

**BUTLER AREA SCHOOL
DISTRICT**

2018-2019

1ST – 12TH GRADE

ENROLLMENT PACKET

CURRENT DATE

/ /

BUTLER AREA SCHOOL DISTRICT
STUDENT ENROLLMENT FORM
 (PRESS FIRMLY)

NON-RESIDENT
 EMANCIPATED

STUDENT INFORMATION

LAST NAME		FIRST NAME		MIDDLE NAME		SEX <input type="radio"/> Male <input type="radio"/> Female	
STREET ADDRESS (HOUSE NUMBER, STREET NAME)				CITY, STATE, ZIP CODE		ETHNICITY <input type="radio"/> White (Non-Hispanic) <input type="radio"/> Black (Non-Hispanic) <input type="radio"/> Hispanic <input type="radio"/> Asian/Pacific Islander <input type="radio"/> American Indian/Alaskan Native	
MAILING ADDRESS (IF P.O. BOX)				PHONE NUMBER () -			

DATE OF BIRTH			PLACE OF BIRTH		BIRTH DATE AUTHORITY		
MONTH	DAY	YEAR	CITY OF BIRTH	STATE OF BIRTH	COUNTRY OF BIRTH	BIRTH CERTIFICATE #	OTHER

In the following fields, place the date the CHILD moved into PA and the U.S. respectively.

- * If child resided in PA since birth, place child's birth date in "Date Moved to PA" and "Date Moved into U.S."
- * If child resided in U.S. since birth, place child's birth date in "Dated moved into U.S."
- * If child moved multiple times in/out of PA and/or U.S., use MOST CURRENT move dates.

DATE MOVED INTO PA			DATE MOVED INTO U.S.			TOTAL YEARS IN U.S. SCHOOLS
MONTH	DAY	YEAR	MONTH	DAY	YEAR	

DATE CHILD ENTERED 9 th GRADE			PREVIOUS SCHOOL ATTENDED		ADDRESS OF SCHOOL		DATES ATTENDED	
MONTH	DAY	YEAR	<input type="radio"/> Child has not entered Grade 9.					

NATURAL PARENT/LEGAL GUARDIAN INFORMATION

Relationship to Student: FATHER MOTHER STEP-PARENT FOSTER PARENT OTHER (SPECIFY) _____

FIRST NAME		LAST NAME		HOME PHONE NUMBER () -	
RESIDENCE <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> LEASE <input type="checkbox"/> OTHER		STREET ADDRESS (HOUSE NUMBER, STREET NAME)		CITY, STATE, ZIP CODE	
EMPLOYER NAME		EMPLOYER ADDRESS		EMPLOYER PHONE NUMBER () -	

Relationship to Student: FATHER MOTHER STEP-PARENT FOSTER PARENT OTHER (SPECIFY) _____

FIRST NAME		LAST NAME		HOME PHONE NUMBER () -	
RESIDENCE <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> LEASE <input type="checkbox"/> OTHER		STREET ADDRESS (HOUSE NUMBER, STREET NAME)		CITY, STATE, ZIP CODE	
EMPLOYER NAME		EMPLOYER ADDRESS		EMPLOYER PHONE NUMBER () -	

CHILDREN IN HOUSEHOLD NOT LISTED ABOVE

Last Name	First Name	'REL	Sex	MO	BIRTHDATE		School	Grade
					DAY	YR		

Relationship: B - BROTHER S - SISTER A - AUNT U - UNCLE C - COUSIN N - No RELATIONSHIP O - OTHER

OFFICIAL USE ONLY

TRANSPORTATION				ASSIGNMENT			
BUS #	BUS STOP LOCATION:	PICK-UP TIME		BUILDING	GRADE	HOMEROOM	START DATE
		:	AM PM				

PRINCIPAL/GUIDANCE OFFICE - ORIGINAL

TRANSPORTATION - COPY



BUTLER AREA SCHOOL DISTRICT

HARRIGER EDUCATIONAL SERVICES CENTER ♦ 110 Campus Lane ♦ Butler, PA 16001

CONSENT FOR RELEASE OF RECORDS

Student Name: _____ D.O.B. _____ Grade _____

School Attends: _____

Parent Name: _____

Parent Address: _____

I hereby authorize Butler Area School District to obtain and/or release information on my child to/from:

NAME: _____

ADDRESS: _____

CITY/STATE: _____

I/We, _____, hereby give consent to have the following records of my
(Parent/Guardian – PLEASE PRINT NEATLY)
son/daughter transferred to the Butler Area School District.

- | | |
|--|---|
| ✓ Administrative Records
(home address, birth date, grade level completed, attendance record) | ✓ PA Secure ID |
| ✓ Standardized Achievement Test Scores | ✓ Psychological Records (if applicable) |
| ✓ Intelligence Aptitude Test Scores | ✓ Disciplinary Records |
| ✓ Records of Extracurricular Activities | ✓ Special Education Records |
| ✓ Health Records | ✓ Other (Keystone Scores) |

For internal use only

Please send records to:

SCHOOL: _____

BUTLER, PA 16001

Phone: 724-287-8721

Fax: _____

Parent/Guardian Signature

Former Address

Former School of Attendance

SAFE SCHOOLS AFFIDAVIT

<i>Internal Office Use</i>
Students Grade _____
Building _____
School Yr _____

CURRENT PHOTO IDENTIFICATION REQUIRED AT TIME OF NOTARIZATION
SIGN ONLY IN THE PRESENCE OF NOTARY

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF BUTLER
Butler, Pennsylvania 16001

_____, the parent(s)/guardian(s) of

_____, personally appeared before me, the undersigned authority. The said parent/guardian, who being duly sworn according to the law, deposes and says that his/her/their son/daughter, who is enrolled or who is seeking enrollment within the Butler Area School District,

_____ **has never been suspended or expelled** from any public or private school within the Commonwealth of Pennsylvania or any other state

_____ **has been suspended or expelled** from a public or private school within the Commonwealth of Pennsylvania or another state

for an act or offense involving a weapon, alcohol or drugs, or for the willful infliction of injury to another person or for an act of violence committed on school property.

False statements made within this Affidavit shall constitute an offense equal to a misdemeanor in the third degree.

This Affidavit is submitted to the Butler Area School District pursuant to Title 24, 1301-A, et seq., of the Pennsylvania School Code.

Parent/Guardian Signature

Sworn to and subscribed before me,

This _____ day of _____, 200__

(Notary)

BUTLER AREA SCHOOL DISTRICT
110 Campus Lane, Butler, PA 16001

HOME LANGUAGE SURVEY

The Civil Rights Act of 1964, Title VI—Language Minority Compliance Procedures, requires that school districts/charter schools identify limited English Proficient (LEP) students. The Pennsylvania Department of Education has selected the Home Language Survey as a method for the identification.

SCHOOL: _____ GRADE: _____

STUDENT NAME: _____ DATE OF BIRTH: _____

SEX: M F CELL TELEPHONE: _____ HOME TELEPHONE: _____

ADDRESS: _____

WHAT WAS THE STUDENT'S FIRST LANGUAGE?

DOES THE STUDENT SPEAK A LANGUAGE OTHER THAN ENGLISH? (Do not include languages learned in school.)

WHAT LANGUAGE(S) IS/ARE SPOKEN IN YOUR HOME?

NAME OF PERSON COMPLETING THIS FORM (if other than parent/guardian):

SIGNATURE: _____ DATE: _____
(Parent/Guardian)

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

Butler Area School District

Acceptable Use of Computers and other Digital Technology Agreement Form

Please return this signed Acceptable Use of Computers and other Digital Technology Agreement Form as soon as possible. Students are not permitted to use computers, the computer network or other digital technology at the school until this form has been properly signed and returned to the Principal's Office.

Student Name: _____

School Name: _____

Homeroom: _____

Parent Agreement

By signing this form, I acknowledge that I have read the Butler Area School District's Policies 815 and 815.1 and have reviewed the content of those policies and guidelines with my student. I understand that a violation of the policies and guidelines by my student may result in disciplinary action and/or revocation of the student's permission to use the Butler Area School District computers, the computer network, or other digital technology.

Parent Signature _____ Date _____

Student Agreement

By signing this form, I acknowledge that I have read and understand the Butler Area School District's Policy 815, Acceptable Use of Computer Networks/Digital Technology/Internet and Internet Safety, and Policy 815.1 Computers/Computer Software/Other Digital Technology. I understand that a violation of the policies and guidelines by me may result in disciplinary action and/or revocation of my permission to use the Butler Area School District computers, the computer network, or other digital technology.

Student Signature _____ Date _____

Student Program Information

Check ALL services that your child is currently receiving:

<input type="checkbox"/> Individualized Education Plan
<input type="checkbox"/> Section 504/Chapter 15 Service Agreement
<input type="checkbox"/> Preschool Program
<input type="checkbox"/> ESL (English as a Second Language)
<input type="checkbox"/> Remedial Math (Extra Help)

<input type="checkbox"/> Gifted Individualized Education Plan
<input type="checkbox"/> Early Intervention Program
<input type="checkbox"/> Speech/Language Support
<input type="checkbox"/> IST (Instructional Support Team)
<input type="checkbox"/> Remedial Reading (Extra Help)

Please print clearly all data requested below and return this form to the school as soon as possible. Parents should list emergency contact person(s) who live near the school, have transportation, and have local phone numbers. The safety of your child may depend on the accuracy of this data.

STUDENT / PARENT / GUARDIAN PERSONAL DATA						
Student Name: (Last)		(MI)	Birth Date:	Grade:	Room:	Teacher:
Address:		City / Zip:		Phone # :		
Father / Guardian:		Home Phone:	Work Phone:	Cell / Pager:		
Address (If different):		Email:				
Mother / Guardian:		Home Phone:	Work Phone:	Cell / Pager:		
Address (If different):		Email:				
PHYSICIAN EMERGENCY DATA						
Family Physician:			Office # :			
Family Dentist:			Office #:			
Please note student medical problems. (If you wish them to be confidential, contact the school nurse):						
EMERGENCY DATA CONTACT - MUST LIVE LOCALLY						
Please list below person(s) we may contact in an emergency when parents/guardians are unavailable. These persons must be authorized to pick up the student as a temporary designated custodian in the event of evacuation or need to transport the student for medical treatment. List names in the order you would like us to make contact.						
1. Name:	Phone:	3. Name:	Phone:			
Address:	Relationship:	Address:	Relationship:			
2. Name:	Phone:	4. Name:	Phone:			
Address:	Relationship:	Address:	Relationship:			
MEDICAL INFORMATION						
Insurance Company Name:			Policy Number:			

I have read and understand the Butler Area School District Medication Policy. In case of an emergency requiring immediate medical treatment, if I cannot be reached by phone, I give my permission to transport this student (by ambulance if necessary) to the Butler Memorial Hospital, and I will assume responsibility for the expenses incurred.

Parent / Guardian Signature _____

Date _____

BUTLER AREA SCHOOL DISTRICT - HOUSEHOLD CENSUS IDENTIFICATION FORM

Date Completed: _____

FAMILY LAST NAME (PRINT)	PRESENT ADDRESS Mailing Physical Residence if different from above	PHONE NO.
HEAD OF HOUSEHOLD: First Name & Initial		SPOUSE First Name & Maiden Name
HEAD OF HOUSEHOLD'S EMPLOYER		SPOUSE'S EMPLOYER

Previous address if moved during past year, City, Township or Borough _____ State _____ Number and Street _____

List others residing at this location, (children first), include relationship to head of household. (use code below)

Last Name	First Name & Initial	Sex	Code	Date of Birth			School	Grade	Employer if applicable
				Mo.	Day	Year			
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									

Father [F] Mother [M] Son [S] Daughter [D] No Relation [N] Grandparent [G] Grandson [GS] Granddaughter [GD] Grandfather [GF] Grandmother [GM] Brother [B] Sister [S] Aunt [A] Uncle [U] Cousin [C] Other [O]

Check Municipality
 Butler Twp
 Center Twp
 Butler City
 Cfd. Twp
 Conn. Boro
 Conn. Twp
 E Butler Boro
 Oakland Twp
 Summit Twp
 Other

Health History
Confidential

TO THE PARENT OR GUARDIAN

The information requested on this form will be of help to the school personnel in determining the health status of your child and in assisting him/her to receive maximum benefits from his/her educational experience.

Student full name _____ Male _____ Female _____ Birthdate _____

Address _____ Phone _____

Place of birth _____

Father's Name (first, middle, last) _____

Mother's Name (first, middle, maiden, last) _____

With whom does child live? _____

List names of siblings:

Name	Date of Birth	Name	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MEDICAL

Name of child's doctor or nurse practitioner _____ Phone number _____

In the past 12 months, did you have problems obtaining medical care for your child? Yes _____ No _____

DENTAL

Name of child's dentist _____ phone number _____

Did your child receive a dental exam in the last 12 months? Yes _____ No _____

SPEECH/LANGUAGE

Do you have concerns about your child's speech and/or language? Yes _____ No _____

Do others have difficulty understanding your child? Yes _____ No _____

If yes, please explain _____

Does student have Individualized Education Plan (IEP)? Yes _____ No _____

LIFE-THREATENING CONDITIONS

Does your child have a life-threatening health condition? Yes* _____ No _____

Describe: _____

*If yes, a meeting with the school nurse is required. Medication or treatment orders will need to be completed.

PLEASE COMPLETE BACK OF FORM

Check next to any condition or illness that applies to your child.
Note: For medication questions, mark the "yes" box only if child is taking medication now.

1. Allergies Food _____, Medicine _____
 Ants Wasps Bee stings
 Environmental allergies List _____ Other allergies List _____
Specify reaction to allergy or allergen Rash Swelling Hives Trouble Breathing
 Vomiting Diarrhea Local Reaction
 Takes medication for any allergies List medication(s) _____
Does child need a special diet? Yes No (If yes, school requires a prescription from a doctor.)
2. Arthritis Describe _____
3. Asthma List triggers _____ Diagnosed at age _____
 Takes medication List medication(s) _____
Under doctor's care now Yes No
4. Other frequent Respiratory Conditions Describe _____
5. Attention Deficit/Hyperactivity Disorder (ADD/ADHD) Medically Diagnosed? _____
 Takes medication List medication(s) _____
6. Blood disorder Sickle cell anemia Anemia Specify _____
7. Cancer Explain _____
8. Chickenpox-illness At age _____
9. Cystic Fibrosis Takes medication List medication(s) _____
10. Dermatological/Skin Condition Describe _____
11. Developmental Delay Explain _____
12. Diabetes (high blood sugar) Type 1 Type 2 Hypoglycemia (low blood sugar)
13. Digestive/Gastrointestinal disorders Explain _____
14. Eating Disorder Explain _____
15. Endocrine Explain _____
16. Gynecological Problems Explain _____
17. Headaches Migraines Under doctor's care for this condition Yes No
 Takes medication List medication(s) _____
18. Head injury/Concussion Month/Year _____ Explain _____
19. Hearing Problems Tubes Uses hearing aid
20. Heart condition Explain _____ Under doctor's care for this condition Yes No
Physical restrictions Yes No If yes, explain _____
21. High blood pressure (Hypertension)
22. Kidney or bladder disorder Explain _____
23. Muscle/bone/mobility disorder Explain _____
Physical restrictions Yes No Explain _____ Need a doctor note yearly.
24. Neurological Condition Cerebral Palsy Explain _____
25. Nosebleeds
26. Psychiatric diagnosis _____
 Takes medication List medication(s) _____
27. Seizure Disorder Type _____ How long ago was the last one? _____
 Takes medication List medication(s) _____
28. Sinus Problems Explain _____
29. Surgery Explain _____ Date _____
30. Vision problems Glasses Contacts Explain _____
31. Other Explain _____
32. My child does not have any of the listed conditions or illnesses.

Parent/Guardian Signature _____ Date _____