
- One (1) dose Tetanus, Diphtheria, and Acellular Pertussis (Tdap) if five years have elapsed since last tetanus containing vaccine.

STUDENTS CAN BE DENIED ADMISSION FOR THE FAILURE TO COMPLY WITH THESE VACCINE REGULATIONS.

Please note that the Pennsylvania School Law requires all students in grades K, 3, and 7 to have a dental examination. A physical examination is also required for grades K, 6, and 11. All exams should be completed between May 2013 and January 2014. These forms can be found on the Sharpsville School District Website. These forms must be completed by your child's dentist and physician and returned to the school upon completion.

Sincerely,

Julie Mehler RN, BSN, CSN

Medication

The administration of medication to a student will be permitted with the direction of parent and/or physician when failure to take such medication would jeopardize the health of the student and when the student would not be able to attend school if the medication were not available during school hours. All medication take at school **MUST** be processed through the School Nurse.

Prescription Medication

Prescribed medication to be given during school hours **MUST** be in the pharmacy container that gives complete instructions including the patient's name, name of medication, dosage and time to be given, and number of days to be given. (Ask your pharmacist to prepare two labeled containers, one for school and one for home.) The **FIRST** dose of this medication for current condition/illness may not be given at school. In order for the school nurse to distribute prescription medication, the following must be on file in the principal's office **each year**:

- A Physician's Request (form A)
This form must be filled out by a physician
- A Request Form for School Dispensation of Prescription Medication (form B)
This form must be filled out by the Parent/Guardian
- A Release form for Distribution of Prescription Drugs (form E)
This form must be filled out by the Parent/Guardian

New forms must be completed each year. If these forms are not filed new each school year, school personnel **WILL NOT** distribute medications.

Non-Prescription Medication

Any over the counter medication that the parent feels necessary to be given during school hours **MUST** be in its original container and be accompanied by a written note from the parent stating student's name, medication name, dosage, time to be given, and number of days to be given. These medications should be kept to a minimum. Over the counter medications needed for more than two weeks may require a physician's order.

Some non-prescription medication will be kept on hand in the nurse's office in the event that your child may need them. These medications include: acetaminophen (Tylenol), ibuprofen (Motrin), Benadryl (for allergic reactions), Robitussin (for cough). These medications will be given at discretion of the School Nurse. Parents must fill out the Emergency Health Information form and check the medications that their child is permitted to receive. Cough drops **will not** be provided by the School Nurse.

All medication must be processed through the School Nurse's office. Any medication should be brought in by the parent/guardian and directly handed to the School Nurse. For the safety of all students, medication should not be sent with student on the school bus. **All medication MUST be in its original container.** If these procedures are not followed, the medication will not be given.