



CANON-McMILLAN SCHOOL DISTRICT

200 BIG MAC BLVD

CANONSBURG, PA 15317

724-746-2940

CANON-MCMILLAN STUDENT REGISTRATION FORM

Today's Date: \_\_\_\_\_

Entering Grade Level: \_\_\_\_\_

Student's First Name Middle Name Legal Last Name

Street Address/Apt Number City State Zip code

Is mailing address the same as above Yes  No  (if no, please complete below)

Mailing Address/Apt Number City State Zip code

Birth Date (MM/DD/Year) GENDER  Male  Female

Ethnicity/Race: Is student Hispanic or Latino?  Yes  No
 Asian  Black or African American  White  American Indian or Alaska Native
 Native Hawaiian/Other Pacific Islander  Multiracial (if checking multiracial, please choose at least two ethnicities)

The following information will be used for automated messages from the school/district:

Primary Phone :  Home  Cell \_\_\_\_\_

Primary email address(es): \_\_\_\_\_

PIMS INFORMATION The Pennsylvania Information Management System (PIMS) requires that public schools collect and report data pertaining to birth and state /country entry

Date child most recently entered a PA public school (mm/yy) \_\_\_\_\_

Month/year student initially started school: \_\_\_\_\_ In what state? \_\_\_\_\_

Month/year student started 9th grade: \_\_\_\_\_

Is the student's parent/guardian an active duty member of a branch of the armed forces (Army, Navy, Air Force, Marine Corp, Coast Guard) including full time National Guard?  Yes  No

ADDITIONAL SERVICES

Does or has your child received any of the following services? \*Check all that apply:

Has current IEP?  Yes  No Has had an IEP in the past?  Yes  No
 Hearing  Vision  Speech  ESL/ELL Other: \_\_\_\_\_

504/Chapter 15 Agreement?  Yes  No

QUESTION FOR PARENT/GUARDIANS OF K-6 STUDENTS (OPTIONAL)

Does anyone in your immediate family have a reading disability (ie Dyslexia)  Yes  No

If yes, relationship to student: \_\_\_\_\_

**CUSTODIAL PARENT/GUARDIAN INFORMATION**

Name of Parent/Guardian 1: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

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

Primary Phone Number: \_\_\_\_\_ Cell Phone number: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email address \_\_\_\_\_

Name of Parent/Guardian 2: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

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

Primary Phone Number: \_\_\_\_\_ Cell Phone number: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email address \_\_\_\_\_

**NON-CUSTODIAL PARENT INFORMATION** – Non-custodial parent will be included in school database and will receive progress/report cards, etc.

Name of Parent/Guardian 3: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

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

Primary Phone Number: \_\_\_\_\_ Cell Phone number: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email address \_\_\_\_\_

Is there a joint custody or parenting plan in effect?  Yes  NoIs there a restraining order in effect?  Yes  No**\*\*If yes, the court order or agreement must be included with registration****SCHOOL INFORMATION**Has your child ever attended Canon-McMillan School District  Yes  No**Previous school attended**

School Name	City, State	Grade Level	School Year

Please list the names of siblings in the household, grades PreK-12 (attending public or nonpublic school)

Name	Date of Birth	Name	Date of Birth

I certify that the information that I have provided for enrollment into the Canon-McMillan School District is correct.

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

Date \_\_\_\_\_



## RESIDENCY ARTICUATION FORM

Your responses to these questions will help staff determine what documents are necessary for enrollment of your child.

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

Name of Person completing form: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

In what type of setting is the student living now? (Complete either section A or B)

SECTION A	SECTION B
<input type="checkbox"/> In an emergency or transitional shelter  <input type="checkbox"/> Sharing the housing of other persons due to loss of housing, economic hardship, or life changing event  <input type="checkbox"/> In a motel, hotel, campsite, or car due to lack of alternative adequate accommodations  <input type="checkbox"/> In a park, public space, abandoned building, sub-standard housing, bus or train station or similar setting  <input type="checkbox"/> Other places not designed for or uses as a regular sleeping accommodations for human beings  **If any of the above apply, please continue completing this form	<input type="checkbox"/> No of the choice in Section A apply   **If you checked this section, you <b>DO NOT</b> need to complete the remainder of this page

Address where student is currently living: \_\_\_\_\_

Phone number: \_\_\_\_\_

The student is living with (check all that apply):

- Parent(s) or legal guardian
- Relative, friend(s) or other adult(s)
- Alone
- Other: \_\_\_\_\_

- Siblings:
  - Under 5
  - School age (5-18)
  - Over 18

School student last attended: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### CMSD OFFICE USE ONLY

Intake By: \_\_\_\_\_

- Notified District Homeless Liaison
- Food Service
- Building Office



Administrative Office  
200 Big Mac Blvd  
Canonsburg, PA 15317  
724-746-2940

## **ACT 26 CERTIFICATION STATEMENT** **Parental Registration Statement**

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

**DOB:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Parent or Guardian Name:** \_\_\_\_\_

Pennsylvania School Code 13-1304A 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 or is presently suspended or expelled from any public or private school of this Commonwealth or any other state for an action or 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 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 suspended or expelled from another school, please complete:**

**Name of School:** \_\_\_\_\_

**Dates of Suspension or expulsion:**

\_\_\_\_\_  
*(Please provide additional schools and dates of expulsion or suspension on the back of this sheet if needed)*

**Reason for Suspension or expulsion:**

\_\_\_\_\_

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

**Signature of School Personnel:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

*Updated Feb 2023*



**Canon-McMillan  
School District**

*Commitment to Excellence*

# Authorization for Release of Records

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Previous school name: \_\_\_\_\_

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

I authorize the release of records concerning my child, as indicated below, to Canon-McMillan School District.

Parent/Guardian name (please print): \_\_\_\_\_

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

Staff Witness: \_\_\_\_\_ Date: \_\_\_\_\_

### Special Education

Please forward **all** Special Education documentation/IEP information directly to the Canon-McMillan Special Education department (fax: **724.746.9604**).

### Specific Information to be Released

<b>Educational Records</b> <b>Attendance Records</b> <b>Health Records</b> <b>Disciplinary Records</b>	<b>Transcript/Report Cards</b> <b>Standardized Test Scores</b>	<b>Career Artifacts</b> <b>Grade 5 – 6 pieces of evidence</b> <b>Grade 8 – 6 pieces of evidence/career plan</b> <b>Grade 11 – 8 pieces of evidence/portfolio, and career plan implementation</b>
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**Please forward records/information to the following location:**

**Canon-McMillan High School**  
 314 Elm St Ext, Canonsburg, PA 15317  
 Phone: 724-873-5166  
 Fax: 724-873-5173  
[wrubleskim@cmsd.k12.pa.us](mailto:wrubleskim@cmsd.k12.pa.us)

**Canon-McMillan Middle School**  
 100 Big Mac Blvd, Canonsburg, PA 15317  
 Phone: 724-745-9030  
 Fax: 724-873-5230  
[cmms@cmsd.k12.pa.us](mailto:cmms@cmsd.k12.pa.us)

**Cecil Intermediate School**  
 3676 Millers Run Rd, McDonald PA 15057  
 Phone: 724-745-2623  
 Fax: 724-873-5227  
[churchj@cmsd.k12.pa.us](mailto:churchj@cmsd.k12.pa.us)

**North Strabane Intermediate School**  
 20 Giffin Drive, Canonsburg, PA 15317  
 Phone: 724-873-5252  
 Fax: 724-873-5216  
[bajacks@cmsd.k12.pa.us](mailto:bajacks@cmsd.k12.pa.us)

**Borland Manor Elementary School**  
 30 Giffin Drive, Canonsburg, PA 15317  
 Phone: 724-745-2700  
 Fax: 724-873-5190  
[dixsons@cmsd.k12.pa.us](mailto:dixsons@cmsd.k12.pa.us)

**Hills-Hendersonville Elementary School**  
 50 Mayview Road, Canonsburg, PA 15317  
 Phone: 724-745-8390  
 Fax: 724-873-5226  
[russoj@cmsd.k12.pa.us](mailto:russoj@cmsd.k12.pa.us)

**Muse Elementary School**  
 40 Muse School St, Muse, PA 15350  
 Phone: 724-745-9014  
 Fax: 724-873-5233  
[guarinoa@cmsd.k12.pa.us](mailto:guarinoa@cmsd.k12.pa.us)

**South Central Elementary School**  
 230 S. Central Ave, Canonsburg, PA 15317  
 Phone: 724-745-4475  
 Fax: 724-873-5228  
[zimmermanc@cmsd.k12.pa.us](mailto:zimmermanc@cmsd.k12.pa.us)

**Wylandville Elementary School**  
 1254 Rt. 519, Eighty-Four, PA 15330  
 Phone: 724-222-2507  
 Fax: 724-225-5971  
[rosst@cmsd.k12.pa.us](mailto:rosst@cmsd.k12.pa.us)

## 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 last 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? \_\_\_\_\_

4. Was the student born in the United States?  Yes  No

Has the student attended any other school in the United States?  Yes  No

Name of School	State and/or Country	Dates Attended

In what language would you prefer to have district communications (language of correspondence)?

\_\_\_\_\_

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

Relationship to Parent/Guardian: \_\_\_\_\_

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

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



## HEALTH SURVEY

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

Physician's name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date of last exam: \_\_\_\_\_

Dentist's name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date of last exam: \_\_\_\_\_

### Health History (complete the checklist by indicating any past or present conditions and explain below)

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> ADD/ADHD         | <input type="checkbox"/> Depression             | <input type="checkbox"/> Hospitalizations/surgeries | <input type="checkbox"/> Seizures, tics or tremors |
| <input type="checkbox"/> Arthritis/joints | <input type="checkbox"/> Developmental delays   | <input type="checkbox"/> Learning problems          | <input type="checkbox"/> Serious illnesses         |
| <input type="checkbox"/> Asthma           | <input type="checkbox"/> Diabetes               | <input type="checkbox"/> Menstrual problems         | <input type="checkbox"/> Skin problems             |
| <input type="checkbox"/> Autism           | <input type="checkbox"/> Fainting               | <input type="checkbox"/> Mental health issues       | <input type="checkbox"/> Stomach problems          |
| <input type="checkbox"/> Birth defects    | <input type="checkbox"/> Head injury/concussion | <input type="checkbox"/> Migraines                  | <input type="checkbox"/> Surgeries                 |
| <input type="checkbox"/> Blood disorder   | <input type="checkbox"/> Hearing problems       | <input type="checkbox"/> Nose bleeds                | <input type="checkbox"/> Urinary problems          |
| <input type="checkbox"/> Bowel problems   | <input type="checkbox"/> Heart problems         | <input type="checkbox"/> Physical limitations       | <input type="checkbox"/> Vision problems           |
| <input type="checkbox"/> Cancer           | <input type="checkbox"/> Hepatitis              | <input type="checkbox"/> Relationship issues        | (glasses/contacts)                                 |

OTHER: \_\_\_\_\_

Allergies  YES (indicate below)  No known allergies

	Name/Type	Reaction	Treatment
<input type="checkbox"/> Medication			
<input type="checkbox"/> Food			
<input type="checkbox"/> Insects			
<input type="checkbox"/> Environmental			
<input type="checkbox"/> Other			

### Medications

Does your child use an inhaler?  Yes  No

Does your child use an EpiPen?  Yes  No

Does your child use insulin to manage diabetes?  Yes  No

Is a glucometer and/or care needed at school?  Yes  No Other: \_\_\_\_\_

Does your child use any medication for seizure disorder?  Yes  No

Does your child take any prescribed or over the counter medications?  Yes  No

If yes, list medication, dosage, frequency and reason:

\_\_\_\_\_

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

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

I understand that, to provide the safest possible environment and most complete educational program for my child, the school needs to be informed of *any* health or medical conditions that may affect my child's school day or impact their learning. I understand that medications of any kind are **not** allowed on school grounds without the proper medical authorization on file. If my child needs medication administered during the day, I will complete a separate authorization form and file it with the school nurse. I understand that for the safety of my child, or to provide for their educational program, the school nurse may need to share information with appropriate school staff. This will be done in a confidential manner. If I *do not* wish the information contained on this form to be shared, I will make my request in writing and file it with the school nurse.



**Michael Daniels**  
Superintendent of Schools

**Scott Chambers**  
Deputy Superintendent



**CANON-McMILLAN**  
SCHOOL DISTRICT  
— EST. 1954 —

**Central Office**  
200 Big Mac Boulevard  
Canonsburg, PA 15317  
Phone: 724-746-2940  
Fax: 724-746-9184

## Google Apps for Education Parental Consent Form

Dear Parents/Guardians,

As you know, technology is an integral part of Canon-McMillan's unique curriculum, and we strive to use technology in ways that will assist learning and prepare students for life after graduation. Canon-McMillan's students, teachers, and staff use Google Apps for Education to allow students to collaborate on school projects, communicate with their teachers and one another, and continue learning regardless of their location. Google Apps for Education are provided without advertisements and include the following online services for students:

- **Email** – an individual email account for school use, managed by Canon-McMillan.
- **Calendar** – an individual calendar used to record and collaborate on assignments, educational activities, or project schedules
- **Drive** – a set of tools providing for the creation and storage of word processing documents, spreadsheets, presentations, etc.
- **Classroom** - an online classroom providing tools for teachers to assign assignments and projects

To set up the necessary Google Apps for Education account for your child, Canon-McMillan provides Google with only the student's first name, last name and username. No other personal information is required to open the account.

However, given the nature of the services being provided, your student's email, assignments, projects, and other classwork stored in Google Apps for Education may include personal information about your child. Google has agreed to comply with the Family Educational Rights and Privacy Act (FERPA), the federal law that protects the confidentiality of student educational records and personally identifiable information, and to adhere to industry standards with respect to the security of the information.

You can read more about Google's privacy practices on their website at <http://www.google.com/policies/privacy>  
The terms of Google's agreement with Canon-McMillan are at:  
[http://www.google.com/apps/intl/en/terms/education\\_terms.html](http://www.google.com/apps/intl/en/terms/education_terms.html)

By signing this document you provide consent for your student to utilize Google Apps for Education while enrolled at Canon-McMillan School District.

Student Name (Printed) : \_\_\_\_\_

Parent Name (Printed) : \_\_\_\_\_

Parent Signature : \_\_\_\_\_