

**ENROLLMENT INFORMATION**



**McKEESPORT AREA**  
School District

**TODAY'S DATE**

**STUDENT'S LAST NAME**      **STUDENT'S FIRST NAME**      **MIDDLE NAME**

**STREET ADDRESS INCLUDING APT. #**      **RACE**      **STUDENT'S BIRTHDATE**

**CITY**      **ZIP CODE**      **GENDER**      **CELL PHONE NUMBER**

**SCHOOL ATTENDING**      **GRADE**      **EMAIL ADDRESS**      **HOME PHONE NUMBER**

**FOR OFFICE USE ONLY:**

ENROLLMENT DATE

**EDUCATIONAL INFORMATION**

**NAME OF PERSON WITH WHOM STUDENT RESIDES**      **RELATIONSHIP**

BIOLOGICAL MOTHER      DECEASED

BIOLOGICAL FATHER      DECEASED

**IN WHAT COUNTRY WAS YOUR CHILD BORN?**

**WHEN DID HE/SHE BEGIN LIVING IN THE UNITED STATES?**

**IN WHAT STATE WAS YOUR CHILD BORN?**

**WHEN DID HE/SHE BEGIN LIVING IN PENNSYLVANIA?**

**ARE THERE ANY CUSTODY INFORMATION THAT WE SHOULD BE AWARE OF?**

IF YES, PLEASE EXPLAIN?

**WHAT MONTH AND YEAR DID YOUR CHILD BEGI KINDERGARTEN?**

**WHAT MONTH AND YEAR DID YOUR CHILD BEGIN 9<sup>TH</sup> GRADE?**

**HAS YOUR CHILD EVER ATTENDED THE MCKEESPORT AREA SCHOOL DISTRICT?**

IF YES, WHAT SCHOOL YEAR?

**HAS YOUR CHILD EVER BEEN RETAINED?**

**DOES YOUR CHILD HAVE AN IEP?**

**DOES YOUR CHILD CURRENTLY HAVE A GIEP?**

**WHAT IS THE PRIMARY SPOKEN LANGUAGE IN THE HOME?**

**PLEASE LIST SIBLINGS BELOW**

SIBLINGS NAME	DATE OF BIRTH	GENDER

**PLEASE PROVIDE YOUR CHILD'S SCHOOL HISTORY BELOW:**

MONTH AND YEAR ATTENDED	GRADES	DISTRICT AND BUILDING NAME	REASON FOR LEAVING



McKEESPORT AREA  
School District

**POLICY SIGNATURE PAGE AND PHOTO RELEASE**

I have received and read the following McKeesport Area School District Regulations & Policies.  
Please place a check mark next to the ones below you have received & read:

Acceptable Use of Technology/Internet

Bus Riding Rules and Regulations

Weapon Policy

Unlawful Harassment Policy

Dress and Grooming

Your child's photo may be taken for inclusion in the district publication or in local newspapers or magazine articles or letters relating to school activities.

Yes, I give permission

No, I do not give permission

By typing your name below, you are attesting that  
you have received the above policies.

**Signature of Student**

**Signature of Parent**

**Date of Signature**



***McKeesport Area School District***  
***Home Language Survey\****

The Office of Civil Rights (OCR) requires that 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 HOME Language Survey as the method for the identification.

School District: **McKEESPORT AREA SCHOOL DISTRICT**

Name of Child: \_\_\_\_\_

Date: \_\_\_\_\_

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

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

1. What is/was the student's first language?
2. Does the student speak a language(s) other than English?  
(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 3 years during his/her lifetime?

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*



McKeesport Area School District
ACT 26

Article XIII- A of Act 26 of 1995 of the Public School Code-Prior to a student's admission to any school entity, the parent/guardian or other person having control of the student must provide a sworn statement indicating whether the student was previously suspended or expelled from any school for any act regarding weapons, alcohol or drugs, or for violence to persons or property.
Upon a pupil's transfer to another school entity, a certified copy of the student's disciplinary record will be transmitted to the new school. Privacy will be ensured as such disciplinary records will be available for inspection only by the student, his parent/guardian, school officials and by state and local law enforcement officials.

STATEMENT FOR PARENTS

COMMONWEALTH OF PENNSYLVANIA )
) SS
COUNTY OF ALLEGHENY )

SWORN STATEMENT OF PREVIOUS SESPENSION OR EXPULSION FOR ADMISSION OF

AS A PUPIL IN THE McKeesport Area School District.
(Name of Student)

I/We

The parent(s)/person(s) in control of

Whom I/We desire to register with and attend classes in the McKeesport Area School District, herby swear/affirm that the pupil previously suspended or expelled from any public or private school of the Commonwealth of Pennsylvania or of any other state for an act or offense involving weapons, alcohol or drugs, or for an offense involving the willful infliction of injury to another person or for any act of violence committed on school property.

Complete the following in the event the above named student was suspended or expelled for the above reasons:

The student, was suspended or expelled from the school on

(Name of School)

(Date)

The expulsion/suspension was effective from to (Date) (Date)

The expulsion/suspension was for the following reasons:

No other expulsions or suspensions for the above stated reasons have occurred with respect to the student.

I/WE FULLY UNDERSTAND THAT ANY FALSE STATEMENT HEREIN WOULD BE A VIOLATION OF ACT 216 OR 1995 AND SHALL BE A MISDEMEANOR OF THE THIRD DEGREE, AND WOULD ALSO CONSTITUTE A VIOLATION OF THE PENNSYLVANIA CRIMES CODE, TITLE 18, CONSOLIDATED PENNSYLVANIA STATUES, 1 PA. C.S.A. 7 4903 AND 4904, AS AMENDED, AND COULD SUBJECT ME TO A FINE OF UP TO \$5,000.00 OR IMPRISONMENT FOR UP TO 2 YEARS OR BOTH.

(Parent/Guardian/Person in Control)

(Parent/Guardian/Person in Control)



McKEESPORT AREA  
School District

**PHYSICAL / DENTAL EXAMINATION FORM**

Student Name:

Grade:

The school law of Pennsylvania provides for a periodic health, dental, & hearing examinations of all children who are attending school. Physical examinations are required upon entrance to school and in sixth and eleventh grades. Dental examinations are required in first, third, and seventh grades.

Please select the appropriate answer:

(Kindergarten and Grades 6 and 11 and will provide a copy of that examination)

(Grades 1, 3, and 7)

Parent/Guardian Signature:

Date:

# RELEASE OF RECORDS CONSENT FORM



MCKEESPORT AREA  
School District

Former School/Agency Attended:

Address:

Phone Number:

Fax Number:

Records are being requested for:

Student:

Date of Birth:

Current Grade:

Please send the following school records:

Academic Records/Report Cards  
Immunization and Health Records  
Permanent Record Card  
Achievement Test Results

Current Class Schedule  
Transcripts  
Date of Last Attendance  
Other:

If this student was in any Special Education, Speech or Gifted Programs, please send the following:

Permission to Evaluate  
Comprehensive Evaluation Reports  
IEP (Individualized Education Program)  
Notice of Recommended Assignment  
Hearing Records  
Other:

Intent to Reevaluate  
Psychological Reports  
Psychiatric Reports  
Speech & Language Records  
Vision Records

## Mail/Fax or Email Records to the following:



McKeesport Area Senior High School (Grades 9-12)  
1960 Eden Park Boulevard  
McKeesport, PA 15132  
Office Phone #: 412-664-3650  
Fax #: 412-664-3621  
Email Address: [mshively@mckasd.net](mailto:mshively@mckasd.net)



Founders' Hall Middle School (Grades 6-8)  
3600 O'Neil Boulevard  
McKeesport, PA 15132  
Office Phone #: 412-664-3690  
Fax #: 412-664-3768  
Email Address: [rmccabe@mckasd.net](mailto:rmccabe@mckasd.net)  
[bpierce@mckasd.net](mailto:bpierce@mckasd.net)



Twin Rivers Elementary (Grades K-5)  
1600 Cornell Street  
McKeesport, PA 15132  
Office Phone #: 412-664-3750  
Fax #: 412-678-1662  
Email Address: [dsprouse@mckasd.net](mailto:dsprouse@mckasd.net)  
[sattenberger@mckasd.net](mailto:sattenberger@mckasd.net)



Francis McClure Elementary (Grades K-5)  
500 Longvue Drive  
White Oak, PA 15131  
Office Phone #: 412-664-3740  
Fax #: 412-664-3747  
Email Address: [gbev@mckasd.net](mailto:gbev@mckasd.net)  
[sschorke@mckasd.net](mailto:sschorke@mckasd.net)



Administration Building  
3590 O'Neil Blvd.  
McKeesport, PA 15132  
Office Phone #: 412-664-3700  
Fax #: 412-664-3766  
Email Address: [cstokes@mckasd.net](mailto:cstokes@mckasd.net)

Signed:

Date:

Relationship to Student:

According to the Final Regulation-Family Rights and Privacy Act (Buckley Amendment) dated June 16, 1976, it is no longer necessary to obtain written consent to release records between schools. It states that school officials, including teachers within the educational institution and officials of other school systems in which the student may intend to enroll may receive a student's records without written consent for such release.



McKeesport Area School District
McKeesport, PA 15132

School:

OFFICE USE ONLY

Student Name:

Student No.:

Grade:

Room No. :

HEALTH INFORMATION

The following information is considered confidential and is for use of teachers, principal, school nurse/health staff, or other staff who will be in contact with and responsible for your child during the school day. If you prefer talking personally to the school nurse/health staff regarding any of the following statements, please mark here and she will contact you.

Home:

Work/Cell:

Signature:

CHECK ANY OF THESE CONDITIONS WHICH YOUR CHILD HAS:

- Cancer, Diabetes, Heart Disease, Autism, Kidney/Bladder Disease, Convulsions/Seizures, Orthopedic/Bone, Bowel Concerns, Other

Allergy To:

Asthma Provoked-By:

Has above condition been diagnosed by a medical doctor? Yes No

If yes, what is the doctor's name?

May we obtain this information? Yes No Signature for release of information:

What does the child do to manage their own condition?

How can the teacher help with this at School?

What symptoms should we report to you?

Takes Medication Daily at Home School

Medication is:

Taken for:

IF YOUR CHILD MUST RECEIVE MEDICATION WHILE AT SCHOOL AN "AUTHORIZATION FOR MEDICATION" FORM MUST BE COMPLETED AND SIGNED BY THE ATTENDING PHYSICIAN AND PARENT(S) OR LEGAL GUARDIAN(S) OF THE CHILD (CHAPTER 195-182). YOU CAN OBTAIN THESE FROM THE SCHOOL SECRETARY

Provide any information not included above which you think we should know about your child's physical, mental, or emotional health which might affect school performance or require special consideration (i.e. limitations in activities, etc.).

OFFICE USE ONLY

Table with 6 columns: ALERT FLAG, 78, Health Code 1, 125, Health Code 1, 125, Health Code, 125



## TRANSPORTATION FORM

Please complete the following information:

Date	
Student's Name	
Address	
Parent's Name	
Home Phone	
Cell Phone	
School	
Grade	
Previous School	

FOR OFFICE USE ONLY:

AM Bus #	
AM Time	
AM Stop	
PM Bus #	
PM Time	
PM Stop	





# STUDENT EMERGENCY INFORMATION

## Emergency Contact 1

Name

Phone Number 1

Phone Number 2

Relationship to the Child

Can your child be released to this individual?

## Emergency Contact 2

Name

Phone Number 1

Phone Number 2

Relationship to the Child

Can your child be released to this individual?

\*\*\*\*\*

By signing electronically below, I attest that I have completed the above form and agree to affix my signature to the form. By submitting the information, I attest that it is true and correct to the best of my knowledge.

**Parent Signature**

**Today's Date**

**Please save the form and email it to:  
enrollment@mckasd.net**

**Please put your child's name in the subject line**

**If you have any questions please call 412.664.3700**