



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 or 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.

Student Transportation of America provides transportation services for the Sharpsville 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.sharpsville.k12.pa.us. Should you have any questions regarding transportation, please contact Barbara Dunlap at 724-962-8300 ext. 4102.

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

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

Sharpsville High School
301 Blue Devil Way
Sharpsville, PA 16150
Phone: 724-962-8300 Ext. 1000
Fax: 724-962-7730



PERMISSION TO PHOTOGRAPH

_____ I give permission to have my child photographed at the Kindergarten Screening. This photo will be used as a part of the permanent record for identification purposes only.

_____ I do not give permission to have my child photographed at the Kindergarten Screening.

PERMISSION TO SCREEN

_____ I voluntarily consent for the Sharpstown Area School District to complete a developmental screening on my child, _____.

_____ I authorize release of this information to any appropriate agency upon completion of the screening when deemed necessary. To follow any recommendations resulting from this screening, it is the responsibility of the parent to contact the physician or service provider.

Parent/Guardian Signature _____

Relationship to Child _____

Date _____



STUDENT BACKGROUND INFORMATION

Pre-Kindergarten Programs

Student Name _____

Did your child attend preschool/Head Start? Yes ____ No ____

If yes, complete the following:

Name of Program _____

Number of years attended ____ Days per week attended ____ Number of hours per week attended ____

After spending time working with your child on pre-kindergarten skills, are you concerned about their progress? No ____ Yes, please explain: _____

Has your child's Head Start or preschool teacher expressed concerns to you about their progress? No ____ Yes, please explain: _____

Did your child receive any special services?: (Physical Therapy, Occupational Therapy, Speech Therapy, etc) No ____ Yes, please explain: _____

Did your child receive any special services?: (TSS/Wraparound Services, etc) No ____ Yes, please explain: _____

Agency Name _____ Number of Hours _____

Please use the following lines to mention any concerns and/or information you would like the school to know:

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"/> 1-American 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 _____								
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 Sharpsville Area School District prior to this date?								<input type="checkbox"/> Yes* <input type="checkbox"/> No		
Did student attend any school prior to Sharpsville 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		PAsecureID		Special Ed?		Tuition?		Waived?
						<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 Sharpshville 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

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.

Kindergarten Registration Checklist

Students enrolling during the school year

- _____ Parental Registration Statement
- _____ Student Registration Form 1.1-1.2
- _____ Permission to Photograph/Screen
- _____ Student Background Information
- _____ Verification of Residency Form 2 (with 4 proofs of residency)
- _____ Authorization and Release
- _____ State Issued Birth Certificate
- _____ Immunization Record/Book
- _____ Custody Papers

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://parents.csiu-technology.org/Login.aspx?ReturnUrl=%2fdefault.aspx>. 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: [welcome2csi](#). 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 724-962-7861 extension 1651; kmiller@sharpsville.k12.pa.us

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.