

# Keystone Oaks School District

## 2016-2017 Kindergarten & New Student Registration Packet



**Classes Begin Monday, August 29, 2016**  
(tentative until the 2016-17 calendar is approved)



Dear Kindergarten Parents/Guardians:



Welcome to Keystone Oaks School District! Registering your child for Kindergarten is a great milestone for both your child and your family. You and your child may have approached this day with excitement, apprehension or likely a little of both. The purpose of this letter is to give you information about the District and how to go about registering your child for the start of his/her educational journey.

The Keystone Oaks School District is composed of students from the municipalities of Castle Shannon, Dormont and Greentree and includes a neighborhood elementary school in each community. Keystone Oaks' teachers, staff and administrators are dedicated to working with you and your child to ensure that the transition to Kindergarten is as easy and as exciting as possible. We have designed our Kindergarten curriculum to ensure that your child is engaged in a supportive learning environment and begins to develop the necessary skills for educational success through a variety of interactive, hands-on lessons and activities. Attending

Kindergarten is an important step in helping your child develop readiness skills for future academic success.

In this comprehensive packet, we ask for a variety of information, including your child's health/immunization history, educational history, and residency and contact information. Please take time to read through the entire packet as thoroughly as possible. Also, please bring all of the information requested in the packet to registration in order to complete the enrollment process.

**For more information about Keystone Oaks' Kindergarten program, please visit:**

[tinyurl.com/kokindergarten](http://tinyurl.com/kokindergarten)

**For more information about Keystone Oaks School District, please visit:**

[www.kosd.org](http://www.kosd.org)



Keystone Oaks School District participates in the "Hi 5! Kindergarten, Here I Come" program, sponsored by the Allegheny Intermediate Unit. This program allows the District to provide orientation and other readiness programs to children entering Kindergarten. Please visit the District's Kindergarten website - [tinyurl.com/kokindergarten](http://tinyurl.com/kokindergarten) - for a list of activities taking place in the coming months.

If you have any questions, please contact any of the elementary principals. Thank you for your assistance in getting your child registered for Kindergarten. We look forward to working with you and your child through the 2016-2017 academic year.

Sincerely,

**Mr. Mark Iampietro**

Principal

Fred L. Aiken Elementary School

[iampietro@kosd.org](mailto:iampietro@kosd.org)

412-571-6240

**Mr. Brian Werner**

Principal

Dormont Elementary School

[werner@kosd.org](mailto:werner@kosd.org)

412-571-6125

**Mr. Joe Arcuri**

Principal

Myrtle Avenue Elementary School

[arcuri@kosd.org](mailto:arcuri@kosd.org)

412-571-6135

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## **Residency Verification Package**

Thank you for your interest in the Keystone Oaks School District. The following is a list of documentation you will need to provide at the time of your registration. This will expedite the registration process. Please allow a minimum of five (5) working days from the date all records have been submitted for the District personnel to complete the registration process. You will be notified upon completion of verification.

### **If you are a resident in the Keystone Oaks School District:**

1. Proof of child's date of birth (birth certificate, notarized copy of birth certificate, baptismal certificate, copy of the record of baptism [notarized or duly certified and showing date of birth], notarized statement from parents indicating date of birth, a valid passport, a prior school record indicating the date of birth).
2. As parent or guardian, you must present documentation in your name verifying that your residence is within the Keystone Oaks School District.

### **You will have to provide two (2) of the following:**

- a. A valid Pennsylvania driver's license or Pennsylvania photo identification or vehicle registration card with the address of your current residence within the school district;
- b. Proof of utilities in your name at the address of your current residence which include gas, electric, sewage, or phone;
- c. A deed, lease, current utility bill, property tax bill, current credit card bill with the name and address of your current residence;
- d. An occupancy permit for your current residence issued within the past year in your name and address;
- e. A valid U.S. passport with the name and address of your current residence;
- f. A payroll check or government check stub with the name and address of your current residence;
- g. An IRS tax return within the last year with name and address of your current residence; and/or

Complete *Residency Verification Forms #1 and #2* as a resident in the District.

Complete *Residency Verification Forms #1, #3 and #4* as a non-resident in the District.

This information must be provided before your child can be enrolled in the Keystone Oaks School District. Proofs of residency must be provided no later than 30 calendar days following enrollment.

If you have any questions, please feel free to contact the building principal.

We look forward to your child's attendance in the Keystone Oaks School District.

**FORM 1**

**Residency Verification – Keystone Oaks School District**

\_\_\_\_\_  
Name of Parent/Guardian/Foster Parent(s)

\_\_\_\_\_  
Home Telephone Number

\_\_\_\_\_  
Street Address (**NO PO BOX**)

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Work Telephone Number

\_\_\_\_\_  
Name of Student Registering

\_\_\_\_\_  
Age

\_\_\_\_\_  
Grade Entering

\_\_\_\_\_  
School

\_\_\_\_\_  
Name of Student Registering

\_\_\_\_\_  
Age

\_\_\_\_\_  
Grade Entering

\_\_\_\_\_  
School

\_\_\_\_\_  
Name of Student Registering

\_\_\_\_\_  
Age

\_\_\_\_\_  
Grade Entering

\_\_\_\_\_  
School

\_\_\_\_\_  
Name of Student Registering

\_\_\_\_\_  
Age

\_\_\_\_\_  
Grade Entering

\_\_\_\_\_  
School

**Section 1 – Please read and answer all questions that apply.**

1. Are you the child/children’s custodial parent or guardian?  **YES**  **NO**

If **YES**, present a copy of birth or baptismal certificate go to question 2.

2. Are you currently a resident of the Keystone Oaks School District?  **YES**  **NO**

If **YES**, proceed to number 5.

If **NO**, go to **Section 2** of this form.

3. Are you a foster parent to the child?  **YES**  **NO**

If **YES**, complete items 4 and 5.

**Please attach a copy of the agency placement letter for foster child.**

If **NO**, complete **Parents' Declaration and Authorization for Admission of Non-Resident Student; (Form 4)** then complete questions 2 and 5.

4. As a foster parent, are you receiving any form of compensation to support this child?  **YES**  **NO**

5. At this time, you must present documentation in your name verifying that your residence is within the Keystone Oaks School District. The District will accept any **two (2)** of the following forms of documentation:

- a. A valid Pennsylvania driver's license or Pennsylvania photo identification card with the address indicated above;
  - b. Proof of utilities in your name at the indicated which include gas, electric, sewage, or phone;
  - c. A rent or mortgage certificate or bill with the name and address listed above;
  - d. An occupancy permit issued within the past year in your name and address listed above;
  - e. A valid U.S. passport with the name and address listed above;
  - f. A payroll check or government check stub with the name and address listed above; or
  - g. An IRS tax return within the last year with name and address listed above.
6. If any child you are registering is **Homeless, Migrant, a Runaway, or Other** (non-resident, court order, foster students, adoptive students, re-enrollment), check the appropriate box and call Mrs. Suzanne Lochie, Supervisor of Pupil Services, 412-571-6013:

**Homeless**                       **Migrant**                       **Runaway**                       **Other**

**Section 2 – Only for Eligibility of Non-Resident Students**

Have you executed a contract to buy, build or rent a residence in the District?

**YES**             **NO**

If **NO**, you are not eligible to enroll your student(s) in the Keystone Oaks School District. Currently, the District only accepts tuition students that are covered under **Board Policy No. 202 – Eligibility of Non Resident Students**.

Within **thirty (30) days** of completion of the contract, the parent/guardian must show both of the following:

- 1. A Pennsylvania driver's license or Pennsylvania photo identification card with the address indicated above.
- 2. An occupancy permit for the address listed above.

The Board reserves the right to verify all claims.

**Signature Required Below Applies to Section 1 or Section 2**

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

\_\_\_\_\_  
Date

I have reviewed all information required and determined that this student is eligible to enroll in the Keystone Oaks School District.

\_\_\_\_\_  
Signature of District Officer

**FORM 2**

*Required for All Enrollments*  
**Affidavit of Residency – Keystone Oaks School District**

\_\_\_\_\_ affirm that I, ...  
**Name of Parent/Guardian**

1. The undersigned is supporting \_\_\_\_\_  
**Name of child or children being enrolled**  
gratis, and the child/children is/are a resident(s) of the Keystone Oaks School District.
2. The undersigned will assume all personal obligations for the child relative to school requirements;
3. The undersigned intends to keep and support the child/children continuously, and not merely through the current school term; and
4. The undersigned also agree that if their child/children continue(s) in attendance at the Keystone Oaks School District beyond their parent (s) period of residency, the undersigned shall be responsible for tuition until the date of the child's/children's removal from the District.

This Affidavit is made in accordance with Section 1302 of the Pennsylvania School Code of 1949, as amended.

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

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City State Zip Code**

\_\_\_\_\_  
**Signature of District Official**

\_\_\_\_\_  
**Date**



**Parents' Declaration and Authorization for Admission  
of  
Non-Resident Student**

**Keystone Oaks School District**

**Read Carefully**

1. Under the terms of Section 1302 of the Public School Code, the School District has the duty to provide free school privileges for a non-resident child **only** when a resident keeps in his home a child of school age, not his own; and supports the child gratis (for nothing; without fee or recompense) **as if the child were his/her own.** This support must continue throughout the year and not just for the school year.

2. **Foster Students Only**

- (a) Is the student a court placed foster child?  **YES**  **NO**
- (b) Do the foster parents receive any compensation?  **YES**  **NO**
- (c) Is an agency placement letter being provided?  **YES**  **NO**

***If you answer "YES" to questions a and b, this affidavit does not apply.***

3. If any of the requirements outlined above ceases to exist, or if the statements contained in the following sworn statement are found to be untrue, the District no longer has the duty to provide free school privileges for the non-resident child.
4. The appropriate officials of the Keystone Oaks School District may conduct an investigation to determine the truth of the statements contained in the following sworn statement.
5. Before accepting a non-resident child as a pupil, the Board of School Directors requires that the following sworn statement be executed and filed with the District. The making of any willful false statement in this affidavit is a crime and subjects the person making such statement to the penalties of perjury.



**FORM 4**

**Parents' Declaration and Authorization for Admission of  
Non-Resident Student**

**Keystone Oaks School District**

It is the policy of the Keystone Oaks School District to comply with the Pennsylvania School Code's requirements regarding a child's rights to a free public school education, while at the same time, ensuring that local taxpayers do not unfairly support a free education for children who are not entitled to it.

*This authorization is to be completed by the parent of the child who is seeking admission as a non-resident student.*

I hereby authorize \_\_\_\_\_ to enroll \_\_\_\_\_  
(Name of Resident) (Name of Student)  
in the Keystone Oaks School District, to sign any and all documents necessary to accomplish the enrollment, permitting him/her/them to receive any and all school records regarding my child, including, but not limited to, grades and standardized test scores, and to act in loco parentis in all aspects of my child's education.

I understand and acknowledge that \_\_\_\_\_ is providing the full  
(Name of Resident)  
and complete financial and personal support for my minor child without reimbursement from myself and that the above named resident shall keep and support my child continuously and not merely through the current school year or merely while school is in session. I hereby declare that my child shall be residing continuously with the above named resident.

I understand that if the Keystone Oaks School District admits my child, it will be doing so in reliance upon this authorization and declaration. If it is subsequently determined that anything contained herein is inaccurate or false, I understand that my child shall be removed from school and I shall be responsible for all tuition charges that accrued while my child improperly attended the Keystone Oaks School District. I am hereby advised that the Keystone Oaks School District tuition is calculated annually by the Pennsylvania Department of Education (approximately **\$10,240.57** for elementary and **\$12,386.44** for secondary students) and is based on the education costs submitted in the District Annual Financial Report.

Under the Internal Revenue Code, taxpayers must generally furnish over half of the support for a dependent during the applicable calendar year to qualify for an exemption. I understand that I may no longer be entitled to claim my child as a dependent, and I understand that I may be required to provide the Keystone Oaks School District proof that I have not claimed my child as a dependent while the child is enrolled in the Keystone Oaks School District. See Internal Revenue Code, Section 137.

*I fully understand that any false statement herein would be a violation of the Pennsylvania Crimes Code, Title 18, Consolidated Pennsylvania Statutes, 18 PA C.S.A. 4903 and A4904, as amended, and could subject me to a fine of up to \$5,000 or imprisonment for up to two years or both.*

I permit \_\_\_\_\_ to assume all personal obligations for my child  
(Name of Resident)  
relative to the requirements of the Keystone Oaks School District.

I understand that I may be required to annually renew this authorization. If circumstances change after the execution of this document so that any of this document ceases to be true, I shall immediately notify the Keystone Oaks School District. Failure to do so will result in my child being removed from school and my being responsible for all accrued tuition arising after the change of circumstances.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

*Sworn to and subscribed before me, a Notary Public this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.*

\_\_\_\_\_  
Notary Public

# Custody Statement

I, the parent(s) / guardian(s) / person(s) in control of \_\_\_\_\_, whom I am registering in the Keystone Oaks School District, hereby swear/affirm that the following statements are true:

◆ **Both biological parents have custody of the child.**  YES       NO

◆ **The child lives with**  
*(Check all that apply)*

- |   | <b>Name</b> |
|---|-------------|
| <input type="checkbox"/> <i>Biological Mother</i> | _____       |
| <input type="checkbox"/> <i>Biological Father</i> | _____       |
| <input type="checkbox"/> <i>Stepmother</i>        | _____       |
| <input type="checkbox"/> <i>Stepfather</i>        | _____       |
| <input type="checkbox"/> <i>Guardian</i>          | _____       |
| <input type="checkbox"/> <i>Foster Parent</i>     | _____       |
| <input type="checkbox"/> <i>Other</i>             | _____       |

◆ **If applicable, I have attached a court order stating the following:**

Physical custody has been granted **by the court** to  
\_\_\_\_\_

Legal custody has been granted **by the court** to  
\_\_\_\_\_

**Not applicable.** There is no court order for custody.

Other (PFAs, adoption, guardianship, legal name change, etc.)

**I fully understand that employees of the Keystone Oaks School District will assume and operate as if both biological parents have equal custodial rights, if court documentation indicating otherwise is not attached to this form.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Student Registration Record – *Continued*

This child:

1. Attended pre-school/nursery school? (If YES, where?)  YES  NO

Pre-School/Nursery School \_\_\_\_\_

2. Has been retained? (If YES, at what grade level?)  YES  NO

Grade Level \_\_\_\_\_

3. Receives services in:

- Special Education  Gifted  Speech/Language  English as a Second Language (*ESL*)  
*(Has an IEP)* *(Has an IEP)*  
 Remedial Reading or Math  Outside Agency Involvement  
*(Mental Health, CYF, Wraparound, Service Coordination)*  
 504 Plans  Other

### Children of Family (Including Student) In Order of Age – Oldest First

Name	Date of Birth	Gender	Grade	School	Home Address

### Census Form *Only One (1) Form Needed Per Family*

Student's Name

Parent/Guardian's Name

Address

Phone Number

Cell Phone Number

Municipality:

Castle Shannon

Dormont

Green Tree

**Name:** *List all residents in the following order:  
Adults over 18 years of age Adults list occupation, employer  
Children under 18 years of age, oldest first*

**Employer/School Attending:**  
*Students K-12 – List Grade & School  
Preschool – List School*

Name	Date of Birth	Gender	Relationship	Grade	Employer/ School Attending

All school districts in Pennsylvania are required bylaw (Section 1352 of the PA School Code) to conduct a census of all residents, and to continually update the census as people move in and out of the district. Census information is used to certify that all resident children are receiving an education, and to plan for future educational programs and services. In order to better serve our communities, we ask you to please take a few minutes to complete and return the above questionnaire. Your help will save us the task and expense of sending an enumerator to your home. Please be sure to list all members of your household, adult and children. This census is in compliance with Pennsylvania State Law – Section 1352 of the PA School code. Return form to: **Registration Office**

# Request for School Records

## *Instructions*

---

*Student's Name*

---

*Parent/Guardian's Name*

---

*Address*

---

*Date of Transfer*

The following records regarding the student's withdrawal from your child's school are requested for admittance to the Keystone Oaks School District:

1. Academic Records:
  - ◆ Letter grade equivalent to your percentages (if used) for elementary schools; percentages for secondary schools;
  - ◆ Grades for work done at your school until the date of withdrawal;
  - ◆ Transcript for high school; and
  - ◆ Testing information including State Assessments, Standardized & Curriculum-Based Assessment.
2. Health/Immunization Records, Birth Certificate
3. Confidential Records including Custody Papers
4. Attendance Records
5. All Certified Discipline Records (*If none, please confirm*)
6. Special Education Services Records:
  - ◆ Special Education Records including Speech and Language;
  - ◆ Evaluation Reports and IEPs; and
  - ◆ Gifted Written Reports and GIEPs
  - ◆ 504 Plans

***Please return to: Registration Secretary***

---

*Parent/Guardian's Name*

---

*Date*



# Request for School Records – *Continued*

Previous School \_\_\_\_\_

Address \_\_\_\_\_

Phone / Fax \_\_\_\_\_

Student's Name \_\_\_\_\_ Previous Grade \_\_\_\_\_

Student's Date of Birth \_\_\_\_\_

School he/she will be attending:

Aiken (K-5) \_\_\_\_\_ Dormont (K-5) \_\_\_\_\_ Myrtle (K-5) \_\_\_\_\_ KOMS (6-8) \_\_\_\_\_ KOHS (9-12) \_\_\_\_\_

**Aiken Elementary School**  
881 Greentree Road  
Pittsburgh, PA 15220  
412.921.9166  
FAX 412.571.6164

**Dormont Elementary School**  
3200 Annapolis Avenue  
Pittsburgh, PA 15216  
412.571.6125  
FAX 412.571.6151

**Myrtle Avenue Elementary School**  
3724 Myrtle Avenue  
Pittsburgh, PA 15234  
412.571.6135  
FAX 412.571.6051

**Keystone Oaks Middle School**  
1002 Kelton Avenue  
Pittsburgh, PA 15216  
412.571.6147  
FAX 412.571.6092

**Keystone Oaks High School**  
1000 Kelton Avenue  
Pittsburgh, PA 15216  
412.571.6039  
FAX 412.571.6054

# Parental Affirmation Regarding Student Disciplinary Actions for Weapons in Accordance with Keystone Oaks School District's Weapons Policy

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

Date of Birth \_\_\_\_\_

I, the undersigned student (if over 18 only) and/or parent/guardian of the above student, do hereby swear and affirm that the aforesaid student (was/was not) \_\_\_\_\_ (*please initial*) previously suspended or expelled from any public or private school 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 on school property.

In the event said student has been suspended or expelled as described above, I agree to provide to the school authorities in writing the details of said suspension or expulsion, the offense involved and the punishment resulting therefrom to be attached to this form and incorporated herein and do hereby authorize the School District to obtain copies of the disciplinary record of the aforesaid student from \_\_\_\_\_ School District.

I do hereby acknowledge that if said student is transferred from the Keystone Oaks School District, a certified copy of the student's disciplinary record shall be forwarded upon request to the school entity to which the pupil is transferred without the permission of the parent(s)/guardian(s). Further, I acknowledge that the aforesaid student's disciplinary record is available for inspection by the student, parent, guardian or other person having control or charge of the student, by school officials and by state and local law enforcement officials as provided by law.

I, the undersigned do swear or affirm to the truthfulness of the above-referenced statements and/or information under the penalties of 18 Pa. C.S.A. section 4904 (relating to unsworn falsifications to authorities) and 24 P.S. Section 13-1304A (willful false statements to authorities).

\_\_\_\_\_  
**Parent/Guardian/Student**

\_\_\_\_\_  
**Parent/Guardian**

- NOTE:**
1. In the event the student is over age 18, the student and/or the parent/guardian should sign above.
  2. The details of the expulsion or suspension should be provided on an additional sheet of paper to be attached as "Exhibit A," signed at the end thereof and to be incorporated by reference herein, subject to the penalties provided above.
  3. Any willful false statement made above may constitute a misdemeanor of the second or third degree.

# Parental Affirmation Regarding Student Disciplinary Actions

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Pennsylvania School Code Section 13-1204-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 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: *(Only sign one statement below for each child.)***

I hereby swear or affirm that my child listed above ***was not*** \_\_\_ previously 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 violence committed on school property. \*I make this statement subject to the penalties of 24 P.S. Section 13-1304-A(b) and 18 Pa. C.S.A. Section 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.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

I hereby swear or affirm that my child (name) \_\_\_\_\_ ***was*** \_\_\_\_\_ previously 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 violence committed on school property. \*I make this statement subject to the penalties of 24 P.S. Section 13-1304-A(b) and 18 Pa. C.S.A. Section 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.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

***\*Name of school from which student(s) was suspended or expelled; reason for suspension/expulsion; and date of suspension or expulsion:*** \_\_\_\_\_

***Any willful false statement made above shall be a misdemeanor of the third degree. This form shall be maintained as part of the student’s disciplinary record.***

# Pennsylvania Information Management System (PIMS)

## Student Information Form

### Keystone Oaks School District

Name \_\_\_\_\_ Gender \_\_\_\_\_ Student # \_\_\_\_\_

School \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

Dear Parents/Guardians:

Please fill in any blank lines with the correct information. Some questions ask you to circle one choice. In addition, please ensure that the information on this sheet is accurate. This information is part of a state-mandated program to make sure schools keep accurate information about your child on file throughout his or her entire school career, even if a child changes school districts.

Required Information	Instructions	Answer
1. Grade 9 Entry	Fill in blank with date, if in high school, e.g., 8/09 <b>OR</b> if you only know the year, please write it in.	
2. School Entry	Fill in blank with date of entry to school student is attending – e.g. 8/09 <b>OR</b> if you only know the year, please write that in.	
3. State Entry	This should be the date the student first entered <b>ANY</b> school in <b>PA</b> .	
4. Initial US Entry	Fill in blank with date – If student was born in US, use birthdate. If you don't know the first date the student entered the US, use the date the student first attended <b>ANY</b> school in the <b>USA</b>	
5. Birth Country	Circle <b>“United States”</b> if student was born here. If student was born in another country, please write it in.	<b>United States</b> Other _____
6. City, State of Birth	Fill in blank with city, state if student was born in the United States.	_____

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

# Home Language Survey\*

The Office of Civil Rights (OCR) requires that all school districts/charter schools/full day AVTS identify **Limited English Proficient (LEP) students** in order to provide appropriate language instructional programs for them. Pennsylvania has selected the **Home Language Survey** as the method for the identification.

**School District** \_\_\_\_\_ **Date** \_\_\_\_\_

**School** \_\_\_\_\_

**Student's Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

1. What is/was the students' first language?

2. Does the student speak a language(s) other than English?  Yes  No  
(Do not include languages learned in school.)

If "yes," specify the language(s). \_\_\_\_\_

3. What language(s) is/are spoken in your home? \_\_\_\_\_

4. Has the student attended any United States school in any three (3) years during his/her lifetime?

Yes  No If "yes," complete the following:

Name of School	State	Dates Attended
_____	_____	_____

**Person completing this form if other than parent/guardian.** \_\_\_\_\_

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

\*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 this 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.

## E-MAIL PERMISSION FORM

I, \_\_\_\_\_, an adult individual, residing at  
**Print Name**

\_\_\_\_\_, am the parent or legal guardian of  
\_\_\_\_\_, a student in grade \_\_\_\_\_ of the Keystone Oaks  
School District, attending \_\_\_\_\_ School.

I give my permission for appropriate district personnel to transmit to me by electronic mail the following information regarding my child. Information should be transmitted to me at the following email address:

**Parent's/Legal Guardian's E-Mail Address** \_\_\_\_\_

Documents or information to be provided: *(Please check the documents to which this consent form relates.)*

- 1. Attendance, Information and Records
- 2. Grades
- 3. Curriculum-Based Test Results
- 4. Standardized Test Results
- 5. Disciplinary Information and Records
- 6. Other: Please Specify \_\_\_\_\_

\_\_\_\_\_  
*Signature of Parent or Legal Guardian*

\_\_\_\_\_  
*Date*

## STUDENT DRIVER'S LICENSE TO THE INTERNET

I have read, I understand, and I will accept and abide by the Keystone Oaks Responsible Use Guidelines for Internet Users. I understand that violation of these provisions will result in my loss of use of Internet privileges, as well as disciplinary action. This may include revocation or suspension of network privileges, suspension from school, and/or appropriate legal action.

**Keystone Oaks School District Student User Signature**

**Homeroom**

**Grade**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Date** \_\_\_\_\_

**This section must be signed by a parent or guardian**

I understand that the Internet is a vast resource for student use. I understand that the Internet opens the possibility that students may gain access to defamatory, inaccurate, abusive, obscene, profane, sexually-oriented, threatening, racially-offensive, ethnically intimidating, religiously-bigoted, or illegal material by surfing through the Internet.

The Keystone Oaks School District will use a fire wall system to block inappropriate access and limit use only to those areas that are age appropriate and of educational value.

However, I understand that no matter how much supervision and monitoring the Keystone Oaks School District can provide, there will always be the possibility that my child may come into contact with inappropriate material. I understand that because of First Amendment concerns, it is difficult to implement any form of monitoring system to filter out everything that might offend. Notwithstanding this fact, I recognize the importance of our children becoming technologically aware in an increasing technological society, and I permit my child to use the Internet access provided by the School District.

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*

**This section must be signed by a Keystone Oaks School District Teacher**

I certify that \_\_\_\_\_ has successfully completed the training required for use of the Keystone Oaks Internet facilities.

\_\_\_\_\_  
*Teacher Signature*

\_\_\_\_\_  
*Date*

**PLEASE RETURN THIS SIGNED PERMISSION FORM TO YOUR TEACHER WHO WILL KEEP IT ON FILE.**





**SCHOOL IMMUNIZATION  
REGULATIONS Allegheny County  
School Districts  
2016-2017 School Year**

**ALL GRADES K-12**

- √ 4 doses of tetanus (1 dose on or after the 4<sup>th</sup> birthday); 3 doses if series started after 7 years of age
- √ 4 doses of diphtheria (1 dose on or after the 4<sup>th</sup> birthday); 3 doses if series started after 7 years of age
- √ 3 doses of polio
- √ 2 doses of measles
- √ 2 doses of mumps
- √ 1 dose of rubella
- √ 3 doses of hepatitis B
- √ 2 doses of varicella or written statement from physician/designee indicating month and year of disease or serologic proof of immunity

**GRADES 7-12**

- √ 1 dose of tetanus/diphtheria/pertussis (Tdap)
- √ 1 dose of meningitis vaccine (MCV4)

**Proof of immunizations or a medical/religious exemption is required for school entry. Please attach a copy to the registration forms.**



**Third Floor, 3441 Forbes Avenue, Oakland  
Mondays, Tuesdays, Thursdays, and Fridays – 9 AM – 4 PM  
Wednesdays – 1 PM – 8 PM**

**THERE IS NO CHARGE FOR IMMUNIZATIONS FOR CHILDREN THROUGH 18 YEARS OF AGE.**

## School Health Screening Program

It is the policy of the Keystone Oaks School District to comply fully with all state-mandated health screening as well as medical and dental examinations required for school age children. These health screenings are described below:

- ◆ Each child will receive vision testing, assessing near and far vision each school year. Color perception, depth perception and convex lens testing are assessed at specific grade levels.
- ◆ Each child in kindergarten, first, second, third, seventh and eleventh grades will receive a hearing test.
- ◆ Each child will be weighed and measured annually. BMI (body mass index) will be calculated each year and reported to parents.
- ◆ Scoliosis screening for sixth and seventh graders as required by the Department of Health will be done.

The School Health Act of Pennsylvania also requires that:

- ◆ Each child have a physical examination upon initial entrance to kindergarten or first grade, sixth and eleventh grades.
- ◆ Each child have dental examinations in grades kindergarten, third, and seventh.
- ◆ Children transferred from other school systems, regardless of grade, have a dental and physical exam report on file.

These examinations should be done by your family physician/dentist. If private care is not possible, physicals and dentals may be done at school.

If your child needs an examination to be completed at school, the parent will be notified in advance. Children whose dental or physical examinations reports are **not** completed and returned by **October 1** will be scheduled for the examination at school.

I understand that my child \_\_\_\_\_ will be given the full services as indicated above. I understand I will be notified of any matter(s) needing attention.

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

\_\_\_\_\_  
*Date*

This health screening form will be valid throughout the student's enrollment in the Keystone Oaks School District.

# Initial Health History for Students K - 12

Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Sex:  M  F

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

Name of Parents(s)/Guardian(s) \_\_\_\_\_

Address of Parent(s)/Guardian(s) \_\_\_\_\_

Phone Number(s) of Parent(s)/Guardians(s) \_\_\_\_\_

Previous School \_\_\_\_\_

Person with whom the student resides \_\_\_\_\_

Student's Physician \_\_\_\_\_ Student's Dentist \_\_\_\_\_

The following questions are intended to obtain a brief student health history. (Please select your response.)

If answering **YES**, please provide further information in the space provided.

**YES** **NO**

1. Has your child had any difficulty with ears/hearing or speech?  YES  NO  
If **YES**, please explain \_\_\_\_\_
2. Has your child had any difficulty with eyes/vision, such as "lazy eye"/amblyopia, surgery, etc.  YES  NO  
If **YES**, please explain \_\_\_\_\_
3. Does your child wear glasses or contacts?  YES  NO  
Month/Year of most recent prescription \_\_\_\_\_
4. Does your child have any medication allergies?  YES  NO  
If **YES**, please list the medication(s) \_\_\_\_\_
5. Does your child have seasonal, environmental or food allergies?  YES  NO  
If **YES**, please list each allergy and how it is treated \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Does your child have any special dietary needs/nutritional concerns?  YES  NO  
If **YES**, please explain \_\_\_\_\_
7. Has your child ever had a seizure?  YES  NO  
If **YES**, please describe when, any medication(s) or treatment(s) \_\_\_\_\_  
\_\_\_\_\_
8. Has your child ever had any serious accident(s) or injury?  YES  NO  
If **YES**, please explain \_\_\_\_\_
9. Does your child require medication for bee stings, as prescribed by a physician?  YES  NO

If **YES**, please provide the nurse with the **REQUIRED MEDICATION** as well as a **COMPLETED Authorization for Medication to be Taken During School Hours** form. **(CONTINUED)**

- |   | <b>YES</b>               | <b>NO</b>                |
|---|--------------------------|--------------------------|
| 10. Has your child been diagnosed with asthma by a physician?<br>If so, when? Month _____ Year _____ Medication _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Do you anticipate the use of any type of medication during the school day?<br>If <b>YES</b> , please provide the nurse with the <b>REQUIRED MEDICATION</b> as well as a <b>COMPLETED<br/>Authorization for Medication to be Taken During School Hours</b> form. | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Does your child have any activity restrictions during the school day?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Has your child had any difficulty with bowel/bladder control?<br>If <b>YES</b> , please explain _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Are there any additional health considerations regarding your child?<br>If <b>YES</b> , please explain _____  | <input type="checkbox"/> | <input type="checkbox"/> |

# Authorization for Medication to be Taken During School Hours

The following section is to be completed by the PARENT/GUARDIAN:

School \_\_\_\_\_

Child's Name \_\_\_\_\_ M F \_\_\_\_\_  
*Last First Gender Date of Birth*

Physician's Name \_\_\_\_\_  
*Telephone*

Address \_\_\_\_\_

I request that my child be assisted in taking the medicine(s) described below at school by authorized persons or permitted to medicate herself/himself as also authorized by me and my physician. All medication must be provided to the school district in a prescription bottle.

PRINT full name of parent(s)/guardian(s): \_\_\_\_\_

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_  
Home Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

The following is to be completed by the PHYSICIAN:

Diagnosis for which medication is given \_\_\_\_\_

Name of medicine \_\_\_\_\_

Form \_\_\_\_\_ Dose \_\_\_\_\_

If medicine is to be given daily, at what time? \_\_\_\_\_

If medicine is to be given "when needed", describe indications \_\_\_\_\_

How soon can it be repeated? \_\_\_\_\_

Is child authorized to medicate herself/himself? \_\_\_\_\_

List significant side effects \_\_\_\_\_

Length of time this treatment is recommended \_\_\_\_\_

List any curtailment of specific school activities \_\_\_\_\_

List other known medications taken by the student \_\_\_\_\_

Other information \_\_\_\_\_

\_\_\_\_\_  
*Physician's Signature*

\_\_\_\_\_  
*Date*