

SHARPSVILLE AREA ELEMENTARY SCHOOL
100 HITTLE DR.
SHARPSVILLE, PA 16150

Phone: 724-962-8300

Fax: 724-962-1003

CONSENT TO RELEASE STUDENT RECORDS

Student Name: _____

Grade: _____

Date of Birth: _____

Address: _____

Phone #: _____

School Withdrawing:

Address: _____

Phone #: _____

Fax #: _____

School Entering:

Sharpshville Area Elementary School

Address: 100 Hittle Dr.

Sharpshville, PA 16150

Phone # 724-962-8300

Fax # 724-962-1003

I hereby consent to release of all my child's records including:
ALL CUMULATIVE RECORDS, HEALTH RECORDS, DISCIPLINE RECORDS,
EXTRACURRICULAR ACTIVITIES, SPECIAL EDUCATION RECORDS (Invitations
to IEP Meetings, IEP, NOREP, and Evaluation Reports).

Parent/Guardian Signature _____ Date _____

Office Use Only

Date sent for records _____

Date faxed for records _____



Dear Parent/Guardian:

Welcome to Sharpshville 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
- 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 Sharpshville 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, Diphtheria and Acellular pertussis (Usually given as DTP or DTap or DT or Td)
- Four (4) doses of Polio (A 4th dose not necessary if the 3rd dose was administered at age 4 years or older and at least 6 months after the previous dose)
- Two (2) doses of Measles, Mumps, Rubella (Usually given as MMR)
- Three (3) doses of Hepatitis B
- Two (2) doses or Varicella (Chickenpox) OR evidence of immunity

Students entering 7th grade must have the following immunizations on the first day:

- One (1) dose Tetanus, Diphtheria, and Acellular Pertussis (Tdap)
- One (1) dose of Meningococcal Conjugate (MCV)

Students entering 12th grade must have the following immunizations on the first day:

- One (1) dose of Meningococcal Conjugate Vaccine (MCV) (If one dose was given at 16 years of age or older, that shall count as the twelfth grade dose.)

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.

Student Transportation of America provides transportation services for the Sharpshville Area School District. If you live on a bus route, your child(ren) will be assigned to a bus route upon enrollment. The bus routes are available on the District's website at www.sharpshville.k12.pa.us. Should you have any questions regarding transportation, please contact Barbara Dunlap at 724-962-8300 ext. 4102.

Sharpshville Elementary School

100 Hittle Drive
Sharpshville, PA 16150
Phone: 724-962-8300 Ext. 3000
Fax: 724-962-1003

Sharpshville Middle School

303 Blue Devil Way
Sharpshville, PA 16150
Phone: 724-962-8300 Ext. 2000
Fax: 724-962-7891

Sharpshville High School

301 Blue Devil Way
Sharpshville, PA 16150
Phone: 724-962-8300 Ext. 1001
Fax: 724-962-7730

STUDENT REGISTRATION FORM

HOUSEHOLD INFORMATION

Household Last Name						Today's Date			
Household Address		Street						Apt #	
City				State		Zip		County	
Household Phone Number						Unlisted		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Language ¹				Languages Spoken Other Than English ¹					
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		County	

STUDENT INFORMATION

First Name				Middle Name			
Last Name				Suffix		<input type="checkbox"/> Jr <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV	
Nickname				Date of Birth			
Siblings (Enrolled in District)		Name		Name		Name	
		Relationship		Relationship		Relationship	

DEMOGRAPHIC INFORMATION AND HOME LANGUAGE SURVEY¹

Is the student Hispanic, Latino, or of Spanish origin?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Race <input type="checkbox"/> 1-Alaskan Indian/Alaskan Native <input type="checkbox"/> 3-Black or African American <input type="checkbox"/> 5-White <input type="checkbox"/> 9-Asian <input type="checkbox"/> 10-Native Hawaiian or Other Pacific Islander <input type="checkbox"/> 6-Multi Racial: Specify Using Codes: _____			
Gender		<input type="checkbox"/> Female <input type="checkbox"/> Male	
Dominate Language			
Birth City		Birth State	
Birth Country			
Grade Level		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 Sharpsville Area School District prior to this date?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Did student attend any PA school prior to Sharpsville Area School District?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Did student attend any school outside of Pennsylvania?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
*If answered YES to any of the above questions, please fill out the below section:					
Name of School		State		Dates Attended	
Does student have a current IEP/GIEP/504 Plan?		<input type="checkbox"/> IEP <input type="checkbox"/> GIEP <input type="checkbox"/> 504 Plan			

FOR OFFICE USE ONLY

Enrollment Date	Student ID	PAsecureID	Exceptionality	Tuition?	Waived?
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Date Entered Into CSIU: _____

Rev. 6/2017 Form 1-1

Emailed: ☐ Study Island: ☐

Please Turn Over

PARENT/GUARDIAN EMERGENCY CONTACT #1									
First Name				Last Name				Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male
Resides in Household?	<input type="checkbox"/> Yes <input type="checkbox"/> No			Household Head?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Email Address					Relationship to Student				
<input type="checkbox"/> Home <input type="checkbox"/> Cell				<input type="checkbox"/> Home <input type="checkbox"/> Cell				Unlisted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Custodial Parent?	<input type="checkbox"/> Yes <input type="checkbox"/> No			Are there any custody issues? If Yes, the District <u>must</u> have pertinent court orders				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Receive Correspondence?	<input type="checkbox"/> Yes <input type="checkbox"/> No			Check Yes to receive student mailings regarding attendance, discipline, and grades					
Is the parent/guardian an active duty member of a branch of the armed forces (Army, Navy, Air Force, Marine Corp, Coast Guard) including fulltime National Guard duty, during this school year?									
<input type="checkbox"/> Yes <input type="checkbox"/> No									
Employer Name				Phone				Ext.	
PARENT/GUARDIAN EMERGENCY CONTACT #2									
First Name				Last Name				Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male
Resides in Household?	<input type="checkbox"/> Yes <input type="checkbox"/> No			If No, please fill out the address below:			Household Head?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Address			Street					Apt #	
City				State		Zip			
Email Address					Relationship to Student				
<input type="checkbox"/> Home <input type="checkbox"/> Cell				<input type="checkbox"/> Home <input type="checkbox"/> Cell				Unlisted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Custodial Parent?	<input type="checkbox"/> Yes <input type="checkbox"/> No			Are there any custody issues? If Yes, the District <u>must</u> have pertinent court orders				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Receive Correspondence?	<input type="checkbox"/> Yes <input type="checkbox"/> No			Check Yes to receive student mailings regarding attendance, discipline, and grades					
Is the parent/guardian an active duty member of a branch of the armed forces (Army, Navy, Air Force, Marine Corp, Coast Guard) including fulltime National Guard duty, during this school year?									
<input type="checkbox"/> Yes <input type="checkbox"/> No									
Employer Name				Phone				Ext.	
EMERGENCY CONTACT #3									
First Name				Last Name				Resides in Household?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to Student				Phone Number(s)					
EMERGENCY CONTACT #4									
First Name				Last Name				Resides in Household?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to Student				Phone Number(s)					
EMERGENCY CONTACT #5									
First Name				Last Name				Resides in Household?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to Student				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.

I acknowledge that the information listed is accurate to the best of my knowledge.

Parent/Guardian Signature

Date



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 meeting 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

*****Student emergency contacts must be updated via the Parent Portal.***** Please log into the Parent Portal to verify guardian and emergency contact information for this school year. If you do not have a portal account, you may register for one by going to: <https://parents.csiu-technology.org/Login>

HEALTH INFORMATION

STUDENT NAME _____

GRADE _____

Are there any special health problems or restriction on your child's physical activities that the school nurse or teacher should know about? No Yes If yes, please explain _____

*List any prescription medications (with dosage and frequency) your child takes: _____

Does your child have a severe allergy? (bee/insect sting, medications, food, latex, etc) No Yes
If yes, please explain _____

*If prescription medication is to be dispensed during school hours, the Physician Request for the Administration of Medication During School Hours forms attachment 1 and 2 **must** be filled out and on file in the nurse's office. This includes inhalers.

I give permission for my child to receive the following medications at school if needed. Please check.

- | | | |
|---|--|---|
| <input type="checkbox"/> Ibuprofen (Advil) | <input type="checkbox"/> Acetaminophen (Tylenol) | <input type="checkbox"/> Robitussin Cough Syrup |
| <input type="checkbox"/> Benedryl (for allergic reaction) | <input type="checkbox"/> *Diamode (for diarrhea) | <input type="checkbox"/> *Antacid |
| <input type="checkbox"/> *Throat Lozenge | <input type="checkbox"/> *Sinus Decongestant | |

**Not for Grades K-5*

I hereby release the Sharpsville Area School District and its designated employees from any and all liability for damages my child may suffer as a result of administration of the non-prescription medications selected above. I consent to have the above information released to school personnel as needed and acknowledge that the information provided for the School Health Services Emergency Information card is part of the student's education record to be used for educational planning.

HEALTH SERVICES MANDATED BY STATE LAW

Pennsylvania state law **requires** that students in grades K, 6, 11 receive physical exams. Please indicate your choice below:

_____ I give permission for the school physical exam to be performed by the school doctor free of charge.

_____ I will have my child examined by his/her physician at my expense.

Pennsylvania state law **requires** that students in grades 3, 7, 11 receive dental exams. Please indicate your choice below:

_____ I give permission for the school dental exam to be performed by the school dentist free of charge.

_____ I will have my child examined by his/her dentist at my expense.

IN CASE OF EMERGENCY

Family Physician: _____ Phone # _____

_____ **I DO NOT** give the school permission to transport my child by private car or ambulance

_____ **I DO** give the school permission to transport my child by private car or ambulance

_____ Sharon Regional

_____ UPMC Horizon (Farrell)

_____ UPMC Horizon (Greenville)

***I hereby voluntarily consent to treatment for minor ailments and emergency care as deemed necessary by the school nurse and/or doctor.**

Parent/Guardian Signature _____ Date _____

Rev. 8/18 Form 4-2 Is there anything that you need to tell us in confidence about your child? If necessary, please make an appointment with your building level administrator.

SHARPSVILLE AREA SCHOOL DISTRICT

SECTION: OPERATIONS

TITLE: ACCEPTABLE USE OF
INTERNET, COMPUTERS AND
NETWORK RESOURCES

ADOPTED: May 19, 2008

REVISED: **October 20, 2014**

<p>1. Purpose</p>	<p style="text-align: center;">815. ACCEPTABLE USE OF INTERNET, COMPUTERS AND NETWORK RESOURCES</p> <p>The Board of Education of the Sharpsville Area School District recognizes that computers, telecommunications, and other new technologies change the way that information may be accessed, communicated, and transferred. These changes may also alter teacher instruction and student learning. The Board generally supports access by staff and students to these rich information resources along with the development of appropriate skills to analyze and evaluate such resources.</p> <p>Since the Internet is a global network, it is impossible to screen or control all of the information that is available. However, the Board believes that, if used responsibly, the advantages to staff and students far exceed the disadvantages.</p> <p>The use of network facilities and resources shall be consistent with the curriculum adopted by the District and integrated to enhance and strengthen the approved Program of Studies material. While computers, file servers, district-area networks, and the Internet are available for all staff and students to conduct research and to communicate with others, access to such will be provided only to those who have a legitimate educational interest and agree to act in a considerate responsible manner. General school rules of behavior apply to all computer use and users.</p> <p>Student possession of cell phones and other personal electronic devices designed to communicate, create, or store information is permitted by the Sharpsville Area School District. The Superintendent shall develop Administrative Regulations regarding the use of cell phones and other personal electronic devices. Students, staff, parents/guardians and community members who choose to connect to the District network, or use their personal electronic device on school property or at a school sponsored event agree to the requirements of the Computer and Internet Acceptable Use and Internet Safety Policy and should consider his/her device subject to the same level of monitoring and access as any district-owned technology device. The district reserves the right to monitor internet and network use of personal devices on District networks.</p> <p>It should be noted that the Sharpsville Area School District does not require bringing personal devices into school and that owners assume all risks of damage, theft, loss,</p>
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	<p>or misuse of such devices. The use of personal devices is with the understanding that the student has the permission of his/her parent or guardian to bring it onto school property. The District holds no responsibility for damage or loss of the personal device.</p> <p>The purpose of this Computer and Internet Acceptable Use and Internet Safety Policy is to ensure that anyone using technology at the Sharpsville Area School District does so with an understanding that his/her actions may involuntarily harm the technology s/he is using.</p>
2. Definitions	<p>The term child pornography is defined under both federal and state law.</p>
18 U.S.C. Sec. 2256	<p>Child pornography - under federal law, is any visual depiction, including any photograph, film, video, picture, or computer or computer-generated image or picture, whether made or produced by electronic, mechanical, or other means, of sexually explicit conduct, where:</p> <ol style="list-style-type: none"> 1. The production of such visual depiction involves the use of a minor engaging in sexually explicit conduct; 2. Such visual depiction is a digital image, computer image, or computer-generated image that is, or is indistinguishable from, that of a minor engaging in sexually explicit conduct; or 3. Such visual depiction has been created, adapted, or modified to appear that an identifiable minor is engaging in sexually explicit conduct.
18 Pa. C.S.A. Sec. 6312	<p>Child pornography - under state law, is any book, magazine, pamphlet, slide, photograph, film, videotape, computer depiction or other material depicting a child under the age of eighteen (18) years engaging in a prohibited sexual act or in the simulation of such act.</p> <p>The term harmful to minors is defined under both federal and state law.</p>
20 U.S.C. Sec. 6777 47 U.S.C. Sec. 254	<p>Harmful to minors - under federal law, is any picture, image, graphic image file or other visual depiction that:</p> <ol style="list-style-type: none"> 1. Taken as a whole, with respect to minors, appeals to a prurient interest in nudity, sex or excretion; 2. Depicts, describes or represents in a patently offensive way with respect to what

<p>18 Pa. C.S.A. Sec. 5903</p>	<p>is suitable for minors, an actual or simulated sexual act or sexual contact, actual or simulated normal or perverted sexual acts, or lewd exhibition of the genitals; and</p> <p>3. Taken as a whole lacks serious literary, artistic, political or scientific value as to minors.</p> <p>Harmful to minors - under state law, is any depiction or representation in whatever form, of nudity, sexual conduct, sexual excitement, or sadomasochistic abuse, when it:</p> <ol style="list-style-type: none"> 1. Predominantly appeals to the prurient, shameful, or morbid interest of minors; 2. Is patently offensive to prevailing standards in the adult community as a whole with respect to what is suitable for minors; and 3. Taken as a whole lacks serious literary, artistic, political, educational or scientific value for minors.
<p>18 Pa. C.S.A. Sec. 5903</p>	<p>Obscene - any material or performance, if:</p> <ol style="list-style-type: none"> 1. The average person applying contemporary community standards would find that the subject matter taken as a whole appeals to the prurient interest; 2. The subject matter depicts or describes in a patently offensive way, sexual conduct described in the law to be obscene; and 3. The subject matter, taken as a whole, lacks serious literary, artistic, political, educational or scientific value.
<p>47 U.S.C. Sec. 254</p>	<p>Technology protection measure - a specific technology that blocks or filters Internet access to visual depictions that are obscene, child pornography or harmful to minors.</p>
<p>3. Authority</p>	<p>The availability of access to electronic information does not imply endorsement by the district of the content, nor does the district guarantee the accuracy of information received. The district shall not be responsible for any information that may be lost, damaged or unavailable when using the network or for any information that is retrieved via the Internet.</p> <p>The district shall not be responsible for any unauthorized charges or fees resulting from access to the Internet or other network resources.</p>
<p>Pol. 218, 233, 317</p>	<p>The Board declares that computer and network use is a privilege, not a right. The</p>

	<p>district's computer and network resources are the property of the district. Users shall have no expectation of privacy in anything they create, store, send, receive or display on or over the district's Internet, computers or network resources, including personal files or any use of the district's Internet, computers or network resources. The district reserves the right to monitor, track, and log network access and use; monitor filespace utilization by district users; or deny access to prevent unauthorized, inappropriate or illegal activity and may revoke access privileges and/or administer appropriate disciplinary action. The district shall cooperate to the extent legally required with the internet service provider, local, state and federal officials in any investigation concerning or related to the misuse of the district's Internet, computers and network resources.</p> <p>The Board requires all users to fully comply with this policy and to immediately report any violations or suspicious activities to the Superintendent or designee.</p>
47 U.S.C. Sec. 254	<p>The Board establishes the following materials, in addition to those stated in law and defined in this policy, that are inappropriate for access by minors:</p> <ol style="list-style-type: none"> 1. Defamatory. 2. Lewd, vulgar, or profane. 3. Threatening.
Pol. 103, 103.1, 104, 248, 348	<ol style="list-style-type: none"> 4. Harassing or discriminatory.
Pol. 249	<ol style="list-style-type: none"> 5. Bullying.
Pol. 218.2	<ol style="list-style-type: none"> 6. Terroristic.
24 P.S. Sec. 4604 20 U.S.C. Sec. 6777 47 U.S.C. Sec. 254	<p>The district reserves the right to restrict access to any Internet sites or functions it deems inappropriate through established Board policy, or the use of software and/or online server blocking. Specifically, the district operates and enforces a technology protection measure(s) that blocks or filters access to inappropriate matter by minors on its computers used and accessible to adults and students. The technology protection measure shall be enforced during use of computers with Internet access.</p>
24 P.S. Sec. 4604	<p>Upon request by students or staff, the Superintendent or designee shall expedite a review and may authorize the disabling of Internet blocking/filtering software to enable access to material that is blocked through technology protection measures but is not prohibited by this policy.</p>
24 P.S. Sec. 4610	<p>Upon request by students or staff, building administrators may authorize the temporary disabling of Internet blocking/filtering software to enable access for bona</p>

<p>20 U.S.C. Sec. 6777</p>	<p>vide research or for other lawful purposes. Written permission from the parent/guardian is required prior to disabling Internet blocking/filtering software for a student's use. If a request for temporary disabling of Internet blocking/filtering software is denied, the requesting student or staff member may appeal the denial to the Superintendent or designee for expedited review.</p>
<p>4. Delegation of Responsibility</p> <p>24 P.S. Sec. 4604</p>	<p>The district shall make every effort to ensure that this resource is used responsibly by students and staff.</p> <p>The district shall inform staff, students, parents/guardians and other users about this policy through employee and student handbooks, posting on the district website, and by other appropriate methods. A copy of this policy shall be provided to parents/guardians, upon written request.</p> <p>Users of district networks or district-owned equipment shall, prior to being given access or being issued equipment, sign user agreements acknowledging awareness of the provisions of this policy, and awareness that the district uses monitoring systems to monitor and detect inappropriate use and tracking systems to track and recover lost or stolen equipment.</p> <p>Student user agreements shall also be signed by a parent/guardian.</p> <p>Administrators, teachers and staff have a professional responsibility to work together to help students develop the intellectual skills necessary to discern among information sources, to identify information appropriate to their age and developmental levels, and to evaluate and use the information to meet their educational goals.</p> <p>Students, staff and other authorized individuals have the responsibility to respect and protect the rights of every other user in the district and on the Internet.</p> <p>Building administrators shall make initial determinations of whether inappropriate use has occurred.</p>
<p>20 U.S.C. Sec. 6777 47 U.S.C. Sec. 254 47 CFR Sec. 54.520</p>	<p>The Superintendent or designee shall be responsible for recommending technology and developing procedures used to determine whether any devices accessing the District network are being used for purposes prohibited by law or for accessing sexually explicit materials. The procedures shall include but not be limited to:</p> <ol style="list-style-type: none"> 1. Utilizing a technology protection measure that blocks or filters Internet access for minors and adults to certain visual depictions that are obscene, child pornography, harmful to minors with respect to use by minors, or determined inappropriate for use by minors by the Board.

<p>47 U.S.C. Sec. 254</p> <p>SC 1303.1-A Pol. 249</p> <p>5. Guidelines</p>	<ol style="list-style-type: none"> 2. Maintaining and securing a usage log. 3. Monitoring online activities of minors. <p>The Superintendent or designee shall develop and implement administrative regulations that ensure students are educated on network etiquette and other appropriate online behavior, including:</p> <ol style="list-style-type: none"> 1. Interaction with other individuals on social networking web sites and in chat rooms. 2. Cyberbullying awareness and response. <p><u>Independent Use</u></p> <p>Network accounts may be used only by the authorized owner of the account for its authorized purpose, and account information must never be shares with others. Suspected account abuse must be reported to administration immediately.</p> <p>Electronic mail (email)/chat rooms and instant messaging or other electronic communications are not guaranteed to be private. Any use that is in violation of District policy will result in appropriate disciplinary action being taken.</p> <p>Devices must be powered off or silenced during the school day unless otherwise permitted by District procedures. User of personal or District technology devices that disrupt the instructional day or includes possession, viewing, sending or sharing video and audio information which has sexual, violent, or threatening content on school grounds, school events, or school busses is prohibited and will result in disciplinary action and/or confiscation of the personal device.</p> <p><u>Safety</u></p> <p>Security on any computer system is a high priority, especially when the system involves many users. If a staff member/student believes that s/he can identify a security problem on the internet or with any other technology resources, it is his/her responsibility to notify the Technology Department immediately. Staff members/students are not to demonstrate the problem to others.</p> <p>Viruses, worms, spyware, intrusions, and other system vulnerabilities are now commonly spread not only through email attachments, but through instant messaging clients, file sharing software, open (not password protected) file shares, and through vulnerabilities in the operating system. For this reason, firewall and antivirus software packages are required on every District owned and personal electronic device connected to the network. It is the user's responsibility to keep them installed, updated, and functional.</p>
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<p>47 U.S.C. Sec. 254 47 CFR Sec. 54.520</p>	<p>Users must keep the operating system and software on their personal electronic device updated. It is part of the responsible computing and required to keep your personal electronic device free from viruses. The manufacturers of your operation system and software provide regular updates to their products to patch security vulnerabilities. Ignoring these updates will not only put your data at risk, but could also allow someone to take control of your computer to violate policies and laws. You will be held responsible for these violations.</p> <p>It is the district's goal to protect users of the network from harassment and unwanted or unsolicited electronic communications. Any network user who receives threatening or unwelcome electronic communications or inadvertently visits or accesses an inappropriate site shall report such immediately to a teacher or administrator. Network users shall not reveal personal information to other users on the network, including chat rooms, e-mail, social networking web sites, etc.</p> <p>Internet safety measures shall effectively address the following:</p> <ol style="list-style-type: none"> 1. Control of access by minors to inappropriate matter on the Internet and World Wide Web. 2. Safety and security of minors when using electronic mail, chat rooms, and other forms of direct electronic communications. 3. Prevention of unauthorized online access by minors, including "hacking" and other unlawful activities. 4. Unauthorized disclosure, use, and dissemination of personal information regarding minors. 5. Restriction of minors' access to materials harmful to them. <p><u>Prohibitions</u></p> <p>Users are expected to act in a responsible, ethical and legal manner in accordance with district policy, accepted rules of network etiquette, and federal and state law. Specifically, the following uses are prohibited:</p> <ol style="list-style-type: none"> 1. Facilitating illegal activity. 2. Commercial or for-profit purposes. 3. Non-work or non-school related work. 4. Product advertisement or political lobbying.
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<p>SC 1303.1-A Pol. 249</p> <p>Pol. 237</p> <p>Pol. 814</p>	<ol style="list-style-type: none"> 5. Bullying/Cyberbullying. 6. Hate mail, discriminatory remarks, and offensive or inflammatory communication. 7. Unauthorized or illegal installation, distribution, reproduction, or use of copyrighted materials. 8. Accessing, sending, receiving, transferring, viewing, sharing or downloading obscene, pornographic, lewd, or otherwise illegal materials, images or photographs. 9. Access by students and minors to material that is harmful to minors or is determined inappropriate for minors in accordance with Board policy. 10. Inappropriate language or profanity. 11. Transmission of material likely to be offensive or objectionable to recipients. 12. Intentional obtaining or modifying of files, passwords, and data belonging to other users. 13. Impersonation of another user, anonymity, and pseudonyms. 14. Fraudulent copying, communications, or modification of materials in violation of copyright laws. 15. Loading or using of unauthorized games, programs, files, or other electronic media. 16. Disruption of the work of other users. 17. Destruction, modification, abuse or unauthorized access to network hardware, software and files. 18. Accessing the Internet, district computers or other network resources without authorization. 19. Disabling or bypassing the Internet blocking/filtering software without authorization. <p><u>Security</u></p>
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<p>Pol. 218, 233, 317</p>	<p>Illegal use of the network; intentional deletion or damage to files or data belonging to others; copyright violations; and theft of services shall be reported to the appropriate legal authorities for possible prosecution.</p> <p>General rules for behavior and communications apply when using the Internet, in addition to the stipulations of this policy.</p> <p>Vandalism shall result in loss of access privileges, disciplinary action, and/or legal proceedings. Vandalism is defined as any malicious attempt to harm or destroy data of another user, Internet or other networks; this includes but is not limited to uploading or creating computer viruses.</p> <p>Violation of this policy will result in disciplinary action. Any student or staff member who witnesses a violation of this policy must report the incident to a teacher or supervisor immediately.</p> <p>Failure to comply with this policy or inappropriate use of the Internet, District network, District owned, or personal electronic devices shall result in usage restrictions, loss of access privileges, disciplinary action, and/or legal proceedings.</p> <p>References:</p> <p>School Code – 24 P.S. Sec. 1303.1-A</p> <p>PA Crimes Code – 18 Pa. C.S.A. Sec. 5903, 6312</p> <p>Child Internet Protection Act – 24 P.S. Sec. 4601 et seq.</p> <p>U.S. Copyright Law – 17 U.S.C. Sec. 101 et seq.</p> <p>Sexual Exploitation and Other Abuse of Children – 18 U.S.C. Sec. 2256</p> <p>Enhancing Education Through Technology Act – 20 U.S.C. Sec. 6777</p> <p>Internet Safety, Children’s Internet Protection Act – 47 U.S.C. Sec. 254</p> <p>Children’s Internet Protection Act Certifications, Title 47, Code of Federal Regulations – 47 CFR Sec. 54.520</p> <p>Board Policy – 103, 103.1, 104, 218, 218.2, 220, 233, 237, 248, 249, 317, 348, 814</p>
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September 3, 2019

Dear Parents/Guardians:

We are living in the age of computers and electronic information systems. These electronic systems are often referred to as the information superhighway, the Internet or the World Wide Web. These sources provide information beyond anything we have previously experienced. Through these sources our students will have the opportunity to access some of the world's greatest university libraries, museums, and other sources of information. This affords our students the opportunity to research on a level not possible until now. In addition, as adults they will need to use computer and electronic information accessing skills in everyday living or business transactions and in the work place.

As you probably know, the Internet is an electronic network that cannot be controlled in the manner as printed material. The information comes from thousands of sources that are interconnected electronically and are continuously changing. Therefore, it is not possible to completely guarantee that a student cannot gain access to some information that could be considered inappropriate.

In addition to teacher supervision of students using computers, the district has installed certain electronic control devices that block entry into sources other than those specifically related to the instructional program. However, because various sources of information may be interlinked it is not possible to guarantee access is completely limited to these original sources.

Before students are able to use the Internet at school, we must have parent/guardian permission. Enclosed is a copy of the revised Sharpsville Area School District board approved Internet Usage Contract. Students in grades K-5 will be able to have access to the Internet at school.

If you permit your child to use the Internet at school, please sign the enclosed parent/guardian contract. Review the policy with your student before signing the agreement and have them sign the student contract section. Please return the contract to school no later than your child's first day.

If you have any questions, please do not hesitate to contact the school at (724) 962-8300, ext. 3000.

Sincerely,

Jonathan Fry
Principal

Enclosure



ELEMENTARY NETWORK/INTERNET USAGE CONTRACT

STUDENT CONTRACT

I understand that I have been given permission to use the network and internet at school. I realize the Internet account is designed for educational purpose only. I will follow the teacher's direction and only use the network and internet to do what I have been assigned and will only go to places on the internet that I have been given permission. I will not hold my teacher, district staff, or SASD responsible for or legally liable for materials distributed to or acquired from the network. I also agree to report any inappropriate or derogatory use of the Internet to an administrator or to a faculty advisor.

Student Name (print) _____

Student Signature _____ Date _____

PARENT/GUARDIAN CONTRACT

As the parent/guardian of _____, I have read the Acceptable Use Policy and understand that the Network/Internet account is designed for educational purposes only. Although, SASD has appropriate filtering measures in place, I also understand that it is impossible for SASD to restrict access to all controversial materials. I will not hold the teacher, administration, or SASD responsible for or legally liable for materials distributed to or acquired from the network. I also agree to report any inappropriate use of the information system to an administrator. I hereby give my permission for my student to view the Internet whether it is teacher led or the student navigating personally under supervision.

Parent/Guardian Name (print) _____

Parent/Guardian Signature _____ Date _____

The 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.

To take advantage of these opportunities, please read and sign the Authorization and Release below. Your authorization opens doors for your student(s) to publish work and be appropriately recognized for the projects he or she completes. Please contact 724-962-7861 with any questions. Should you **not** agree to the terms below, please check the box at the bottom of this page and leave page two blank.

AUTHORIZATION AND RELEASE

Name of Child or Ward

Name(s) of Parent(s)/Guardian(s)

I/WE HEREBY AUTHORIZE AND GRANT permission to the Sharpsville Area School District of Mercer County, Pennsylvania (hereinafter "District") the right to use, reuse, publish or republish, 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 child or ward while a student at the District.

I/We also agree to the use by the District of the Material created or provided my/our child, or ward 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 or ward 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 or ward shall be treated with the utmost integrity.

In exchange for the opportunity of my/our child or ward 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 or ward.

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 or ward 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 or ward 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.

☐

I/We do **NOT** authorize and release any of my/our child's or ward's Material to the District or other media outlets.

AUTHORIZATION AND RELEASE, Continued

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 THE AUTHORIZATION AND RELEASE. I/WE UNDERSTAND THAT I/WE AM/ARE FREE TO 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 THE AUTHORIZATION AND RELEASE.

Parent/Guardian Signature

Date

Print Name of Parent/Guardian

Relationship to Child or Ward

Parent/Guardian Signature

Date

Print Name of Parent/Guardian

Relationship to Child or Ward

Address

City

State

Zip Code

All personal details provided by parent(s), guardians(s), child or ward will remain “Confidential” and are strictly for the District’s files.

2019-2020 Pennsylvania Household Application for Free & Reduced Price School Meals and Special Milk Program (Complete one application per household. Use a pen.)

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."

Children in **Foster care** and children who meet the definition of **Homeless, Migrant or Runaway** are eligible for free meals. Read **How to Apply for Free and Reduced Price School Meals** for more information.

Child's First Name

MI

Child's Last Name

Grade
Enter HS for Head Start

Student?
Yes No

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Homeless,
Foster Child, Migrant, Runaway

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP or TANF?

If NO > Go to STEP 3.

If YES > Write a case number here, then go to STEP 4 (Do not complete STEP 3)

Case Number: _____
Write only one nine (9) digit case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here?

Flip the page and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income section.

The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.

A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

How often?			
Weekly	Bi-Weekly	2x Month	Monthly
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

B. All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only.

If no income is received from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often?					Public Assistance/Child Support/Alimony	How often?				Pensions/Retirement/All Other Income	How often?							
		Weekly	Bi-Weekly	2x Month	Monthly	Annual		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly				
	\$						\$					\$								
	\$						\$					\$								
	\$						\$					\$								
	\$						\$					\$								
	\$						\$					\$								

Total Household Members (Children and Adults)

--	--

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

X	X	X
---	---	---

X	X
---	---

--	--	--	--

Check if no SSN ☐

STEP 4 Contact Information and Adult Signature MAIL COMPLETED FORM TO YOUR CHILD'S SCHOOL

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

--	--

Street Address (if available)

Apt #

--

Printed name of adult signing the form

--

City

--

State

--

Zip

--

Signature of adult

--

Daytime Phone and Email (optional)

--

Today's date

INSTRUCTIONS Sources of Income

Sources of Income for Children	
Sources of Child Income	Example(s)
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
- Social Security <ul style="list-style-type: none"> Disability Payments Survivor's Benefits 	- A child is blind or disabled and receives Social Security benefits - A parent is disabled, retired, or deceased, and their child receives Social Security benefits
- Income from person outside the household	- A friend or extended family member regularly gives a child spending money
- Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust

Sources of Income for Adults		
Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
<ul style="list-style-type: none"> Gross Salary, wages, cash bonuses Net income from self-employment (farm or business) <p>* Reporting Annual Income is allowable for seasonal or self-employment</p> <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) Allowances for off-base housing, food, and clothing 	<ul style="list-style-type: none"> Unemployment benefits Worker's compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veteran's benefits Strike benefits 	<ul style="list-style-type: none"> Social Security (including railroad retirement and black lung benefits) Private pensions or disability benefits Regular income from trusts or estates Annuities Investment income Earned interest Rental income Regular cash payments from outside household

OPTIONAL Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (check one or more): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

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.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

fax: (202) 690-7442; or
email: program.intake@usda.gov.

This institution is an equal opportunity provider.

*** All Household Applications must be returned to your child's school for processing.**

Do not fill out 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, ☐ Monthly, ☐ Yearly, Household Size: _____ Date Withdrawn: _____

Eligibility: ☐ Free ☐ Reduced ☐ Denied Reason: _____ ☐ Categorically Eligible ☐ Other Source Categorically Eligible 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 editing current 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://ParentSIS.csiu-technology.org> 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, or go to <https://studentsis.csiu-technology.org/BlueDevils>. 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 or email Krystal Miller at 724-962-8300 extension 1651; kmiller@sasdpride.org

Dear Parents/Guardians:

I would like to take this opportunity to introduce myself and 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 and the School Nurse for the District. Debbie Hartwick, LPN, is the Nurse Technician at the Elementary School, and will be providing care for your children on a daily basis. I look forward to meeting all of your children this upcoming school year. Please review the below 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. **Important Note:** 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.

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.

Examinations

The Pennsylvania School Law requires all students in grades K, 3, and 7 to have a dental examination. Students in grades K, 6, and 11 are required to have a physical examination. All exams should be completed between May and January. These forms can be found on the Sharpsville Area School District website. Forms must be completed by your child's dentist and/or physician and returned to the school upon completion.

I am available for discussion of any health matters that your child may have, so please do not hesitate to call me at 724-962-8300.

Sincerely,

Julie Mehler, RN, BSN, CSN