



East Allegheny School District
Registration Packet

Registration Instructions

Please follow the steps below to prepare for your registration appointment. Bring all required documents with you. Incomplete documentation will require rescheduling.

1. Obtain Proof of Immunization

- Request your child's immunization record from their physician
OR
- Access the record online through the Allegheny County Health Department

2. Provide Proof of Your Child's Age

Bring one of the following:

- Original Birth Certificate (or)
- Baptismal Certificate or copy of a record of baptism (or)
- Valid Passport (or)
- Notarized statement from a parent or relative confirming the student's date of birth

3. Complete the EASD Parent Registration Statement: Act 26 Certification

- Fill out the required certification form before your appointment

4. Home Language Survey

5. Proof of Residency

To complete registration, you must provide one (1) document from each of the three (3) lists below. All documents must show your current address.

List A – Proof of Housing

- Lease or Rental Agreement
- Mortgage Statement
- Property Deed
- Property Tax Bill

List B – Personal Identification

- Driver's License (with current address)
- State or DOT-issued Photo ID (with current address)
- Passport

List C – Proof of Residence or Services

- Current Utility Bill (electric, gas, water, etc.)
- Vehicle Registration (with current address)
- Proof of public assistance or Social Security benefits at current address

6. **Transcripts from Previous School District**

(complete the EASD Authorization for Release of information)

Other Forms to be Completed/Reviewed/Provided As Soon As Possible

- Student Enrollment Form
- Health History Form
- Notice of Lead Testing
- Special Education Services Registration (if applicable)
- Affidavit of Guardianship/Custody Paperwork (if applicable)
- Document Review & Acknowledgement form, upon reviewing the following Information:
 - Dress Code Policy #221
 - Student Handbook
 - Acceptable Use of Internet, Policy #815
 - Photo Release
 - Device Lending Agreement

The East Allegheny School District will typically enroll a student within **one (1) business day**, but no later than **five (5) business days** after receiving all required documents.

If you have questions about the enrollment process, please refer to **Policy #200: Enrollment of Students** in our online policy manual, available at www.eawildcats.net.



STUDENT ENROLLMENT FORM

APPROVED START DATE _____

Grade _____ Student ID _____ Bus _____ AM _____ PM _____

- ☐ Homeless
- ☐ Ward Of State
- ☐ Resident Foster
- ☐ Non-Resident Foster
- ☐ Living with Adult Non-parent
- ☐ Paid Tuition

☐ Approved to Start

_____ Pupil Services/Principal Initials

STUDENT INFORMATION

Student's Legal Name (LAST, FIRST, MIDDLE)

Date of Birth (mm/dd/yyyy)

Gender (Male/Female/Non-Binary)

Has student previously attended East Allegheny? _____ Yes _____ No

_____ Check if student attends a non-public, private, or charter school. If so, complete the Transportation Registration Form.

School Attending:

Primary Address of Student

City

State

Zip

Home Phone

Alternate Phone

Email

Student's Previous Home Address (if Applicable)

Previous School Districts (If Applicable)

Year of Attendance (If Applicable)

Previous School Districts (If Applicable)

Year of Attendance (If Applicable)

Country of Birth	City/State	Initial U.S Entry Date	Initial Entry into Pennsylvania
------------------	------------	------------------------	---------------------------------

Was this student attending virtually or in-person at their previous school: _____

Was this student attending a CTC (Career & Technology Center): _____

If YES, which CTC did your student attend and which program:

Check if Applicable: _____ Migrant _____ Refugee _____ Foreign Exchange

Ethnicity: Hispanic/Latino _____ YES _____ NO

Race: _____ White/Caucasian _____ Black/African American _____ Asian
_____ American Indian/Alaskan Native American/Other Pacific Islander
_____ Multi-Racial (if Multi-racial, please check all race(s) above)

Native Language: _____ English _____ Spanish _____ Japanese _____ Chinese _____ Hindi
_____ Other _____

FAMILY INFORMATION

Parent/Guardian Full Name

Email

Address (if different from student)

Primary Phone

Alternate Phone

Relationship to Student _____ Legal Guardian _____ Lives with Student _____

Parent/Guardian Full Name

Email

Address (if different from student)

Primary Phone

Alternate Phone

Relationship to Student _____ Legal Guardian _____ Lives with Student _____

Emergency Contact

Email

Primary Phone

Alternate Phone

Relationship to Student _____ Legal Guardian _____ Lives with Student _____

Has Student Previously attended East Allegheny School District: _____ Yes_____ No

If Yes, What Year(s) _____

Is Parent/Guardian an active-duty member or a branch of the Armed Forces including Full time Reserve/National Guard duty? _____ Yes _____ No _____

OTHER CIRCUMSTANCES

Legal Custody/Court Document/Special Arrangements (Please list) _____ Not Applicable

If Foster Child, List agency name and phone number _____ Not Applicable

Other School Age Children Living in the Home

Name	Date of Birth	Grade	School Attending

I certify that this information has been completed to the best of my knowledge.

Parent/Guardian Name (Print)

Signature

Date

HEALTH HISTORY

Student's Legal Name (LAST, FIRST, MIDDLE)		Date of Birth	Grade	Homeroom
RHEUMATIC FEVER:	_____	HEART PROBLEMS/MURMUR:	_____	
NERVOUS DISORDER:	_____	T.B. CONTACT:	_____	
KIDNEY INFECTION:	_____	DIABETES:	_____	
BLADDER/URINARY ISSUE:	_____	CONCUSSION/HEAD INJURY:	_____	
CEREBRAL PALSY:	_____	FRACTURES:	_____	
ADD/ADHD:	_____	BLEEDING PROBLEM:	_____	
ASTHMA:	_____	If yes, does student use an inhaler?	_____ Yes _____ No	

Other mental and/or physical disorders (please specify):

Please check if the student has any allergies and list them below.

_____ Food Allergies: _____

_____ Medicine Allergies: _____

Does the student have prescribed allergy medication? If yes, please provide details:

Please check if the student has any of the following and provide details.

_____ Currently Receiving Treatment or Medicine: _____

_____ Student has had serious injuries, illnesses or operations: _____

_____ Wears glasses, contact lenses, hearing aid(s), tubes in ears, or other assistive device:

_____ Requires Special Services: _____

_____ Restricted from Physical Activity: _____

Is there anything specific you would like us to know about your child? _____

SPECIAL EDUCATION SERVICES

Student's Legal Name (LAST, FIRST, MIDDLE)

Grade

We are pleased to welcome you and your child to the East Allegheny School District. To ensure we provide appropriate educational support, please let us know if your child received any special education services at their previous school by completing this form.

Please check all that apply:

☐ My Child WAS NOT in a Special Education Program

-OR-

☐ My Child DID have a 504 or service agreement at a previous school.

☐ My Child WAS in a gifted program at a previous school.

My Child DID receive Special Education services in this type of placement:

(Check all that apply)

☐ Learning Support

☐ Autistic Support

☐ Emotional Support

☐ Speech/Language Support

☐ Hearing Support

☐ Vision Support Remedial Math

☐ Remedial Reading

☐ Gifted

☐ Life Skills Support

☐ Multi-Handicapped Support

☐ Physical Support

☐ Out of District Placement

Where: _____

☐ Other, Please Specify: _____

Parent/Guardian Name (Print)

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):

Student's First Name: _____

Student's Family Name: _____

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

QUESTIONS FOR PARENTS OR GUARDIAN:

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? _____

Person completing this form (if other than Parent/Guardian)

Parent/Guardian Signature

Date

Interpreter Provided: _____ NO _____ YES

DAY CARE INFORMATION

Please provide the following information if your child will be cared for by a babysitter or daycare.

Is childcare provided for your child with a babysitter or daycare?

- ☐ Yes
- ☐ No

Care is provided in:

- ☐ AM
- ☐ PM
- ☐ Both

Caregiver Info:

Name: _____

Phone: _____

Address: _____

Daycare or babysitter must be located within the district to qualify for transportation.



AUTHORIZATION TO RELEASE RECORDS

I authorize _____ to release information to the
(previous school district)

EAST ALLEGHENY SCHOOL DISTRICT in regards to:

Student's Name

Date of Birth

PLEASE SEND RECORDS TO:

EAST ALLEGHENY SCHOOL DISTRICT
1150 Jacks Run Road
North Versailles, Pa 15137
Attn: Kristin Wagner
Ph# 412-824-8012 x 4150
F# 412-824-1062
Kwagner@eawildcats.net

INFORMATION TO BE FORWARDED SHOULD INCLUDE:

- Act 26 Records (Discipline/Expulsion)
- Grade Transcripts
- Attendance Records
- PA Secure ID
- Test Scores (Keystone, PSSA, Etc.)
- Immunization And Health Records
- Regular Education Assignment

If child received Special Education, services, the following are to be sent:

- I.E.P. - Individual Educational Program
 - NOREP - Notice of Educational Placement
 - Psychological/Psychiatric Report
 - Multi-Disciplinary Evaluation

The last day of attendance in your district for the student named above was: _____

THIS INFORMATION IS FOR PROFESSIONAL USE ONLY AND WILL REMAIN STRICTLY CONFIDENTIAL.

Parent/Guardian Signature _____ **Date** _____

Parent/Guardian Name (PRINT) _____

Parental Registration Statement – Act 26 Certification

Student's Name: _____

Date of Birth: _____ Grade: _____ Homeroom: _____

PA 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 the 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 act or offense involving weapons, alcohol, or drugs, or for the willful infliction of injury to another person for any act of violence committed on the 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.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name (PRINT) _____

Check all that apply:

This student: _____ was previously suspended _____ was previously expelled
_____ is presently suspended _____ is presently expelled

Check As applicable	School where the suspension/expulsion occurred	Date(s)	Reason
☐ Expulsion ☐ Suspension			
☐ Expulsion ☐ Suspension			
☐ Expulsion ☐ Suspension			

DOCUMENT REVIEW AND AUTHORIZATION FORM

_____ School Year

To support our efforts to help the environment, EASD has posted the district handbook and other important documents online at www.eawildcats.net. Paper copies of any document are available upon request from your child's school office. Please review the information, initial each applicable section, and sign below.

HANDBOOK

☐

YES, my child and I understand the rules and procedures outlined in the EASD Handbook. We have discussed a family plan in the event of an unexpected school closure and have reviewed the School Closing and Delay section. I understand that the handbook is available online at www.eawildcats.net.

INTERNET USE

☐

YES, as the parent/guardian of this student, I have read Policy #815, Acceptable Use of Internet, Computers and Network Resources and the Internet Use Agreement located on the EASD website. I understand that this access is designed for educational purposes. I also recognize it is impossible for EASD to restrict access to all controversial materials, and I will not hold them responsible for material acquired on the network. Further, I accept full responsibility for supervision if and when my child's use is not in a school setting. I hereby give permission for my child to use the internet via an EASD account and certify that the information contained on this form is correct. **I also understand that if I do not wish for my child to have access to the internet while in school, I must submit this request in writing to the building principal.

PHOTO RELEASE

Students enrolled in the East Allegheny School District, may be photographed or videotaped from time to time by members of the press, and/or district staff. Photos may be shared on the district Facebook, Instagram, or district website. They may also be shared via classroom communication apps and used in the yearbook or school newspaper. There images will not be used in any form of paid advertising.

_____ YES, My child has my permission to be photographed

_____ NO, My child does not have my permission to be photographed

Student Name

Building

Parent Signature

Date



EAST ALLEGHENY ATHLETIC DEPARTMENT

Athletic Interest Form Grades 7-12 Only

Student Name: _____ Entering Grade: _____

Date of Birth: _____ Current Age: _____ Date of Enrollment at EASD: _____

Head of Household Name: _____ Relationship: _____

Address: _____

Phone Number: _____ Email: _____

School where student is transferring from: _____

Have you repeated a grade: _____ If yes, grade/year: _____

Previous Athletic Participation History for School Teams:

7th Grade: _____

8th Grade: _____

9th Grade: _____

10th Grade: _____

11th Grade: _____

12th Grade: _____

Participation Interest at East Allegheny: _____

Reason for your transfer (check which applies):

_____ Physically moved to district with one or both natural parents

_____ Natural break in school (7th or 9th grader coming from private/parochial/other school)

_____ Legally appointed by court order and/or administrative appointment

_____ Previous school district closed

_____ Other (please explain) _____