

# PALMERTON AREA SCHOOL DISTRICT

## Student Registration

### Required Document Checklist

\_\_\_ Palmerton HS \_\_\_ Palmerton JrHS \_\_\_ SS Palmer \_\_\_ Parkside \_\_\_ Towamensing

**For a student to start school, we need to have on file or have verified the following:**

Proof of Immunizations - **copy**

Proof of Age & Name - **copy**

- birth certificate;
- notarized copy of birth certificate;
- baptismal certificate;
- copy of the record of baptism (notarized or duly certified and showing the date of birth);
- notarized statement from the parents or another relative indicating the date of birth;
- a valid passport;
- a prior school record indicating the date of birth.

Proof of Residency - 2 items from list below

- A current deed;
- A mortgage statement (no more than three months old);
- An active residential lease agreement;
- A utility bill (no more than three months old);
- An internet bill (no more than three months old);
- A credit card bill (no more than three months old);
- A bank statement (no more than three months old);
- A tax bill (no more than three months old);
- An insurance document (no more than three months old); or
- A piece of mail sent in the past three months by the federal or state government such as benefits information, voter registration, or tax documents.

Although not required, we appreciate copies of the following documents:

Academic records (report card, transcript) - **copy**

Special Education paperwork (IEP, 504 plan)-if applicable - **copy**

We reserve the right to make copies of any and/or all of the above documents.

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

**PALMERTON SCHOOL DISTRICT  
STUDENT REGISTRATION FORM**



**Student Biographical Information**

Student Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_  
(Last) (First) (Middle) (mm) (dd) (yyyy)

Gender  M  F

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

Proof of Age Documentation **attached**  Y  N

Name of Last School Attended \_\_\_\_\_

Address of Last School Attended \_\_\_\_\_ Last School's Phone # \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip Code) Last School's Fax # \_\_\_\_\_

Has student ever attended in this school district?  Y  N If yes, which school. \_\_\_\_\_

Has student ever attended school in PA?  Y  N If yes, list school and grade \_\_\_\_\_

Did student ever attend school **outside** of the United States?  Y  N If yes, where. \_\_\_\_\_

If yes, what year did student first attend a school in the United States? \_\_\_\_\_

The following two questions are for federal and state reporting purposes only:

**Race (check all that apply):**  American Indian/Alaskan Native  Asian  Black/African America  Caucasian/White  
 Native Hawaiian/Pacific Islander  Multi-Racial

**Is the student of Hispanic/Latino Ethnicity?**  YES or  NO

**Building:**

Palmerton High School  Palmerton Jr. High School  SS Palmer Elementary  Parkside Education Center  Towamensing Elementary

**Student Miscellaneous Information**

Student's Native Language \_\_\_\_\_ Is the student a U.S. Citizen? \_\_\_\_\_

Student's City, State and Country of Birth \_\_\_\_\_

Is there a Court Order involving this student?  Y  N **If YES, please provide a copy to the school office, otherwise we are unable to abide by its contents.**

Is this student in the custody of someone other than a parent?  Y  N If yes, what is the relationship \_\_\_\_\_

**FOR OFFICE USE ONLY**

Student ID# \_\_\_\_\_ Date Entered/Reentered \_\_\_\_\_ PAMSecure ID \_\_\_\_\_

Institutionalized Child (1306)  Y  N (If yes, complete PDE-4605 and submit to child accounting)

Foster Child (1305)  Y  N (If yes, attach 1305 – Affidavit)

Bus Assignment: **Bus #** \_\_\_\_\_ **Time** \_\_\_\_\_ **Grade 9 Entry Date** \_\_\_\_\_

**AM** \_\_\_\_\_

**PM** \_\_\_\_\_

Special transportation needs?  NONE  Wheelchair  Door-to-Door  Other

**First Adult Resident with whom student resides**

Name \_\_\_\_\_ Mr./Mrs./Ms./Dr.  
(Last) (First) (Middle) (circle one)

Relationship to Child \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Employer \_\_\_\_\_

**Primary Phone Number's:**

Home \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Work \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Ext \_\_\_\_; Cell \_\_\_\_ - \_\_\_\_ - \_\_\_\_

E-Mail Address \_\_\_\_\_

**Second Adult Resident with whom student resides**

Name \_\_\_\_\_ Mr./Mrs./Ms./Dr.  
(Last) (First) (Middle) (circle one)

Relationship to Child \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Employer \_\_\_\_\_

**Primary Phone Number's:**

Home \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Work \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Ext \_\_\_\_ Cell \_\_\_\_ - \_\_\_\_ - \_\_\_\_

E-Mail Address \_\_\_\_\_

**Address of Adult Resident(s) with whom student resides**

The Residence is: \_\_\_\_\_ Apartment \_\_\_\_\_ Campground/Campsite  
\_\_\_\_\_ Single Family Home \_\_\_\_\_ Hotel/Motel  
\_\_\_\_\_ Multi-Family Home \_\_\_\_\_ Car  
\_\_\_\_\_ Shelter \_\_\_\_\_ Other

\_\_\_\_\_  
(Physical Address of Residence) (City) (State) (Zip Code)

\_\_\_\_\_  
(Mailing Address of Residence-if different from above) (City) (State) (Zip Code)

Do you live on federal property or work for the federal government?  Y  N

Municipality to which you pay taxes:  Palmerton Borough  Bowmanstown Borough  Towamensing Township  
 Lower Towamensing Township

Other children living at this address:

- 1.) Full Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_ School \_\_\_\_\_ M F  
2.) Full Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_ School \_\_\_\_\_ M F  
3.) Full Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_ School \_\_\_\_\_ M F  
4.) Full Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_ School \_\_\_\_\_ M F

Is the student going to/from school from somewhere other than your residence?  Y  N  Pickup  Drop Off  Both

If yes, from where  Day Care Name, location & phone # \_\_\_\_\_  
 Babysitter Name, location & phone # \_\_\_\_\_

### Second Parent Information (Parent does NOT reside with student)

Name \_\_\_\_\_ Mr./Mrs./Ms./Dr.  
(Last) (First) (Middle) (circle one)

Relationship to Child \_\_\_\_\_ Is this parent to receive notices?  Y  N

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Primary Phone Numbers:

Home \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Work \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Ext \_\_\_\_ Cell \_\_\_\_ - \_\_\_\_ - \_\_\_\_

E-Mail Address \_\_\_\_\_

### Student Program Information

Check ALL services that your child is currently receiving:

- Individualized Education Plan (Special Education Services)  Gifted Individualized Education Plan (Gifted Education Services)  Section 504/Chapter 15 Service Agreement (Special Accommodations for Health/Physical needs)  
 ESL (English as a Second Language)  Speech/Language Support  Early Intervention Program  
 Remedial Math (Extra Help)  Remedial Reading (Extra Help)  IST (Instructional Support Team)

### Emergency Information

	Contact 1	Contact 2	Contact 3
Name			
Relationship			
Phone			
Alt Phone			
Permission	<input type="checkbox"/> School Pickup <input type="checkbox"/> Emergency Contact	<input type="checkbox"/> School Pickup <input type="checkbox"/> Emergency Contact	<input type="checkbox"/> School Pickup <input type="checkbox"/> Emergency Contact



## 200-AR-2. PARENTAL REGISTRATION SWORN STATEMENT

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

Parent/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

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

### 24 P.S. §13-1304-A

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 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.”

*Please complete the following:*

I hereby swear or affirm that my child

<input type="checkbox"/> was not	<input type="checkbox"/> was previously	<input type="checkbox"/> is not presently	<input type="checkbox"/> is presently
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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 P.S. §13-1318.1

Pennsylvania School Code §13-1318.1 states in part “Prior to admission to a public 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 student was previously or is presently 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.

*Please complete the following:*

I hereby swear or affirm that my child

<input type="checkbox"/> was not	<input type="checkbox"/> was previously	<input type="checkbox"/> is not presently	<input type="checkbox"/> is presently
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expelled from any public or private school of this Commonwealth 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 P.S. §13-1318.1 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(s) and address(es) from which student was suspended or expelled:

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Date(s) of suspension or expulsion: \_\_\_\_\_

Reason(s) for suspension/expulsion:

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*If necessary, please attach another sheet to provide additional schools, dates, and reasons for expulsion or suspension.*

I assert that the facts set forth herein are true and correct to the best of my knowledge, information, and belief. Any willful false statement made above shall be a misdemeanor of the third degree. I understand that it is a summary criminal offense to knowingly provide false information in this sworn statement for the purpose of enrolling a child in the district's schools, and that the penalty for such an offense is a fine of not more than three hundred dollars (\$300.00) or 240 hours of community service, or both, in addition to payment of the district's court costs and tuition fees.

I further certify that I will notify the Palmerton Area School District immediately in the event the facts set for herein shall no longer be correct or shall change. I also certify that I will cooperate with and be responsive to requests for information or investigation concerning the continuing validity of this statement.

I, the resident, have read and understand the contents of this document and have received a copy for my records. I have received a copy of the Pennsylvania school immunization requirements and required documents for application for registration for school attendance in Pennsylvania. I understand that my child will not be officially enrolled in the Palmerton Area School District until all completed required documents have been approved by the school authorities. I grant the school district permission to investigate the above information that I have presented in this sworn statement for confirmation and factual accuracy.

Commonwealth of Pennsylvania

County of \_\_\_\_\_

\_\_\_\_\_  
**Signature required in presence of notary**

Sworn to and subscribed before me this \_\_\_\_\_ day

of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Date

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

**Notary service is only needed if the student has been suspended or expelled from another school.**

PALMERTON AREA SCHOOL DISTRICT PROVIDES NOTARY SERVICES FREE OF CHARGE FOR THIS FORM.  
This form shall be maintained as part of the student's disciplinary record.



# PALMERTON AREA SCHOOL DISTRICT

## 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 (last) name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

### **Questions for Parents/Guardians**

1. Is a language other than English spoken in the child's home?

YES (language) \_\_\_\_\_  NO

2. Does your child communicate in a language other than English?

YES (language) \_\_\_\_\_  NO

3. What is the language that your child first learned to speak?

\_\_\_\_\_

4. I would like all written communication from the school to be provided in my home language.

YES (language) \_\_\_\_\_  NO

5. I need the school to provide translation for talking with teachers or staff.

YES  NO

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

Interpreter Provided:  YES  NO



# PALMERTON AREA SCHOOL DISTRICT

## RELEASE OF RECORDS

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> <b>Palmerton Area High School</b><br>Grades 9-12<br>3523 Fireline Road<br>Palmerton, PA 18071<br>610-826-3155<br>610-826-4929 Fax | <input type="checkbox"/> <b>Palmerton Area Jr. High School</b><br>Grades 7-8<br>3529 Fireline Road<br>Palmerton, PA 18071<br>610-826-2492<br>lschaffer@palmerton.org | <input type="checkbox"/> <b>S. S. Palmer Elementary</b><br>Grades 2-6<br>298 Lafayette Avenue<br>Palmerton, PA 18071<br>610-826-7538<br>610-826-7528 Fax                         |
| <input type="checkbox"/> <b>Parkside Education Center</b><br>Grades K-1<br>680 Fourth Street<br>Palmerton, PA 18071<br>610-826-4914<br>610-826-4934 Fax    | <input type="checkbox"/> <b>Towamensing Elementary</b><br>Grades K-6<br>7920 Interchange Road<br>Lehighton, PA 18235<br>610-681-4024<br>610-681-6410 Fax             | <input checked="" type="checkbox"/> <b>Palmerton School Dist. Special Education Dept.</b><br>680 Fourth Street<br>Palmerton, PA 18071<br>610-826-7101 x 5018<br>610-826-4958 Fax |

We/I hereby authorize:

Previous School Name: \_\_\_\_\_

Address \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail Address \_\_\_\_\_

To release information from the records of:

Student \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

**Anticipated Start date** with the Palmerton Area School District \_\_\_\_\_

The purpose of this release is to register students with the Palmerton Area School District.

**Please release all data that applies to the student including:**

- |                                  |   |                                    |
|----------------------------------|---|------------------------------------|
| Scholastic/Education Record      | Team Action Plan (IST, SAP, etc.)           | Medical History                    |
| Academic Evaluations             | SAP Initiated D & A Evaluation              | Psychiatric Evaluation             |
| Developmental History/Social     | Psychological Evaluation/ER/GWR             | Immunization Records               |
| Discharge Summary/Aftercare Plan | Notice of Recommended Ed. Placement (NOREP) | Individualized Educ. Program (IEP) |
| Section 504 Service Agreement    | Notice of Recommended Assignment (NORA)     | Gifted IEP (GIEP)                  |
| Other: _____                     |   |                                    |

Please forward information to the school checked above.

**IF THE STUDENT HAS AN INDIVIDUALIZED EDUCATION PROGRAM (IEP), GIFTED (GIEP) or SECTION 504 SERVICE AGREEMENT, please forward to:** Special Education Department @ address and phone listed above.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student (14 years or older)

\_\_\_\_\_  
Date

This consent expires one year from date of signature(s).



# PALMERTON AREA SCHOOL DISTRICT

## GUIDANCE QUESTIONNAIRE

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

List the schools that the student has previously attended. Please include Headstart, Project Connect or any preschool for those students in grades K-3.

School	Grade	Year(s) attended

Was the student ever retained (circle)? Yes No

If so, what grade(s) \_\_\_\_\_

Student presently lives with: Name \_\_\_\_\_

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

Is there presently a custody issue (circle)? Yes No

If yes, custody papers must be provided. Papers provided (circle): Yes No

Any comments or concerns you wish to make known to the Counselor?

Are there any special services that your child presently receives or has received in the past?

PALMERTON SCHOOL DISTRICT  
SCHOOL HEALTH SERVICES

SPECIAL HEALTH NEEDS

Student's Legal First, Middle, Last Name \_\_\_\_\_  
Mother's Name \_\_\_\_\_  
Father's Name \_\_\_\_\_  
Whom Student Resides With \_\_\_\_\_  
Address \_\_\_\_\_  
DOB \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_ Race \_\_\_\_\_ Phone Number \_\_\_\_\_  
Previous School Attended \_\_\_\_\_

Name and phone number of Family Physician \_\_\_\_\_  
Name and phone number of Family Dentist \_\_\_\_\_

Were there any problems or complications during pregnancy and/or delivery with mom and/or student? Yes No  
If yes, explain \_\_\_\_\_

Did student have NICU stay? Yes No  
If yes, explain \_\_\_\_\_

Premature? Yes No Gestation \_\_\_\_\_ weeks Birth Weight \_\_\_\_\_

Infancy and Early Childhood (please check all that apply):

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Frequent Earaches                 | <input type="checkbox"/> Seizures or Convulsions | <input type="checkbox"/> Hyperactivity                      |
| <input type="checkbox"/> Frequent Upset Stomach            | <input type="checkbox"/> Unconsciousness         | <input type="checkbox"/> Short Attention Span               |
| <input type="checkbox"/> Frequent Sore Throat              | <input type="checkbox"/> Nightmares              | <input type="checkbox"/> Temper Tantrums                    |
| <input type="checkbox"/> Frequency or Burning on Urination | <input type="checkbox"/> Speech Difficulties     | <input type="checkbox"/> Nail Biting                        |
| <input type="checkbox"/> Constipation                      | <input type="checkbox"/> Stuttering              | <input type="checkbox"/> Difficulty separating from parents |
| <input type="checkbox"/> Diarrhea                          | <input type="checkbox"/> Eye Problems            | <input type="checkbox"/> Difficulty carrying our directions |
| <input type="checkbox"/> Vomiting                          | <input type="checkbox"/> Bed Wetting             | <input type="checkbox"/> Unusual Fears                      |
| <input type="checkbox"/> Headaches                         | <input type="checkbox"/> Hearing Defects         | <input type="checkbox"/> Poor Coordination                  |
| <input type="checkbox"/> Nosebleeds                        |  | <input type="checkbox"/> Frequent Stumbling or Falling      |

Comments: \_\_\_\_\_  
\_\_\_\_\_

Was your child born with any birth defects? Yes No  
If yes, explain \_\_\_\_\_

Has your child had any childhood diseases? Yes No  
If yes, explain \_\_\_\_\_

Has your child ever had any serious illnesses, hospitalizations, fractures (broken bones) or operations? Yes No  
If yes, explain \_\_\_\_\_

Does your child have any diagnoses or current health conditions? (Asthma, Diabetes, ADHD, ADD, Anxiety, Depression, Migraines, etc) Yes No

If yes, please list \_\_\_\_\_

If yes, are they currently under any treatment \_\_\_\_\_

Name of the treating provider \_\_\_\_\_

Please include any medications or accommodations required \_\_\_\_\_

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Is there an Asthma Action Plan in place? Yes No If yes, we will need a copy.

Has your child ever had any convulsions or seizures? Yes No

If yes, explain appearance \_\_\_\_\_

When was the last seizure? \_\_\_\_\_

Name of Neurologist, if applicable \_\_\_\_\_

Please include any medications or accommodations required \_\_\_\_\_

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Is there a Seizure Action Plan in place? Yes No If yes, we will need a copy.

Is your child receiving any therapies? (Speech, OT, PT, Counseling, etc) Yes No

If yes, please list \_\_\_\_\_

Does your child require any assistive devices? (Glasses, hearing aids, braces, etc) Yes No

If yes, please list \_\_\_\_\_

Does your child have any allergies? (Seasonal, food, insects, plants, medicines, etc) Yes No

If yes, please list \_\_\_\_\_

If yes, is there an Epi-Pen (Epinephrine) prescribed? Yes No

Name of the Allergist/treating provider \_\_\_\_\_

Is there an Action Plan in place? Yes No If yes, we will need a copy

Does your child need a special diet or have a food problem? Yes No

If yes, explain \_\_\_\_\_

Does your child have any activity restrictions? Yes No

If yes, please provide a note from his/her health care provider.

Please indicate if any relatives have or have had any of the following diseases:

M- Mother's family		F- Father's family		
<input type="checkbox"/> Allergies	<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Lung Disease
<input type="checkbox"/> Psychological problems	<input type="checkbox"/> Convulsive (seizure) disorders	<input type="checkbox"/> Emotional problems		

Does your child take any medication on a regular basis? Yes No

If yes, please include the name, dosage, timetable, and reason for taking the medication.

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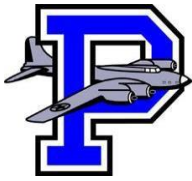
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**\*\*If there are any changes to your child's health or any new diagnoses throughout their school years, please notify your child's nurse immediately.**

**If your child needs to take any medication during the school day, we MUST have an order from a healthcare provider. The medication MUST be brought to the health office by an adult, and it MUST be in the original container. The label on the container must include the name of the child, the name of the medication, the dosage, and the timetable for dispensing the medication. If the medication is prescribed, a signed authorization from the healthcare provider must accompany the medication. Over the counter medications only need a written authorization from the parent or guardian.**

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



## PALMERTON AREA SCHOOL DISTRICT

CENTRAL ADMINISTRATION OFFICE  
680 Fourth Street  
Palmerton PA 18071

Phone (610) 826-7101

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

Dear Parents and Students,

Board Policy 815: Acceptable Use of Internet, Computers & Network Resources outlines expectations for using our school's technology resources. This policy details guidelines for acceptable use and highlights the responsibility of each user to utilize these resources appropriately.

Please review the complete policy, available at:

<https://www.palmerton.org/wp-content/uploads/2024/06/Board-Policy-815-Acceptable-Use-of-Internet.pdf>

After reviewing, we ask both students and parents to acknowledge and agree to these terms by signing below. This will ensure continued access to the district's technology resources and help promote a culture of responsible use.

Dan Heaney  
Director of Technology  
Palmerton Area School District  
3525 Fireline Rd Palmerton, PA 18071  
(610) 826-7160  
[dheaney@palmerton.org](mailto:dheaney@palmerton.org)

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### Acknowledgment and Agreement:

I, \_\_\_\_\_, acknowledge that I have read and understood Board Policy 815: Acceptable Use of Internet, Computers & Network Resources Policy.

I agree to abide by all the terms and conditions set forth for accessing and utilizing the district's technology and network resources. I understand that any violation of this policy may result in disciplinary action, revocation of access privileges, and possible legal consequences.

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

Student Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

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

*Palmerton Area School District is an equal opportunity education institution and will not discriminate on the basis of race, color, national origin, sex, and handicap in its activities, programs, services, or employment practices as requires by Title VI, Title IX, and Section 504.*

To the Parents/Guardians of:

### **PowerSchool Parent Portal Information**

The Palmerton Area School District uses PowerSchool for its student information system. It is a web- based system that allows us to do grades and attendance reporting. We are excited to provide you with access to your student's current grades and attendance through the internet. If you are currently accessing the Parent Portal, you can disregard this letter. If you have an account and have forgotten your username or password, please click on the Forgot Username or Password link and follow the directions. If you do not have an account and never accessed the PowerSchool Parent Portal, please follow the directions below.

You will need access to the PowerSchool Parent Portal to be able to complete the Information and Emergency Information Updates for each student.

You will need the following information:

The website location is: <http://pspalmerton.cliu.org>. Once at the site, click on **Create Account**. Complete the **Parent Account Details** section at the top. Then, complete the **Link Students to Account** section for each child, using the Access ID and Access Password for each student. Click Enter when complete.

**Your student's Access ID is:** Contact school office or tech.dept@palmerton.org for AccessID and Password

Your student's Access Password is:

Please note that the login codes are case-sensitive. Do not use the information above to log in to the account, as it will not work. The codes above are to be used when setting up your account for the first time.

Once logged in, you have access to your child's grades, attendance and other important information, as well as access to update your student's Emergency Contacts Information. You can also sign up for email notifications of grades, attendance or school announcements. If you do not yet have internet access you can call the school to receive your student's report.

**PowerSchool Parent App:** Once you have an account, consider downloading and using the PowerSchool Parent app, available for iOS and Android. Our district code is **PQRB**. Download the app, enter the school district information, and login using your account information.

**Please keep your passwords confidential so only you can access the information. Students have their own login IDs and passwords, so try to keep your login information confidential and separate from your child's information.** Lost IDs and passwords will not be given out via email.

Please call the school office if you have any general questions or comments.

PALMERTON AREA SCHOOL DISTRICT  
 680 FOURTH STREET  
 PALMERTON, PA 18071  
 610-826-7101

**RESIDENCY QUESTIONNAIRE**

NAME OF PARENT/GUARDIAN:		TELEPHONE #:	
CURRENT ADDRESS:			
TOWNSHIP OR BOROUGH OF:		SINCE:	
PREVIOUS ADDRESS:			
MY EMPLOYER:		OCCUPATION:	
EMPLOYER ADDRESS:			
SELF EMPLOYED <input type="checkbox"/>	HOMEMAKER <input type="checkbox"/>	DISABLED <input type="checkbox"/>	RETIRED <input type="checkbox"/>
		STUDENT <input type="checkbox"/>	
LIST <u>ALL</u> PERSONS LIVING AT THE ABOVE ADDRESS			
NAME	EMPLOYER	OCCUPATION	18 YEARS OF AGE OR OLDER
1.			<input type="checkbox"/> Yes <input type="checkbox"/> No
2.			<input type="checkbox"/> Yes <input type="checkbox"/> No
3.			<input type="checkbox"/> Yes <input type="checkbox"/> No
4.			<input type="checkbox"/> Yes <input type="checkbox"/> No
5.			<input type="checkbox"/> Yes <input type="checkbox"/> No
6.			<input type="checkbox"/> Yes <input type="checkbox"/> No
7.			<input type="checkbox"/> Yes <input type="checkbox"/> No
8.			<input type="checkbox"/> Yes <input type="checkbox"/> No

PLEASE INFORM YOUR EMPLOYER OF YOUR CORRECT TAXING DISTRICT – **NOT SCHOOL DISTRICT.**

I CERTIFY THAT ALL INFORMATION AND STATEMENTS HEREIN ARE CORRECT.

SIGNATURE:	DATE:
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**FOR OFFICIAL USE**

DATE MAILED:	NOTES:
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