**AES NEW STUDENT ENROLLMENT CHECKLIST**

The following documents are **REQUIRED** to complete your enrollment. The Enrollment Office for students Pre-K-12 is located in the Junior Senior High School and must be completed in person by making an appointment with the Enrollment Secretary, **Mrs. Tahilyah Campbell, at** [**tcampbell@quipsd.org**](mailto:tcampbell@quipsd.org) **or 724-857-7500 x4136.**  All five documents and a completed Enrollment Packet are required before your child may begin attending school. Please note you are still required to provide all documents if you are re-enrolling your child in the district after leaving to attend another district, charter or non-public school.

* Child’s birth certificate, passport, or baptismal certificate. If you have misplaced your child’s birth certificate, you may apply for a new one online at mycertificates.health.pa.gov.
* Parent or guardian’s photo ID with current Aliquippa address. If you need to change the address on your ID, go to [www.penndot.gov](http://www.penndot.gov).
* Child’s immunization records
* Your current lease or deed. If you own a home, those records are available online at Beaver County PA - Recorder of Deeds portal. If you live with someone of the lease or deed of the home you live in is not in your name, an affidavit of residency must be completed.
* A recent utility bill or piece of mail of an official nature to verity your address. If you receive bills only by email, please provide a screen shot or print out that includes your name and address.

Additional Documents, If Applicable

* Affidavit of Residency
* Affidavit of Guardianship
* Foster Agency Placement Letter
* Applicable Court or Custody Orders
* MiKinney Vento (homeless) Verification Form

**STUDENT REGISTRATION**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal Last Name First Middle Suffix (Jr., LLL)

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade Entering \_\_\_\_\_\_\_\_ Gender \_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Street Address City, State, Zip

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Phone #1 Home/Cell/Work Relationship to Child

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Phone #2 Home/Cell/Work Relationship to Child

Race: Circle all that apply Black/African American White Latino/Hispanic

Asian/Pacific Islander American Indian/Alaskan Native

City of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_ State of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student lives with (Please check all that apply)**

⬜ Mother or ⬜ Stepmother Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⬜ Father or ⬜ Stepfather Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⬜ Legal Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⬜ Foster Parent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Agency placement letter or court order must

be supplied to complete registration)

**Former School or Preschool Information**

Name of Former School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade last attended \_\_\_\_\_\_

School District \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_

Has the student ever attended Aliquippa ⬜ Yes ⬜ No Year \_\_\_\_ Grade \_\_\_\_

Does the student currently have a ⬜ IEP ⬜ 504 Agreement or ⬜Receive ESL services

Parent Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_

**REQUEST FOR STUDENT RECORDS**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Previous School & School District

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Phone/Fax/Email

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name of Student First Name Date of Birth Grade

**PLEASE SEND A COPY OF THE RECORDS INDICATED**

⬜ Official Academic Record (grade level, report card grades, transcript)

⬜ Test Scores (standardized achievement test scores, ACCESS/WIDA Scores for ESL)

⬜ Attendance Record (9th grade entry date, state entry date)

⬜ Health and Medical records and information, (psychological evaluation etc.)

⬜ Discipline Records (PA Act 26 Mandate)

⬜ IEP/ER, 504 Plan, GIEP, MDE, CER for Special Education

⬜ Student’s PA Secure ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⬜ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I HEREBY AUTHORIZE THE RELEASE OF ALL INFORMATION CHECKED ABOVE:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Date

I hereby certify that the above named student has been admitted to the Aliquippa School District

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature & Title of School Official Date

Please forward the above information to: Mrs. Tahliyah Campbell

100 Harding Ave, Aliquippa, PA 15001

Phone: 724- 857-7500 x4136

Fax: 724-857-7560

Email: [tcampbell@quipsd.org](mailto:tcampbell@quipsd.org)

**SPECIAL EDUCATION SERVICES**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date: \_\_\_\_\_\_\_\_\_ Grade Level: \_\_\_\_\_\_

Previous School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does the student have an Individualized Education Program (IEP)? \_\_\_ Yes \_\_\_ No
2. Does the student have a Gifted Individualized Education Program (GIEP)? \_\_ Yes \_\_\_No
3. Does the student have a 504 Service Agreement? \_\_\_ Yes \_\_\_ No
4. Does your child receive any of the following services? \_\_\_ Yes \_\_\_No

\_\_\_ Vision \_\_\_Hearing \_\_\_OT \_\_\_PT \_\_\_Speech \_\_\_ Psychological

Do you have any other health, academic, or behavioral concerns:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

**HOME LANGUAGE SURVEY**

The Office of Civil Rights requires that school districts identify students with limited English proficiency in order to provide appropriate language instruction programs. Pennsylvania has selected the Home Language Survey as the method for identification.

**School District: Aliquippa School District** **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_

1. What is/was the student’s first language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Does the student speak a language other than English (Do not include language learned in school). \_\_\_\_\_ Yes \_\_\_\_\_ No
3. What language(s) are spoken in your home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Has the student attended any United States school during his or her lifetime? \_\_\_\_\_ Yes \_\_\_\_\_ No/

If yes, complete the following:

| Name of School | State | Dates Attended |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |

1. If No, what country did the student attend school last? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person completing this form (if other than parent/guardian): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The school district has the responsibility under the federal law to serve students who are limited English proficient and need English instruction services. Given this responsibility, the school district 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 may conduct screening 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 in the future.

**PARENTAL REGISTRATION STATEMENT**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pennsylvania School Code 12-1304-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 starting wether that pupil was previously or is presently suspended or expelled from any public or private school of this Commonwealth or any other state for an action of offense involving a weapon, 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 penalties of 23 P.S. 12-1304-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:

Name of the School from which the student was suspended or expelled:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of suspension or expulsion:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Date

**INFORMATION FOR STUDENTS WITH CUSTODY AGREEMENTS**

Is there a divorce or separation that affects your child’s custody? Yes \_\_\_\_\_ No \_\_\_\_\_

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

It is the intent of the Aliquippa School District to remain neutral toward families split by divorce or separation. If you have a legal court document, which establishes you as a sole legal guardian, you will need to provide the District with a copy of the document to be attached to your child(ren)’s permanent record. We will use this as a legal basis for working with you as custodial parent.

Parent/Guardian 1: Parent/Guardian 2

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Student \_\_\_\_\_\_\_\_\_\_ Relationship to Student \_\_\_\_\_\_\_\_\_\_

Address (if different from student) Address (if different from student)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is there a custody agreement?

\_\_\_\_\_ Joint Custody \_\_\_\_\_ Sole Custody with Parent 1

\_\_\_\_\_ Sole Custody with Parent 2 \_\_\_\_Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are there any court orders regarding custody or visitation?

\_\_\_\_\_ Yes (Please provide a copy) \_\_\_\_\_ No

1. Is there a parenting plan or visitation schedule

\_\_\_\_\_ Yes (please provide a copy) \_\_\_\_\_ No

Signature of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_

Documentation Provided \_\_\_\_\_ Yes \_\_\_\_\_ No

**STUDENT HEALTH & EMERGENCY CONTACT INFORMATION**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent/Guardian registering the child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who does your child currently live with? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent 1 Phone: (C) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(W)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(H)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent 1 Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent 2 Phone: (C) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(W)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(H)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent 2 Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contacts if Parents are not available:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May these contacts pick up your child from school or the bus stop if you are unavailable Yes/No

Do we have permission to call an ambulance in case of a serious injury/illness Yes/No

Does your child have a Primary Care Physician Yes/No

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any special medical conditions or is she/he under a doctor’s care? Yes/No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child take any medications? Yes/No

If yes, please list\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child ever hit his/her head, had an injury, or been told that he/she had a concussion?

Yes/No If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do we have permission to share medical information regarding your child with school personnel (Teachers, Administrators, Counselors, Nurses, School Psychologist)? Yes/No

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_**

**Authorization to Release Children**

Children will be released only to parents/guardians unless an authorization to release is on file in the office. This form is only valid for one school year and must be updated in writing with a dated signature.

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Transportation Method: Bus Rider \_\_\_\_\_ Parent Drop Off/Pickup/Walker \_\_\_\_\_

Please indicate below those people who have your permission to remove your child from school during the day or at dismissal time.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any court orders or legal documents pertaining to the custody of your child?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please submit a copy of the order to the main office.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Signature Date**

This form will only be valid for the current school year. Please notify your child’s teacher or the elementary school’s main office in writing with a dated signature if there are any changes to the information listed above.

**STUDENT MEDIA RELEASE FORM**

Throughout the school year we like to use photographs and videos to highlight student accomplishments. Several places that we may use photographs and videos include but are not limited to the following:

1. District Social Media
2. District Website
3. Local Newspapers & Newsletters
4. Yearbook
5. Slide Show Presentations
6. Hallways of School Buildings

Please complete and return this form to indicate whether or not you give permission for the Aliquippa School District to photograph and disclose photographs and/or videos of your child. Please mark the appropriate line to indicate your choice and please discuss your wishes with your child so that she/he knows to notify someone if she/he cannot be photographed and/or videotaped.

\_\_\_\_\_ I give the Aliquippa School District permission to photograph/videotape my child.

\_\_\_\_\_ I do not give Aliquippa School District permission to photograph/videotape my child.

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_**

ATTENDANCE POLICY

(Please Retain For Your Records)

Attendance at school is very important! Attending school daily will ensure your child gains a solid foundation for academic success to better prepare them for their future.

**What To Do When Your Child Is Absent**

We realize that although regular attendance is required in school, your child may be absent due to illness or emergency. If your child must be absent, a written excuse is required for each day’s absence and must be given to your child’s teacher/office within three (3) days after your child returns to school. A maximum of ten (10) days of cumulative written excused absences are permitted. All absences beyond ten (10) cumulative written days shall require an excuse from a licensed physician. Please enroll in Parent Square to send excuses directly to attendance social worker. This ensures that excuses are submitted in a timely manner.

| **EXCUSED ABSENCES** | **UNEXCUSED ABSENCES** |
| --- | --- |
| Illness (5+ days requires a doctor's excuse)  Professional health care service appointment  Required Court Attendance  Death in the Family (copy of obituary does not count toward 10 days of written excuses)  Observance of a recognized religious holiday (does not count toward 10 days of written excuses)  Vacation - a form must be submitted to school for administrative approval  College visits | Missing the school bus  Trips not approved in advance  Personal reasons  Birthdays or other celebrations  Failure to provide a written reason for an excused absence within three (3) days of his/her return.  No ride  Absences without parent/guardian knowledge  Overslept |

Tardiness to school is a major issue and causes students to miss important instruction in class. Students' tardy minutes are added up and become illegal days of school. Tardiness is only excused when a medical or court document is provided. Any written excuses are not accepted.

Students can possibly fail the school year if they miss 20 days of unexcused absences based upon administrative decision. Athletes can be ineligible if they miss 20 days of school during a semester (includes excused, medical & suspensions). At this time, a student would need to attend 45 days of school before being able to become eligible again.

Any questions regarding attendance, please refer to district attendance policy to Attendance Social Worker Susan Hughston-Roberts at 724-857-7500 Ext 2078.



Our school is using ParentSquare!

Dear Parents & Guardians,

We are excited to let you know that this year we’ll be using ParentSquare to communicate with you at the school, and in your classrooms and groups.

ParentSquare provides a simple and safe way for everyone at school to connect.

With ParentSquare you’ll be able to:

• Receive all district, school and classroom communication via email, text, or app • View the school and classroom calendar and RSVP for events

• Easily sign up to volunteer and/or bring items

• Securely receive report cards, IEPs and other important student documents

Register your Account

Please click the QR code to activate your account. It takes less than a minute.

You can use ParentSquare on any device. You can download the free mobile app for iOS or Android or use the desktop version at www.parentsquare.com.

Our goal is for every family to join ParentSquare and engage with our school community. Please feel free to ask me any questions.

Thank you so much!

