

# Duquesne City School District

300 KENNEDY AVENUE, DUQUESNE, PA 15110

---



## K - 8<sup>th</sup> Grade Registration Checklist

The Duquesne City School District Board of Directors requires the following items be presented to school officials at the time of registration:

- ☐ Photo ID - (Parent/Legal Guardian)
- ☐ Original Birth Certificate (Student's)
- ☐ Immunization Records (Student's)
- ☐ **Proof of Residency Documents (pick 2:** gas bill, light bill, Lease, water bill, sewage bill, SSI, UC wages, public housing/assistance documents) **NOTE:** ALL documents must have your current Duquesne address and must be dated within the last 30 days.
- ☐ Parent Registration Statement (Act 26)
- ☐ Report Card/Transcript
- ☐ Affidavit/ Court Order (if student resides in District w/non-parent)
- ☐ 1302 Non-Resident Form (only applicable if you do not rent/own a home in Duquesne and reside with someone that does)
- ☐ Home Language Survey
- ☐ Student Photo Release Form
- ☐ PIMS Student Programs Code 032 = Dbl Up; Shelter; Hotel/Motel
- ☐ McKinney-Vento Homeless Assistance Act Forms

**Please notify the Registrar immediately upon registration, if your child is in any Special Education Programs (Gifted, Learning Support, Hearing, Speech, Emotional Support, etc.)**

\_\_\_ YES \_\_\_ NO

Contact Tamara Gentry at (412) 466-9600 ext. 7020 or Sara Fite at (412) 466-5300, ext. 6001 to schedule your registration appointment or if you have questions.

---

X = not applicable

Transportation

Bus \_\_\_ Walker \_\_\_

Start Date \_\_\_\_\_

### Registration Use Only

Date Documents Received: \_\_\_\_\_

Office Initials: \_\_\_\_\_

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

SY 24 - 25



# Duquesne K - 8 School

## STUDENT INFORMATION

LAST NAME SUFFIX FIRST NAME M. I.

/ /

DATE OF BIRTH

(MM/MM/YEAR)

GENDER

(MALE / FEMALE)

BIRTHPLACE (City / Town and State)

ETHNICITY: \_\_\_\_Hispanic / Latino \_\_\_\_Non-Hispanic / Latino

RACE: \_\_\_\_ (1=American Indian or Alaskan  
2=Asian 3=Black 4=Pacific Islander 5=White  
6=Two or More Races)

Has student previously been enrolled at Duquesne Elementary School? \_\_\_\_ If yes, year withdrew: \_\_\_\_

RESIDENTIAL STATUS: With whom does the student reside? \_\_\_\_ (B = Both Biological Parents, F = Biological Father,  
M = Biological Mother, S = Foster Parents,  
I = Institution, A = Substitute Guardian)

HOMELESS: ☐ Yes or ☐ No If YES, with whom are you residing? \_\_\_\_

STREET ADDRESS APT. # CITY / TOWN and STATE ZIP CODE

\*\*\*Are there any custody concerns that the school should know about? (legal documentation is required) YES NO

## PARENT(S) / LEGAL GUARDIAN(S) INFORMATION

Parent / Guardian #1

LAST NAME FIRST NAME RELATIONSHIP TO STUDENT

STREET ADDRESS APT. # CITY / TOWN and STATE ZIP CODE

PHONE #1 TYPE PHONE #2 TYPE EMAIL ADDRESS

Is this parent / guardian an active member of a branch of the armed forces (Army, Navy, Air Force, Marine Corp, Coast Guard) including fulltime National Guard duty? [circle one] YES NO

PARENT / GUARDIAN #1 SIGNATURE DATE

Parent / Guardian #2

LAST NAME FIRST NAME RELATIONSHIP TO STUDENT

STREET ADDRESS APT. # CITY/TOWN and STATE ZIP CODE

PHONE #1 TYPE PHONE #2 TYPE EMAIL ADDRESS

Is this parent / guardian an active member of a branch of the armed forces (Army, Navy, Air Force, Marine Corp, Coast Guard) including fulltime National Guard duty? [circle one] YES NO

PARENT / GUARDIAN #2 SIGNATURE DATE

REGISTRTION OFFICE ONLY: Special Education \_\_\_\_YES \_\_\_\_NO ENTRY DATE:

SIS STUDENT ID:

GRADE:

HOME ROOM:

PA SECURE ID:

# Duquesne City School District

300 KENNEDY AVENUE, DUQUESNE, PA 15110  
TAMARA GENTRY 412-466-9600, EXT. 7020



## Request for Student Records

To: \_\_\_\_\_  
Name of School

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Contact Name

\_\_\_\_\_  
Title

The following student(s) has enrolled in the Duquesne City School District on \_\_\_\_\_  
Please mail or fax the requested information for:

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

\_\_\_\_\_  
DOB

\_\_\_\_\_  
Grade

### Requested By:

Central Registration: Tamara Gentry

Phone: (412) 466-9600 ext: 7020

Fax No.: (412) 469-3625

### SEND TO:

Duquesne City School District  
Attn: Records Management / Tamara Gentry  
300 KENNEDY AVENUE  
DUQUESNE, PA 15110

- ☐ Academic Records, including current grades at time of withdrawal
- ☐ PSSA and Standardized Testing Results
- ☐ Official School Health Records, including Immunizations
- ☐ Special Education Records including IEP, NOREP, and RR, if applicable
- ☐ Psychological Data, if applicable
- ☐ Title 1 Remedial Education Services, if applicable
- ☐ Within ten (10) school days from receipt of this request, a copy of the student's disciplinary record (Pursuant to PA Public School Code Section 1305-A)

**X-If you have a copy, please send**

Please indicate if this student has an IEP      \_\_\_\_YES      \_\_\_\_NO

\_\_\_\_\_  
Authorized Signature, DCSD

\_\_\_\_\_  
Date

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

# Duquesne City School District

300 KENNEDY AVENUE, DUQUESNE, PA 15110

SCHOOL NURSE: TRACI KINST, RN 412-466-9600, EXT. 7009

## Health History of Student

STUDENT ID#: \_\_\_\_\_

DATE: \_\_\_\_\_

STUDENT'S FULL NAME: \_\_\_\_\_

CURRENT GRADE: \_\_\_\_\_

Students enrolling in Kindergarten ONLY, has your child been tested for lead? YES NO

If yes, please provide the date student was tested: \_\_\_\_\_

*Please indicate below if your child has any of the following conditions and list any medications he/she is currently taking.*

Health Condition	Date	YES	NO	Age	Specify
Allergies					
Asthma					
Cardiac					
Chicken Pox					
Diabetes					
Ear Infections					
Epilepsy					
Rheumatic Fever					
Tuberculosis					
TB Contact					
Surgeries					
Restricted from physical activity*					

\*Adapted Physical Education form must be signed by your family doctor each school year.

Physician's Name: \_\_\_\_\_

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

Does your child have any problems or conditions which you believe the nurse or teacher should know about in order to help him/her? Please be specific.

---

---

---

Current Medications:

_____ (mm/dd/yyyy)	_____ Medication Type	_____ Strength/Form
_____ (mm/dd/yyyy)	_____ Medication Type	_____ Strength/Form
_____ (mm/dd/yyyy)	_____ Medication Type	_____ Strength/Form

### **Voluntary Consent of Parents/Legal Guardian**

To better meet your child's safety needs, we will share the health information listed above with staff members. Note that in the case of food allergies, it may be necessary to inform parent groups (if they will be hosting a food event). If for some reason you do not want this information shared, please notify your building principal IN WRITING.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Full Name (Please Print)

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

# Duquesne City School District

300 KENNEDY AVENUE, DUQUESNE, PA 15110



## HOME LANGUAGE SURVEY

The Office of Civil Rights (OCR) requires that school districts / charter school / 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 identification.

School District: Duquesne City School District

Student's Full Legal Name: \_\_\_\_\_  
Full Legal Name Date

Address: \_\_\_\_\_  
Street Address (including Apt/Suite/Floor) Grade  
\_\_\_\_\_  
City, State and Zip Code

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

1. What is/was the student's first language? \_\_\_\_\_

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

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

4. Has the student attended any United States school?  
a. In any 3 years during his/her lifetime? ☐ Yes ☐ No  
b. If yes, complete the following:

Name of School	State	Dates Attended
_____	_____	_____ to _____
_____	_____	_____ to _____
_____	_____	_____ to _____
_____	_____	_____ to _____

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

Parents/Legal 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 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.

# Duquesne City School District

300 Kennedy Avenue • Duquesne, Pennsylvania 15110 • Administrative Office Phone: 412-466-5300 • Fax: 412-466-7599  
K – 8 School Office Phone: 412-466-9600 • Fax: 412-469-3625

---

## Parental Registration Statement

Student Full Name: \_\_\_\_\_

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

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

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

Telephone Number: \_\_\_\_\_ Alt. Telephone Number: \_\_\_\_\_

***Pennsylvania School Code §13-1304-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 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."***

**To comply with state law, please accurately complete both sections 24 PS § 13-1304-A and 24 PS § 13-1318.1 below:**

### **24 PS § 13-1304-A**

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.

### **24 PS § 13-1318.1**

***Pennsylvania School Code §13-1318.1 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 under the provisions of this section." This section of the Pennsylvania School Code contains provisions regarding Students Convicted or Adjudicated Delinquent of Sexual Assault.***

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 reason of being convicted or adjudicated delinquent of sexual assault of a student enrolled in the

same school entity. I make this statement subject to the penalties of 24 PS § 13-1318.1 and 18 Pa. CSA § 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(s) from which student was suspended or expelled:**

---

---

**Date(s) of suspension or expulsion:**

---

---

**Reason for suspension or expulsion:**

---

---

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

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)

**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.**

# Duquesne City School District

300 Kennedy Avenue • Duquesne, Pennsylvania 15110 • Administrative Office Phone: 412-466-5300 • Fax: 412-466-7599

K – 8 School Office Phone: 412-466-9600 • Fax: 412-469-3625

---

## **Affidavit of Resident In Support of Free School Privileges for a Non-Resident Child**

Dear Resident:

Under the terms of Section 1302 of the Public School Code, the Duquesne City School District may provide free school privileges for non-resident child **only** when a resident keeps and supports the child gratis in his/her home as if the child were their own.

The term “gratis” means that the resident of the district can receive no personal compensation, fees or recompense for providing for the child.

The child **must** live and fully reside in the home of the resident of the district.

The resident **will assume** all personal obligations for the child relative to school requirements. The requirements shall include, but not limited to:

1. Regular school attendance.
2. Responsibility for discipline problems at school.
3. Signing report cards and field trips authorizations.

Before accepting a non-resident child as a student, the Board of Control requires that the attached Sworn Statement be notarized and filed with the designee of the Superintendent. The School District also requires the execution of the attached Residency Affidavit form in order to confirm and validate relevant information.

The Duquesne School District has no obligation to contact student’s non-resident parents about any school issue.

If any of the requirements outlined in the above cease to exist, the District will no longer provide free school privileges for the non-resident child(ren).

The making of any false statement in the required documents is a violation of Section 4904 of the PA Crime Code, which makes it a criminal offense to provide false information to the government authorities, and such person shall be liable to reimburse the District for tuition charges.

☐ I am enrolling a non-resident child  
(Check this box if the child you are enrolling is not your child) Please note that additional forms and / or documentation may be required. Some forms may require notarization.

☐ I am **NOT** enrolling a non-resident child  
(Check this box if the child you are enrolling is your child)

---

RESIDENT SIGNATURE

---

DATE



# Duquesne City School District

300 Kennedy Avenue • Duquesne, Pennsylvania 15110 • Administrative Office Phone: 412-466-5300 • Fax: 412-466-7599

K – 8 School Office Phone: 412-466-9600 • Fax: 412-469-3625

## **REQUEST FOR TRANSPORTATION SERVICES**

PLEASE PRINT LEGIBLY

\_\_\_ K – 8 School  
\_\_\_ Out of District – West Mifflin / East Allegheny / Charter  
\_\_\_ Out of District – Other

STUDENT NAME: \_\_\_\_\_  
FULL NAME SCHOOL Grade

STUDENT NAME: \_\_\_\_\_  
FULL NAME SCHOOL Grade

STUDENT NAME: \_\_\_\_\_  
FULL NAME SCHOOL Grade

STUDENT NAME: \_\_\_\_\_  
FULL NAME SCHOOL Grade

STUDENT NAME: \_\_\_\_\_  
FULL NAME SCHOOL Grade

### **RESIDENT ADDRESS INFORMATION:**

PARENT FULL NAME: \_\_\_\_\_ Phone: \_\_\_\_\_

CURRENT STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

### **OTHER INFORMATION:**

**SPECIAL NEEDS REQUIRMENTS:** \_\_\_\_\_ (Y=Yes, N=No)

By my signature below, I am requesting transportation services as outlined above. I attest that the home address listed above is the true residence of the student(s) named above. I understand that the acceptance of this application by the Duquesne City School District does not guarantee any services until this information is verified. I/we are obligated to file a new application if we change any of the above information. I also understand the rules for safe bus riding and accept the responsibility to ensure my child(ren) understand and abide by those rules.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
AUTHORIZED SIGNATURE, DCSD

\_\_\_\_\_  
DATE

### **TRANSPORTATION OFFICE ONLY**

SENT REQUEST TO BUS COMPANY: \_\_\_\_\_ (Y=Yes, N=No) DATE: \_\_\_\_\_

SCHEDULE START DATE: \_\_\_\_\_ REG#2: \_\_\_\_\_ (reason) \_\_\_ELIGIBLE \_\_\_NOT ELIGIBLE

ASSIGNED TO BUS NUMBER/COLOR: \_\_\_\_\_ TIME PICK UP: \_\_\_\_\_ AM TIME DEPARTURE: \_\_\_\_\_ PM

AM / PM BUS STOP LOCATION: \_\_\_\_\_

PHONE BUS REP APPROVAL: \_\_\_\_\_

# Duquesne City School District

300 Kennedy Avenue • Duquesne, Pennsylvania 15110 • Administrative Office Phone: 412-466-5300 • Fax: 412-466-7599  
K – 8 School Office Phone: 412-466-9600 • Fax: 412-469-3625

---

## **PHOTO RELEASE FORM**

The Duquesne City School District includes photos of students, teachers and school activities in its newsletters, calendar, District website and other publications. Though the names of faculty, staff and administration will regularly be used, it is our policy that the full names of students will not be included on the district's website. Occasionally, it might be necessary to use the first name of a student, but last name, address and /or telephone numbers will never be used. This is an opt out option in which you the Parent / Guardian can disagree with your child not participating and being photographed.

Thank you

**Please sign your name and return the form to the school with your child ONLY if you disagree with your child being photographed.**

\_\_\_\_\_ No. Permission is **NOT** given for my child to be photographed.

\_\_\_\_\_ Please contact me. I need more information before making my decision.

\_\_\_\_\_  
STUDENT FULL NAME (PRINT)

\_\_\_\_\_  
PARENT/LEGAL GUARDIAN (PRINT)

\_\_\_\_\_  
SIGNATURE OF PARENT / GUARDIAN

\_\_\_\_\_  
DATE

# Duquesne City School District

300 Kennedy Avenue • Duquesne, Pennsylvania 15110 • Administrative Office Phone: 412-466-5300 • Fax: 412-466-7599

K – 8 School Office Phone: 412-466-9600 • Fax: 412-469-3625

## **Student Emergency Card**

### **Student Information**

Student Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

Full Home Address: \_\_\_\_\_ Homeroom: \_\_\_\_\_

Parent / Guardian Full Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### **Emergency Contact Person(s):**

(Please Place Emergency Contacts in the order in which you would like them contacted if we are not able to reach you)

Emergency Contact #1 Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Does this Emergency Contact live with student? \_\_\_\_ Yes \_\_\_\_ No

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Emergency Contact #1 Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Does this Emergency Contact live with student? \_\_\_\_ Yes \_\_\_\_ No

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Emergency Contact #1 Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Does this Emergency Contact live with student? \_\_\_\_ Yes \_\_\_\_ No

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Please identify any health issue(s) your child has that may be important for the teacher to know (i.e. asthma, diabetes, heart condition, bleeding disorder, ADHD etc):  
\_\_\_\_\_

Please identify any school age siblings in the district: (use back of card if necessary)

Sibling's Name(s): \_\_\_\_\_

### **Hospital Information:**

Hospital preferred: \_\_\_\_\_ (for Ambulance transport)

Student Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

In Case of emergency, illness, or accident to the student named above, the school is authorized to contact and release my child to the person(s) as indicated. (Write each item in order of desired action and name the emergency contact person.) Note: You must have a minimum of **2** emergency contacts listed.

1. \_\_\_\_\_  
Name / Relationship \_\_\_\_\_ Phone (cell, work, home) \_\_\_\_\_

2. \_\_\_\_\_  
Name / Relationship \_\_\_\_\_ Phone (cell, work, home) \_\_\_\_\_

3. \_\_\_\_\_  
Name / Relationship \_\_\_\_\_ Phone (cell, work, home) \_\_\_\_\_

Your signature is an informed consent to share this emergency information with school staff on a need to know basis for academic success and emergency plans.

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

\_\_\_\_\_  
Date

# SCHOOL BUS SAFETY TIPS



Dear Parents / Students

1. Get to the school bus stop **TEN MINUTES EARLY**, so you won't have to run across the road to catch the bus.
2. When waiting for the bus, stay away from traffic. Line up at least five giant steps away from the curb or the roadway to wait for the bus.
3. **Never** run after the school bus, if it has already left the bus stop.
4. **Never** push when getting on or off of the school bus.
5. Always walk at least 10 feet in front of the bus when crossing so that the school bus driver can see you.
6. ***Be aware- Cross with Care!*** Wait until the school bus has stopped all traffic before stepping out onto the road.
7. When the school bus is moving, always stay in your seat. Never put your head, arms or hand out of the window.
8. Talk quietly; do not distract your school bus driver.
9. If your school bus crosses railroad tracks, be calm and quiet so that your driver can listen for a train. Always obey your school bus driver's instructions, so that he or she can make safe decisions.
10. Never play with the emergency exits. Backpacks, band instruments, or sports equipment may not block the aisle or emergency exits. If there is an emergency listen to the driver and follow instructions.
11. When getting off of the school bus, make sure that all drawstrings and other loose objects are secure so that they don't get caught on the handrail or the door.
12. Never cross the street behind the school bus.
13. If you leave something on the bus or drop something outside of the bus, never go back for it. The driver may not see you and begin moving the bus.
14. Never speak to strangers at the bus stop and never get into the car with a stranger.

## KEEP THIS PAGE FOR YOUR RECORDS