

GREENSBURG SALEM ENROLLMENT

Greensburg Salem School District

Info.svcs. 2/2020

Welcome!

The Greensburg Salem School District would like to welcome you to our learning community. We recognize the value of each individual, and we promote personal growth and academic achievement through the implementation of innovative strategies and the integration of current technologies in a safe and caring environment. We look forward to working with you as your child grows and develops throughout their school experience with us!



Upon completion of this packet, you will need to call Christy Irvin (724) 832-2905 to make an appointment to finalize your registration.

Enrollment Requirements

- ◇ Enrollment Form
- ◇ **Original Birth Certificate (Proof of child's age*)**
- ◇ Special Services
- ◇ Home Language Survey
- ◇ Parental Registration Form
- ◇ Health History Form
- ◇ Proof of Residency – Two (2) **Original** sources (e.g. driver's license, current utility bill, lease, etc.). If none of these documents are available, a parent can provide a sworn, notarized statement.
- ◇ Immunizations (Please see below.)
- ◇ **Original Legal Documents*** (e.g. custody orders, guardianship, PFA, name change) - ***Recommended**

Immunization Requirements

- ◇ Diphtheria and Tetanus: Four (4) properly spaced doses, with one dose on or after the fourth birthday
- ◇ Polio: Three (3) or more properly spaced doses
- ◇ Measles/ Mumps/ Rubella (MMR): Two (2) properly spaced doses
- ◇ Hepatitis B: Three (3) doses properly spaced
- ◇ Varicella (Chicken Pox): Two (2) doses or documented history of the disease

High School

Phone: 724-832-2922

David Zilli, Principal

Jennifer Kapusta, Assoc. Principal

Middle School

Phone: 724-832-2935

Adam Jones, Principal

David Redinger, Associate Principal

Hutchinson Elementary

Phone: 724-832-2885

Kevin M. Bringe, Principal

Anthony Barbato, Associate Principal

Metzgar Elementary

Phone: 724-668-2237

Dr. Tina Federico, Principal

Nicely Elementary

Phone: 724-832-2865

Christopher Thomas, Principal

***The district must be provided with immunization records, along with the record of birth prior, to the first day of school. The school nurse must review these records and all records must be up-to-date, or your child will not be permitted to attend school.**



ENROLLMENT FORM

Please Print

Child's Legal Name (Last, First, Middle) _____ Birth Date _____ Gender M F Grade _____

Address (House Number, Street, City, Zip Code) _____ List PO Box (if used for mailing) _____

Home Phone _____ Use this Number for Alert Notifications Yes No

Ethnicity: Hispanic/Latino Yes No

Race: White/Caucasian Black/African American Asian American Indian/Alaskan Multi Racial (if Multi Racial please indicate 2 or more race descriptions)
 Native Hawaiian/other Pacific Islander

BIRTH CITY AND STATE: _____

NATIVE LANGUAGE: English Spanish Japanese Chinese Hindi Other _____

FAMILY INFORMATION: (provide address if different from above)

Father		✓ if lives w/child	✓ if deceased
Full Name	Home #	<input type="checkbox"/>	<input type="checkbox"/>
Address	Cell #	Correspondence	
City, State, Zip	Work #	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Email			

Mother		✓ if lives w/child	✓ if deceased
Full Name	Home #	<input type="checkbox"/>	<input type="checkbox"/>
Address	Cell #	Correspondence	
City, State, Zip	Work #	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Email			

Step Parent / Foster Parent / Guardian(s)		✓ if lives w/child	✓ if deceased
Relationship:	Home #	<input type="checkbox"/>	<input type="checkbox"/>
	Cell #	Correspondence	
	Work #	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Email			

Legal Custody/Court Document/Special Arrangements (Please list): _____

If Foster Child, list Agency Name and Telephone Number: _____

Home District at Time of Foster Placement: _____

Has child ever attended this District before? Yes No If Yes, what year and school? _____

Previous School/District AND CityState: _____

Last Day Attended: _____ Date Entered 9th Grade: _____

Signature of Parent or Guardian: _____ **Date:** _____

Office Use Only: Migrant Immigrant Foreign Exchange Military Family

SPECIAL SERVICES – REGISTRATION FORM

Name of Student

Date of Birth

- My child does not receive special education services.

- Title I Math and/or Reading Program
- Learning Support
- Gifted Support Class
- School Counseling
- Special Diet
- Seating in the front of the room
- Corrective lenses worn at all times
- An inhaler kept in school
- Snacks and insulin for diabetic condition
- Frequent bathroom breaks
- Other medications or special arrangements (state below)

At the previous school attended, my child has (on file) a/an:

- IEP
- 504 Service Agreement
- GIEP
- Multidisciplinary Evaluation (MDE) in progress

If your child currently has an IEP or 504 Service Agreement, please check area/areas of exceptionality:

- Autistic Support
- Emotionally Disturbed
- Hearing
- Learning Disability
- Intellectually Disabled
- Neurological Impairment
- Occupational Therapy
- Physical Disability
- Physical Therapy
- Special Transportation Needs (related to disability)
- Speech/Language
- Vision
- Other Health Impairment
- Other (Please Specify) _____

Parent/Guardian Signature: _____

Date: _____



HOME LANGUAGE SURVEY

ALL newly registering students regardless of race, nationality, or language origin MUST complete this form. Federal law requires that all Local Education Agencies (LEAs) utilize a non-biased procedure for identifying which students are potential English Learners (ELs) in order to provide appropriate language instruction educational programs and services. Given this responsibility, LEAs have the right to ask for the information contained on this and other forms associated with the identification process.

Student Information (Parents/Guardians should complete this section):

Child's first name: _____

Child's family name: _____

Child's Date of Birth: _____
(Month/Day/Year)

Questions for Parents or Guardians

1. Is a language other than English spoken in the child's home? No Yes (language) _____
2. Does your child communicate in a language other than English? No Yes (language) _____
3. What is the language that your child first learned to speak? _____

Parent/Guardian Signature: _____ Date: _____

Interpreter Provided No Yes

GREENSBURG SALEM SCHOOL DISTRICT

Parental Registration Statement

Student Name _____
Date of Birth _____ Grade _____
Parent/Guardian Name _____
Address _____
Contact Phone Number _____

Pennsylvania School Code §13-1304-A states in part "Prior to admissions to any school entity, the parent, guardian or other person having control or charge of a student shall, upon registration provide a sworn statement or affirmation stating whether the pupil was previously or is presently suspended or expelled from any public or private school of this commonwealth or any other state for an 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 _____ or was not _____ previously suspended or expelled, or is _____ or 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 or injury to another person or for any act of violence committed on school property. I make this statement subject to the penalties of 24 P.S. §13-1304-A (b) and 18 Pa. C.S.A. §4904, relating to unsworn falsification to authorities, and the facts contained herein are true and correct to the best of my knowledge, information and belief.

If this student has been or is presently suspended or expelled from another school, please complete:

Name of the school from which student has been suspended or expelled:

Dates of suspension or expulsion:

(Please provide additional schools and dates of expulsion or suspension on back of this sheet.)

Reason for suspension or expulsion (optional):

Signature of Parent/Guardian

Date

HEALTH HISTORY

Greensburg Salem School District ☐ 1 Academy Hill Place ☐ Greensburg, PA 15601

PARENTS: PLEASE FILL OUT BOTH SIDES OF THIS FORM

When completed, please return this form to your child's homeroom teacher as soon as possible.

TO PARENTS OR GUARDIAN: The information requested on this form will be of help to school authorities in determining the health status of your child and in assisting him to receive maximum benefits from his educational opportunities.

School _____ Teacher _____ Grade _____

Name of child: _____ Address: _____

Birth date: _____

Father's name: _____ Mother's full name: _____

Has your child had any of the following? Give details.

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Allergy _____	<input type="checkbox"/>	<input type="checkbox"/>	Seizure Disorder _____
<input type="checkbox"/>	<input type="checkbox"/>	Operation (Note type) _____	<input type="checkbox"/>	<input type="checkbox"/>	Emotional Problems _____
<input type="checkbox"/>	<input type="checkbox"/>	Chicken Pox: Month _____ Year _____	<input type="checkbox"/>	<input type="checkbox"/>	Orthopedic Problems _____
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes _____	<input type="checkbox"/>	<input type="checkbox"/>	Serious Accidents _____
<input type="checkbox"/>	<input type="checkbox"/>	Asthma _____	<input type="checkbox"/>	<input type="checkbox"/>	Chronic Ear Infections _____
<input type="checkbox"/>	<input type="checkbox"/>	Heart Problems _____	<input type="checkbox"/>	<input type="checkbox"/>	Tubes in Ears _____
<input type="checkbox"/>	<input type="checkbox"/>	Attention Deficit Disorder _____	<input type="checkbox"/>	<input type="checkbox"/>	Birth Defects _____

Is your child taking any medications on a regular basis?

If yes, list name(s) of Drug(s) and how often:

Date: _____ Signature of parent or guardian: _____

Home telephone number: _____

GENERAL INFORMATION

You are encouraged to have the school health examination performed by your family physician. The school nurse will provide the proper forms which are to be completed by your family physician and returned promptly; if the physical form is not returned, signed by your doctor, the physical exam will be done by the school doctor.

PLEASE FILL OUT BOTH SIDES OF THIS FORM (OVER)

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Do you want your child taken to Westmoreland Hospital
Emergency Room if parent or physician cannot be contacted?

Yes

No

If your child just entered our school, give name and address of school from which he/she came:

Please list any other information that the school nurse should be aware of:

Comments:

RESIDENCY INFORMATION

If you have provided two original sources of residency, you do not need to complete the **Residency Affidavit**. An acceptable form of residency is as follows: a deed, a lease, current utility bill, current credit card, property tax bill, vehicle registration, driver's license, and a DOT identification card.

If you do not have two original sources of residency, please complete the attached **Residency Affidavit** form. The **Residency Affidavit** form must be completed and notarized in the presence of a Notary.

If the student is living with a resident of Greensburg adult other than the student's parent/s, please complete **Attachment B – Sworn Statement by Resident**. The **Attachment B – Sworn Statement by Resident** form must be completed and notarized in the presence of a Notary.

If the student is living with a resident of Greensburg adult other than a parent and you have the appropriate legal documentation to show dependency or guardianship, which may include a custody order, you do not need to complete **Attachment B – Sworn Statement by Resident**.

Greensburg Auto Tag & Notary provides notary services free of charge to parents of new Greensburg Salem School District students.

Greensburg Auto Tag & Notary

Mr. Robert F. Nowlin, Jr.

249 West Pittsburgh Street

Greensburg, PA 15601



GREENSBURG SALEM SCHOOL DISTRICT

1 Academy Hill Place □ Greensburg, Pennsylvania 15601-1567

724-832-2901

Residency Affidavit

24 P.S. § 13-1302

I/We attest that all of the information here is correct and current. I/WE understand that if residency should change, for any reason, it is the responsibility of the resident to notify the Greensburg Salem School District and to amend this Residency Affidavit. Any false statements can and will be punished as prescribed by law.

I/We _____ currently reside at

This is our legal, full-time residence.

I/We rent or own this residence

I/We are the parent(s)/guardian(s) of the following school-age children who live at this address with us:

If children reside in the residence for which the identified adults are neither parents or guardians, please request a modified form of this affidavit.

Through my/our notarized signature(s), I/We grant the Greensburg Salem School District permission to investigate the accuracy of the information I/We have presented in this affidavit for confirmation and factual accuracy.

Signed by resident(s) and notarized:

Resident Signature

Notary Signature

Administrative Offices

1 Academy Hill Place □ Greensburg, Pennsylvania 15601-1567

www.GreensburgSalem.org



GREENSBURG SALEM SCHOOL DISTRICT

Attachment B - Sworn Statement by Resident

Attachment B - SWORN STATEMENT BY RESIDENT UNDER §13-1302 TO BE COMPLETED BY RESIDENT ONLY

Instructions: Please complete the following statement. If the potential student is living, or will be living, in a household with more than one resident adult who will assume responsibility for the student, all such adult residents must complete and sign this statement.

This is a legal document. You may ask to see a copy of 24 P.S. §13-1302 prior to signing this document, and consult with an attorney if you have any questions or do not understand any portion of this document.

1. Your Name _____

Home Address _____

Home Telephone Number _____ Work Number _____

2. Do you live in the school district and does the child live with you? Yes ___ No ___

3. Child's Full Name _____

Birth Date _____ Grade _____

Name & Address of Last School Attended _____

Date child began/will begin to reside in your home _____

4. Are you supporting this child gratis (without personal compensation or gain)? Yes ___ No ___

5. Will you assume all personal obligations related to school requirements for this child that may include providing for required immunizations, uniforms, fees/fines, citations/fines for truancy, attending parent-teacher conferences, or attending meetings/hearings concerning discipline? Yes ___ No ___

6. Do you intend to keep and support the child continuously and not merely through the school term? Yes ___ No ___

Through my notarized signature, I/We understand that the school district, pursuant to guidelines issued by the Department of Education and their own written policy, may require other reasonable information to be submitted to confirm this sworn statement.

Signed by resident(s) and notarized _____

Per 24 P.S. §13-1302, a person who knowingly provides false information in the above statement for the purpose of enrolling a child in a school district for which the child is not eligible commits a summary offense and shall, upon conviction for such violation, be sentenced to pay a fine of no more than three hundred dollars (\$300) for the benefit of the school district in which the person resides or to perform up to two hundred forty (240) hours of community service, or both. In addition, the person shall pay all court costs and shall be liable to the school district for an amount equal to the cost of tuition calculated in accordance with §2561 during the period of enrollment.