2552 Route 6
Hawley, PA 18428-7045
(570) 226-4557 opt. 6
Fax: (570) 226-0638

WALLENPAUPACK AREA SCHOOL DISTRICT

Wallenpaupack Area School District
Parent/Guardian Data Sheet

Student(s) enrolling:			
County:	☐ Wayne ☐ Pike	Township:	☐ Blooming Grove ☐ Dreher ☐ Greene ☐ Hawley Boro ☐ Lackawaxen ☐ Texas ☐ Palmyra Pike ☐ Palmyra Wayne ☐ Paupack

Primary residence of student: ☐ Yes ☐ No	Primary residence of student: ☐ Yes ☐ No
Access to student records: ☐ Yes ☐ No	Access to student records: ☐ Yes ☐ No
Full Name of Natural Mother:	Full Name of Natural Father:
Last, First	*Last, First*
Mailing Address	*Mailing Address*
Town *State* *Zip*	*Town* *State* *Zip*
Primary Phone Number:	Primary Phone Number:
Secondary Phone Number:	Secondary Phone Number:
Employer Name:	Employer Name:
Work Phone:	Work Phone:
E-mail:	E-mail:
*** * * * * If guardian is someone other than parent, please complete the following:**	
Relationship: ☐ Foster ☐ Guardian Ad Litem ☐ Agency	
Full Name of Guardian:	Full Name of Guardian:
Last, First	*Last, First*
Mailing Address	*Mailing Address*
Town *State* *Zip*	*Town* *State* *Zip*
Primary Phone Number:	Primary Phone Number:
Secondary Phone Number:	Secondary Phone Number:
Employer Name:	Employer Name:
Work Phone:	Work Phone:
E-mail:	E-mail:
Physical Address, if different than mailing address:	

The Wallenpaupack Area School District does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following person has been designated to handle inquiries regarding the non-discrimination policies. Keith Gunuskey, Ed.D., Superintendent, 2552 Route. 6, Hawley, PA, 18428. Telephone-570-226-4557.

Wallenpaupack Area School District
Parent/Guardian Data Sheet

Family Information ï Please list all students currently enrolled in the Wallenpaupack Area School District.

			Relationship:	**Do custody concerns apply to this child?**
			Lives at this address ☐ Yes ☐ No	☐ Yes ☐ No
Student's Last Name	**Student's First Name**	**Grade**		
			Relationship:	**Do custody concerns apply to this child?**
			Lives at this address: ☐ Yes ☐ No	☐ Yes ☐ No
Student's Last Name	**Student's First Name**	**Grade**		
			Relationship:	**Do custody concerns apply to this child?**
			Lives at this address: ☐ Yes ☐ No	☐ Yes ☐ No
Student's Last Name	**Student's First Name**	**Grade**		

Custody Information

It is our goal to conform to all ñOrders of the Courtò in regard to the custody of students. It is extremely important that you inform us of any custody agreement of which we should be aware.

Please provide all the necessary information so that we can conform to the ñOrder of the Courtò. It is important that you attach copies of any legal documents that would assist us in performing our duties.

Please return this form and any necessary documents as soon as possible.

☐ There are no contact concerns at this time.

☐ The following contact concerns exist:

Non-custodial parent has limited access to student and/or student records
Non-custodial parent has no access to student and/or student records
Non-custodial parent has no access to student but is permitted access to records
Protection From Abuse (PFA) in effect

Custody Documents Attached: ☐ Yes ☐ No

Parent/Guardian Signature *Date:*

2552 Route 6
Hawley, PA 18428-7045
(570) 226-4557 opt. 6
Fax: (570) 226-0638

WALLENPAUPACK AREA SCHOOL DISTRICT

Wallenpaupack Area School District
Student Data Sheet

Student name:				
Last	**First**	**Middle**		**Date of Enrollment**
			Sex: ☐ Male	☐ Female
Birth date: MM/DD/YY	**Age**	**Grade to be Enrolled**		

Birth Country:	☐ US	**If birth country not US, US Entry Date:**	
	Other:	**If birth country not US, School Entry Date:**	
Birth Place: City, State		**If birth state not PA, PA Entry Date:**	
		If applicable, 9th Grade Entry Date:	

Ethnicity

Check all that apply	☐ White non-Hispanic ☐ Hispanic (any race) ☐ Black/African American non-Hispanic ☐ Asian non-Hispanic ☐ American Indian/Alaskan Native ☐ Multi-Racial non-Hispanic ☐ Native Hawaiian or other Pacific Islander non-Hispanic

Emergency Contact Information

In case of emergency, please give names and phone numbers, other than your own to be contacted:	
Name**:**	Phone Number:
	Relationship:
In case of emergency, please give another name and phone number to contact in case of emergency:	
Name:	Phone Number:
	Relationship:

Does the student have an IEP? ☐ Yes ☐ No If yes, please attach a copy.

Does the student have a Service Plan(504)? ☐ Yes ☐ No If yes, please attach a copy.

Does the student have a Gifted IEP? ☐ Yes ☐ No

Does the student receive Title 1 Services? ☐ Yes ☐ No

Did the student attend pre-school? ☐ Yes ☐ No If yes, where?

Does the student participate in the Free/Reduced Lunch Program? ☐ Free ☐ Reduced ☐ Does Not Participate

The Wallenpaupack Area School District does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following person has been designated to handle inquiries regarding the non-discrimination policies. Keith Gunuskey, Ed.D., Superintendent, 2552 Route. 6, Hawley, PA, 18428. Telephone-570-226-4557.

Wallenpaupack Area School District
Student Data Sheet

Student name:		
Last	**First**	**Middle**

Military
Is the student's parent/guardian a member of a branch of the United States Armed Forces (Army, Navy, Air Force, Marine Corp, and Coast Guard) including full-time National Guard? ☐ Yes If yes, please indicate: ☐ Active Duty ☐ Veteran ☐ No

Homeless
Is the student identified as homeless or doubled up? ☐ Yes If yes, please indicate: ☐ Shelter; Transitional housing ☐ Doubled up ☐ Unsheltered (e.g. cars, parks) ☐ Hotels/motels ☐ No

Home Language Survey

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

1. What is/was the student's first language?	
2. Does the student speak a language other than English? (Does not include languages learned in school) If yes, specify the language:	
3. What language(s) is/are spoken in your home?	

4. Has the student attended any United States school in any 3 years during his/her lifetime? ☐ Yes ☐ No

If Yes,

Name of School	State	Dates Attended

5. Person completing Home Language Survey, if other than parent/guardian:		
6. If needed, English-speaking contact		
	Name (Last, First)	**Phone Number**

**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 for related information about students who are already enrolled in the district as well as from students who enroll in the school district/charter school /full day AVTS in the future.*

Parent/Guardian Signature ***Date:***

School Official Signature ***Date***

For Office Use Only:	☐ New Enrollment ☐ Re-enrollment	☐ Proof of Residency ☐ Birth Certificate
☐ Immunization ☐ Grades to Date ☐ Contact Information ☐ 1302 ☐ 1305 ☐ Other (describe)		
☐ WNPS ☐ WSES ☐ WNIS ☐ WAMS ☐ WAHS ☐WHC	Bus Number:	Student ID:

2552 Route 6
Hawley, PA 18428-7045
(570) 226-4557 opt. 6
Fax: (570) 226-0638

WALLENPAUPACK AREA SCHOOL DISTRICT

Health Registration Form

Student's Last Name *Student's First Name* *Date of Birth*

Immunization Records:
- ☐ Attached
- ☐ Medical Exemption Attached
- ☐ Religious Exemption Attached

Please check all that apply to your child - To be completed by parent

- ☐ Arthritis
- ☐ Asthma Triggers
  - ☐ allergies
  - ☐ exercise
  - ☐ infection
  - ☐ weather
- ☐ Attention Deficit
- ☐ Autoimmune Deficiency
- ☐ Bladder Control
- ☐ Bleeding Disorder/Anemia
- ☐ Bowel Control
- ☐ Chicken Pox
  - ☐ vaccine
  - ☐ disease
- ☐ Color Blindness
- ☐ Connective Tissue Disorder
- ☐ Cystic Fibrosis
- ☐ Dental Condition
- ☐ Developmental Delay
- ☐ Diabetes
- ☐ Dietary Restrictions
- ☐ Eating Disorder
- ☐ Fainting Spells
- ☐ Gastrointestinal Condition
- ☐ Headaches
- ☐ Hearing Deficit
- ☐ Heart Condition
- ☐ High Blood Pressure
- ☐ Kidney Condition
- ☐ Lung Condition
- ☐ Malignancy
- ☐ Neurological Disorder
- ☐ Neuromuscular Disorder
- ☐ Nosebleeds
- ☐ Orthopedic Condition
- ☐ Psychiatric Condition
- ☐ Seizures
- ☐ Skin Disorder
- ☐ Speech Difficulty
- ☐ TB Exposure
- ☐ Thyroid Condition
- ☐ Vision Deficit
  - ☐ severe loss
  - ☐ eye surgery
  - ☐ glasses/contacts
- ☐ Other (Specify)

If needed, please use reverse side to elaborate on the above conditions.

_____
_____
_____
_____

Family Physician – Please Print *Phone Number*

Family Dentist– Please Print

Last eye examination: Date:_____ by Dr._____

Last dental examination: Date:_____ by Dr._____

Last medical examination: Date:_____ by Dr._____

Parent/Guardian Signature Date

Please complete and sign the back of this form if necessary.

The Wallenpaupack Area School District does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following person has been designated to handle inquiries regarding the non-discrimination policies. Keith Gunuskey, Ed.D., Superintendent, 2552 Route. 6, Hawley, PA, 18428. Telephone-570-226-4557.

2552 Route 6
Hawley, PA 18428-9007
(570) 226-4557 ext. 3000
Fax: (570) 226-0638

WALLENPAUPACK AREA SCHOOL DISTRICT

Allergy Information:

Indicate student's allergy, please be specific (for example, peanut, bee sting, penicillin, etc.)

Allergy description:	
Student's reaction:	
Allergy treatment:	
Is medication needed for allergy? At home? ☐ Yes ☐ #No	
At school? ☐ Yes ☐ No	If yes, please complete necessary forms located on the district's Health Services webpage | Health Care Forms section webpage or call 570 226-4557 ext. 3036
Name of Medication:	

Medical Information:

Is your child presently under any medical treatment? ☐ Yes ☐ #No	
If yes, please explain:	
Is medication needed for this condition? At home? ☐ Yes ☐ No	
At school? ☐ Yes ☐ #No	If yes, please complete necessary forms located on the district's Health Services webpage | Health Care Forms section webpage or call 570 226-4557 ext. 3036
Name of Medication:	

List major operations, injuries, or hospitalizations - Give dates:

Is there anything you can tell us about your child that you feel will help the school staff to better understand and work with him/her?

Would you like a conference with the school nurse? ☐ Yes ☐ No

Parent/Guardian Signature Date

*(For official use) - Form review by*_____

The Wallenpaupack Area School District does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following person has been designated to handle inquiries regarding the non-discrimination policies. Keith Gunuskey, Ed.D., Superintendent, 2552 Route. 6, Hawley, PA, 18428. Telephone-570-226-4557.

2552 Route 6
Hawley, PA 18428-7045
(570) 226-4557 opt. 6
Fax: (570) 226-0638

WALLENPAUPACK AREA SCHOOL DISTRICT

Medical Authorizations

Student's Last Name *Student's First Name*

Homeroom Teacher *Grade* *Date*

A. Releasing Authority for Treatment

I request the school to contact me in case of emergency, illness or accident requiring emergency care. If the school is unable to reach me, I hereby authorize the school to call the physician indicated and follow his/her instructions. If it is impossible to contact this physician, the authorized person may make whatever arrangement and transfer pertinent medical records that are deemed necessary. I understand that this emergency care authority may be exercised either locally or when a student is away on a trip.

B. Medication Policy:

It is the policy of the Wallenpaupack Area School District not to distribute medication of any kind without the written permission of the physician or parent/guardian. This includes non-prescription and prescription medicines. The students are not allowed to have medicine of any type in their possession. Wallenpaupack Area School District utilizes the health management system Caredox to maintain and log medication information for each student.

C. I understand that Commonwealth law requires the following:

Physical Examination at time of original entry and in Grades 6 and 11	4 doses of tetanus, diphtheria, and acellular pertussis (1 dose on or after the 4th birthday)
Dental examination at time of original entry and in Grades 3 and 7	4 doses of polio (4th dose on or after 4th birthday and at least 6 months after previous dose given)
Screening for vision at time of original entry and then yearly	2 doses of measles, mumps, rubella
Screening for hearing at time of original entry and in Grades K, 3, 7, and 11	3 doses of hepatitis B
Screening for growth at time of original entry and then yearly	2 doses of varicella (chicken pox) or evidence of immunity
Screening for Scoliosis in Grades 6 and 7	For attendance in 7th grade: 1 dose of tetanus, diphtheria, acellular pertussis on the first day of 7th grade For attendance in 7th grade: 1 dose of meningococcal conjugate vaccine (MCV) on the first day of 7th grade For attendance in 12th grade: a dose of MCV on the first day of 12th grade. If one dose was given at 16 years of age or older, that shall count as the twelfth-grade dose

If physical and dental examinations are done privately, reports/forms are to be returned to the school nurse by the first week of October or these examinations will be done in school. If done in school, parent/guardian will be informed of any abnormal results.

D. Releasing Medical Information

I understand student medical information will only be disclosed by the nurse's office to school staff to the extent necessary to ensure the safety of a student. Medical information shall also be released to medical personnel, but only when necessary to aid in providing emergency treatment. Wallenpaupack Area School District utilizes Caredox to store, maintain, and update medical information.

Parent/Guardian Signature Date

Revised: 9/7/2018

The Wallenpaupack Area School District does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following person has been designated to handle inquiries regarding the non-discrimination policies. Keith Gunuskey, Ed.D., Superintendent, 2552 Route. 6, Hawley, PA, 18428. Telephone-570-226-4557.

Attachment A – Parental Registration Statement

Student Full Name: _____

Birth Date: _____

Grade: _____

Parent or Guardian Name: _____

Home Address: _____

Home 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."

Please complete the following:

I hereby swear or affirm that my child (select one:) ☐ **was /** ☐ **was not** previously suspended or expelled or (select one:) ☐ **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.

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

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." Section 13-1318 speaks to students who have been convicted or adjudicated delinquent of committing a sexual assault upon another student enrolled in the same public school entity.

Please complete the following:

I hereby swear or affirm that my child (select one:) ☐ **was /** ☐ **was not** previously expelled or (select one:) ☐ **is /** ☐ **is not** presently expelled from any public school entity under 24 P.S. § 13-1318.1 (related to students convicted or adjudicated delinquent of sexual assault). I make this statement subject to the penalties of 24 P.S. §13-1318.1(g) 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.

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.

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

Name of the school from which student was suspended or expelled: _____

Dates of suspension or expulsion: _____

Reason for suspension/expulsion:

_____

_____

_____

_____

If applicable provide additional schools and dates of expulsion or suspension.

_____

_____

_____

WALLENPAUPACK AREA SCHOOL DISTRICT

2552 Route 6
Hawley, PA 18428-7045
(570) 226-4557 opt. 6
Fax: (570) 226-0638

Request for Student Records

To the Principal or School Counselor:

_____

Student's Last Name Student's First Name Grade

Has entered the Wallenpaupack Area School District and indicated that he/she attended your school previously. Please forward at your earliest convenience:

- Pupil's Scholastic Records-including Grades, Credits, and Grades to date for this school year, Numerical Grading Profile used by your school
- Standardized Test Results
- All Special Education Records-including current IEP, Psychological Report, Educational Report, Multidisciplinary Summary Report
- Health and Dental Records-including Personal Health History
- Attendance and Discipline Reports
- PASecureID: _____

IF THIS STUDENT'S RECORDS WERE FORWARDED TO ANOTHER SCHOOL BUILDING IN YOUR DISTRICT, PLEASE FORWARD THIS RECORD TO THE PROPER BUILDING

According to the Final Regulations-Family Educational Rights and Privacy Act (Buckley Amendment) dated June 17, 1976, it is no longer necessary to obtain written consent to release records between schools. It states that school officials including teachers within the educational institution and officials of other schools in school systems in which the student may intend to enroll, may receive a student's record without consent for such release.

I hereby give permission for (previous school's name and address):

_____

Fax # _____ Phone # _____

to release the records outlined above to Wallenpaupack Area School District.

_____

Parent/Guardian's Signature Date

_____

FOR OFFICE USE ONLY

Send Records to Attention of:

☐	High School	2552 Route 6 · Hawley, PA 18428	Fax Number: (570) 251-3153
☐	Middle School	139 Atlantic Ave · Hawley, PA 18428	Fax Number: (570) 251-3165
☐	North Intermediate	187 Atlantic Ave · Hawley, PA 18428	Fax Number: (272) 638-6232
☐	South Elementary	989 Main Street · Newfoundland, PA 18445	Fax Number: (570) 251-3091
☐	North Primary	158 Atlantic Ave · Hawley, PA 18428	Fax Number: (570) 251-3151

Phone Number: (570) 226-4557 ext. _____

Records Request

1. Date _____ By _____
2. Date _____ By _____
3. Date _____ By _____

Revised: 1/26/2018

PENNSYLVANIA INTERSCHOLASTIC ATHLETIC ASSOCIATION, INC. (PIAA)
MEMBER SCHOOL ATHLETIC TRANSFER WAIVER REQUEST FORM
(Revised April 12, 2022)

Pursuant to ARTICLE VI, TRANSFERS, RESIDENCE, AND RECRUITING, Section 5, Regional Panel or District Committee Review, of the PIAA By-Laws, the Principal of a PIAA member school to which a student transferred, who is not otherwise eligible under Section 3, Presumptive Eligibility, subsections A through H, may request a waiver of ARTICLE VI, Section 4, Ineligible Students, from, as applicable under the circumstances, either a Regional Panel or the District Committee having jurisdiction over that Principal's school by (1) completing Sections 1 and 2 of that Form; (2) having the student's parent(s) or guardian(s) complete and sign Section 3 of that Form; (3) thereafter completing and signing either Section 4A or 4B of that Form; (4) routing that Form to the Principal of the school from which the student transferred, for that Principal to complete and sign either Section 5A or 5B; (5) having that Principal return that Form to the Principal of the PIAA member school to which the student transferred; and (6) then submitting that completed and properly executed Form to, as applicable under the circumstances, either a Regional Panel or the District Committee having jurisdiction over the Principal's school to which the student transferred, for either that Regional Panel's or District Committee's consideration.

(PLEASE PRINT OR TYPE) DATE: _____

Timing: *A receiving school Principal before any student whose eligibility must be determined using this form shall initiate this form after the student has been enrolled in their school and is no longer in attendance at their previous school. The receiving school Principal shall forward this form to the sending school upon completion and without undue delay.*

SECTION 1. RECEIVING MEMBER SCHOOL INFORMATION

A. Full Name of Principal: Mr. Travis Ey

B. Member School: Wallenpaupack Area High School

C. Member School Address: 2552 Route 6
Hawley, PA 18428

D. Member School Phone No.: (570) 226-4557 Member School Fax No.: (570) 251-3154

SECTION 2. TRANSFERRING STUDENT INFORMATION

A. Full Name of Student: _____ Grade_____
(First) (Middle) (Last)

B. Place of Residence: _____
(Street Address) (City) (State) (Zip Code)

C. Name(s) of the head of household in which the transferring student resides:

_____ Relationship to the student: _____

D. Residence is located within the boundaries of the_____ Public School District

E. Date of Student's Birth: _____ **F.** Age of Student on Last Birthday: _____

G. Date Student Enrolled for the Current School Year: _____

H. Summary of Student's School(s) Attended and Sport Participation in Each Season:

GRADE	SCHOOL YEAR	SCHOOL ATTENDED	LIST SPORT PARTICIPATION IN EACH SEASON		
			FALL	WINTER	SPRING
7					

SECTION 3. TRANSFERRING STUDENT'S REASON(S) FOR TRANSFERRING

A. The transferring student and/or the student's parent(s) or guardian(s) should set forth the reason(s) for the Transfer:

_____

_____

_____

_____

(Attach Additional Sheet[s] if Necessary)

B. Identify participation in any non-school athletics (e.g. AAU, American Legion, club team, or other non-school teams) the transferring student participated which is Coached by a person affiliated with the school to which the student transferred to and/or the majority of the members of that Team were from the school to which the student transferred to:

_____

_____

_____

_____

_____

(Attach Additional Sheet[s] if Necessary)

I (We) hereby acknowledge that I (we) have been informed by the Principal of the PIAA member school submitting this form, or that Principal's designee, as to the requirements of PIAA concerning the eligibility of students at PIAA member schools to participate in Inter-School Practices, Scrimmages, and/or Contests involving PIAA member schools. Such requirements include, but are not necessarily limited to age, amateur status, school attendance, health, Transfer from one school to another, season and out-of-season rules and regulations, semesters of attendance, seasons of sports participation, and academic performance.

I (We) further acknowledge that the information set forth in SECTION 2, TRANSFERRING STUDENT INFORMATION, and SECTION 3, TRANSFERRING STUDENT'S REASON(S) FOR TRANSFERRING, is accurate, complete, and truthful.

_____ _____

(Signature of Parent(s) or Guardian(s)) (Date)

SECTION 4. REVIEW AND CERTIFICATION OF PRINCIPAL OF SCHOOL TO WHICH THIS STUDENT TRANSFERRED.

_____ _____

(Print or Type Name of Principal of School to Which This Student Transferred)

(Print or Type Name of School to Which This Student Transferred)

E-mail address of Principal of School to Which This Student Transferred: _____

****(Please complete and sign EITHER A or B below)****

A. Upon interviewing the transferring student and the Athletic Director of my school, I hereby certify that, to the best of my knowledge, information, and belief, the student's Transfer was not motivated in some material way by an athletic purpose and the student was not recruited for an athletic purpose.

_____ _____

(Signature of Principal of School to Which This Student Transferred) (Date)

B. Upon interviewing the transferring student and the Athletic Director of my school, I hereby request that the District Committee having jurisdiction over my school review the circumstances of Transfer to assess whether the Transfer was motivated in some material way by an athletic purpose and/or was the result of recruiting, which was materially motivated in some way by an athletic purpose. I have checked each box that I believe applies to this Transfer and affixed my signature certifying to my request for that District Committee's review.

☐ The student's Transfer was motivated in some material way by a representative of my school placing an advertisement in a newspaper or other literature directed toward prospective recruits touting the athletic successes of my school's Teams and/or students. **NOTE:** A comprehensive brochure or comparable piece of literature discussing all or most aspects of the school, including, but not focusing on the athletic program, is permissible.

☐ A representative of my school provided the transferring student with free transportation, tickets, or admissions to a Contest (other than free transportation, tickets, or admissions made available to all students, or to all students at the same school, or to all students in the same grade level at the same school, or the transferring student attended a Feeder School of my senior high school).

☐ A representative of my school used AAU or other amateur athletic Coaches to steer the transferring student to my school.

☐ A representative of my school offered, to the transferring student, scholarships or financial aid which is not available to other students at my school.

☐ A representative of my school encouraged the parents or relatives of the transferring student to influence the student to enroll at my school to participate in sports. This box need not be checked if the transferring student attended a Feeder School of my senior high school.

☐ A representative of my school promised playing time or a position on a Team to the transferring student.

☐ A representative of my school met with the transferring student to encourage the transferring student to enroll at my school. This box need not be checked if the transferring student attended a Feeder School of my senior high school.

☐ A representative of my school provided transportation or other inducements to the transferring student to take a qualifying examination at my school or to meet with school officials (other than those opportunities provided to all students at a particular school or grade level, or to students attending a Feeder School of my senior high school).

☐ Athletic Personnel from my school directly, or through another person, encouraged the transferring student or that student's parents to have the student enroll at my school. This box need not be checked if the transferring student attended a Feeder School of my senior high school.

☐ A representative of my school provided any item with school advertisement (such as shirts, pennants, caps, jackets, etc.) to the transferring student (other than offers made to all students of a particular school or class, or to students attending a Feeder School of my senior high school).

☐ Athletic Personnel from my school recruited the transferring student to attend my school. This box need not be checked if the transferring student attended a Feeder School of my senior high school. A recruiting violation will take action against the school and coach not the student.

☐ The transferring student played on a non-school Team which is Coached by a person affiliated with my school and the majority of the members of that Team were from my school.

☐ The student's Transfer was motivated in some material way by the involvement of a representative of my school in a camp, clinic, or speech at or during which that person used the opportunity to taunt the athletic successes of my school's Teams and/or students.

☐ I am aware of other facts or circumstances which would lead me to believe that this Transfer was motivated in some material way by an athletic purpose. (If checked, please explain below.)*****

☐ I am aware of other facts or circumstances which would lead me to believe that individuals affiliated with my school engaged in recruiting the student for the purpose of participating in athletics. (If checked, please explain below.)

*Transfers which are motivated in some material way by an athletic purpose are those Transfers which would not have occurred but for a desire of the student or the student's family (1) to gain additional playing time; (2) to play for a particular school, Coach, or Team; (3) to avoid either playing for, or athletic sanctions imposed by, a particular school, Coach, or Team; and/or (4) to gain increased media or college exposure.

FACTS OR CIRCUMSTANCES WHICH LEAD ME TO BELIEVE THAT THE TRANSFER OF THIS STUDENT WAS MOTIVATED IN SOME MATERIAL WAY BY AN ATHLETIC PURPOSE:

_____

_____

_____

_____

_____

(Attach Additional Sheet[s] if Necessary)

FACTS OR CIRCUMSTANCES WHICH LEAD ME TO BELIEVE THAT INDIVIDUALS AFFILIATED WITH MY SCHOOL ENGAGED IN RECRUITING THIS STUDENT FOR THE PURPOSE OF PARTICIPATING IN ATHLETICS:

_____

_____

_____

_____

_____

(Attach Additional Sheet[s] if Necessary)

_____ _____

(Signature of Principal of School to Which This Student Transferred) (Date)

PLEASE ROUTE TO PRINCIPAL OF SCHOOL FROM WHICH THIS STUDENT TRANSFERRED THROUGH THE PIAA WEB PORTAL.

SECTION 5. REVIEW AND CERTIFICATION OF PRINCIPAL OF SCHOOL FROM WHICH THIS STUDENT TRANSFERRED.

_____ _____

(Print or Type Name of Principal of School from Which This Student Transferred)

(Print or Type Name of School from Which This Student Transferred)

E-Mail address of Principal of School from Which This Student Transferred: _____

****(Please complete and sign EITHER A or B below)****

A. Upon my interviewing the Athletic Director of my school and, if possible, the student and/or the transferring student's parent(s), I hereby certify that, to the best of my knowledge, information, and belief, the student's Transfer was not motivated in some material way by an athletic purpose and the student was not recruited for an athletic purpose.

_____ _____

(Signature of Principal of School from Which This Student Transferred) (Date)

B. Upon my interviewing the Athletic Director of my school and, if possible, the transferring student and/or the transferring student's parent(s), I hereby request that the District Committee having jurisdiction over the PIAA member school to which the student transferred review the circumstances of the Transfer to assess whether the Transfer was motivated in some material way by an athletic purpose and/or was the result of recruiting, which was materially motivated in some way by an athletic purpose. I have checked each box that I believe applies to this Transfer and affixed my signature certifying to my request for that District Committee's review.

- ☐ The student, or a parent or guardian, or an adult with whom the student resides, was dissatisfied with the student's position or the amount of playing time which the student received.
- ☐ The student, or a parent or guardian, or an adult with whom the student resides, had a problem with a Coach or school athletic administration at my school at either a personal or professional level.
- ☐ The student, or a parent or guardian, or an adult with whom the student resides, is seeking relief from conflict with the philosophy or action of an administrator or teacher relating to sports.
- ☐ The student, or a parent or guardian, or an adult with whom the student resides, is seeking to avoid or nullify the effect of actions or anticipated actions by my school relating to sports eligibility (e.g. discipline, attendance, academic performance, etc.).
- ☐ There is no Team at my school in the particular sport that the student desires to participate in.
- ☐ The student is following the student's Coach or other student-athletes to another school to which the Coach or athletes have transferred or seeks to play for a particular Coach or with a particular athlete due to a prior relationship with the Coach or athlete (such as through club or AAU participation) or because of the reputation of the Coach.
- ☐ The student, or a parent or guardian, or an adult with whom the student resides, desires that the student play on a less successful, smaller enrollment classification, and/or lower profile Team in order to be ranked higher among the students on that Team.
- ☐ The student, or a parent or guardian, or an adult with whom the student resides, desires that the student play on a more successful, larger enrollment classification, and/or higher profile Team to gain a higher level of competition and/or more exposure to college scouts.
- ☐ The student has moved with one parent, one guardian, or one or more siblings, into a rented residence in the new school district; and the student and/or the parent, guardian, or sibling(s) returns to the family home in the evening(s) and/or weekends.
- ☐ The student, or a parent or guardian, or an adult with whom the student resides, sought out Athletic Personnel and/or student-athletes at the school to which the student transferred and/or individuals affiliated with the school to which the student transferred engaged in recruiting the student for the purpose of participating in athletics.
- ☐ The student transferred in the middle of a marking period and/or immediately before or after a sports season.
- ☐ The student transferred immediately after being cut from a Team in a particular sport.
- ☐ I am aware of other facts or circumstances which would lead me to believe that this Transfer was motivated in some material way by an athletic purpose. (If checked, please explain below.)*****
- ☐ I am aware of other facts or circumstances which would lead me to believe that individuals affiliated with the school to which the student transferred engaged in recruiting the student for the purpose of participating in athletics. (If checked, please explain below.)

☐ The parents of the student have placed undue influence upon school's staff to have the student attend our school.

☐ There are outside influences that I believe have influenced this transfer to be motivated in a material way for an athletic purpose.

*Transfers which are motivated in some material way by an athletic purpose are those Transfers which would not have occurred but for a desire of the student or the student's family (1) to gain additional playing time; (2) to play for a particular school, Coach, or Team; (3) to avoid either playing for, or athletic sanctions imposed by, a particular school, Coach, or Team; and/or (4) to gain increased media or college exposure.

FACTS OR CIRCUMSTANCES WHICH LEAD ME TO BELIEVE THAT THE TRANSFER OF THIS STUDENT WAS MOTIVATED IN SOME MATERIAL WAY BY AN ATHLETIC PURPOSE:

_____

_____

_____

(Attach Additional Sheet[s] if Necessary)

FACTS OR CIRCUMSTANCES WHICH LEAD ME TO BELIEVE THAT INDIVIDUALS AFFILIATED WITH THE SCHOOL TO WHICH THE STUDENT TRANSFERRED ENGAGED IN RECRUITING THE STUDENT FOR THE PURPOSE OF PARTICIPATING IN ATHLETICS:

_____

_____

_____

(Attach Additional Sheet[s] if Necessary)

_____ _____

(Signature of Principal of School from Which This Student Transferred) (Date)

PLEASE ROUTE TO THE DISTRICT COMMITTEE THROUGH THE PIAA WEB PORTAL.

PLEASE PROVIDE TRANSCRIPT AND ALL ATTENDANCE RECORDS VIA EMAIL OR USPS TO THE PRINCIPAL OF THE RECEIVING SCHOOL.

DOCUMENTS PAGE
(to be provided as verification via email to the District Chairman)

Proof of Residence Verification:

☐ Rental agreement, lease or home contract

☐ Change of driver's license address

☐ Change of voter's registration address

Please complete the Post-Season Waiver Request form if appropriate.

WALLENPAUPACK AREA SCHOOL DISTRICT

2552 Route 6
Hawley, PA 18428
(570) 226-4557 ext. 3000
Fax: (570) 226-0638

Keith E. Gunuskey, Ed.D.
Superintendent

Jay Starnes, Ed.D.
Assistant Superintendent

Kerriann Horan
Business Administrator

Jillian Klocko
Board Secretary

Dear Parent/Guardian,

Schools receive certain federal and state funding (learning assistance programs, teacher incentives, etc.) based on the number of children from households that are at certain income levels or receive specific benefits. Completing this survey will ensure that our district receives the funding we are entitled to, enabling our children to continue receiving services funded by these federal and state programs.

Please be aware that we will only submit these mandatory district statistics to the Pennsylvania Department of Education for use in determining our school budget.

This vital form is required to be completed and returned for every student in the district. Please contact your building principal if you have any questions,

Best Regards,

Dr. Keith E. Gunuskey, Superintendent

The Wallenpaupack Area School District does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following person has been designated to handle inquiries regarding the non-discrimination policies. Keith Gunuskey, Superintendent, 2552 Route 6, Hawley, PA, 18428. Telephone-570-226-4557.

2026-2027 Subsidies Survey

Student Name:_____

Does your student qualify for any of the following (check all that apply):

- ☐ The above student does not qualify for anything listed below
- ☐ Medicaid
- ☐ SNAP
- ☐ TANF
- ☐ Reduced-Price Lunch
- ☐ Free Lunch
- ☐ Total Household Income (see below)

  If your total household income is equal to or less than the amount listed for your household size, check this line. Amounts effective from 7/1/2026-6/30/2027.

	How Often Payment is Received				
Household Size	**Annual**	**Monthly**	**Twice Per Month**	**Every Two Weeks**	**Weekly**
1	$29,526	$2,461	$1,231	$1,136	$568
2	$40,034	$3,337	$1,669	$1,540	$770
3	$50,542	$4,212	$2,106	$1,944	$972
4	$61,050	$5,088	$2,544	$2,349	$1,175
5	$71,558	$5,964	$2,982	$2,753	$1,377
6	$82,066	$6,839	$3,420	$3,157	$1,579
7	$92,574	$7,715	$3,858	$3,561	$1,781
8	$103,082	$8,591	$4,296	$3,965	$1,983
Each Additional Member Add	$10,508	$876	$438	$405	$203

Household is defined as all people, including parent(s), children, grandparents and all people related or unrelated who live in your home and share living expenses. If you're applying for a household with a foster child, you may include the foster child I the total size.

Household Income is any taxable income each household member received before taxes. This includes wages, social security, pension, unemployment, welfare, child support, alimony and any other cash income. If including a foster child as part of the household, you must also include the foster child's personal income. Do not count foster payments as income.

I certify that all information on this application is true and that all income is reported, I understand that the school will get state and federal funds based on the information I give. I understand my child's poverty status may be shared with programs/agencies as allowed by law.

Signature: _____

Print Name: _____ **Date:** _____

pennsylvania
DEPARTMENT OF HEALTH

Bureau of Community Health Systems
Division of School Health

Private or School PHYSICAL EXAMINATION OF SCHOOL AGE STUDENT

PARENT / GUARDIAN / STUDENT:
Complete page one of this form before student's exam. Take completed form to appointment.

Student's name _____ Today's date_____

Date of birth _____ Age at time of exam_____ Gender: ☐ Male ☐ Female

Medicines and Allergies: Please list all prescription and over-the-counter medicines and supplements (herbal/nutritional) the student is currently taking:

_____

_____

Does the student have any allergies? ☐ No ☐ Yes (If yes, list specific allergy and reaction.)

☐ Medicines ☐ Pollens ☐ Food ☐ Stinging Insects

Complete the following section with a check mark in the YES or NO column; circle questions you do not know the answer to.

GENERAL HEALTH: ***Has the student…***	**YES**	**NO**
1. Any ongoing medical conditions? If so, please identify: ☐ Asthma ☐ Anemia ☐ Diabetes ☐ Infection Other_____		
2. Ever stayed more than one night in the hospital?		
3. Ever had surgery?		
4. Ever had a seizure?		
5. Had a history of being born without or is missing a kidney, an eye, a testicle (males), spleen, or any other organ?		
6. Ever become ill while exercising in the heat?		
7. Had frequent muscle cramps when exercising?		
HEAD/NECK/SPINE: ***Has the student…***	**YES**	**NO**
8. Had headaches with exercise?		
9. Ever had a head injury or concussion?		
10. Ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
11. Ever had numbness, tingling, or weakness in his/her arms or legs after being hit or falling?		
12. Ever been unable to move arms or legs after being hit or falling?		
13. Noticed or been told he/she has a curved spine or scoliosis?		
14. Had any problem with his/her eyes (vision) or had a history of an eye injury?		
15. Been prescribed glasses or contact lenses?		
HEART/LUNGS: ***Has the student...***	**YES**	**NO**
16. Ever used an inhaler or taken asthma medicine?		
17. Ever had the doctor say he/she has a heart problem? If so, check all that apply: ☐ Heart murmur or heart infection ☐ High blood pressure ☐ Kawasaki disease ☐ High cholesterol ☐ Other:_____		
18. Been told by the doctor to have a heart test? (For example, ECG/EKG, echocardiogram)?		
19. Had a cough, wheeze, difficulty breathing, shortness of breath or felt lightheaded **DURING** or **AFTER** exercise?		
20. Had discomfort, pain, tightness or chest pressure during exercise?		
21. Felt his/her heart race or skip beats during exercise?		
BONE/JOINT: ***Has the student...***	**YES**	**NO**
22. Had a broken or fractured bone, stress fracture, or dislocated joint?		
23. Had an injury to a muscle, ligament, or tendon?		
24. Had an injury that required a brace, cast, crutches, or orthotics?		
25. Needed an x-ray, MRI, CT scan, injection, or physical therapy following an injury?		
26. Had joints that become painful, swollen, feel warm, or look red?		
SKIN: ***Has the student…***	**YES**	**NO**
27. Had any rashes, pressure sores, or other skin problems?		
28. Ever had herpes or a MRSA skin infection?		

GENITOURINARY: ***Has the student…***	**YES**	**NO**
29. Had groin pain or a painful bulge or hernia in the groin area?		
30. Had a history of urinary tract infections or bedwetting?		
31. **FEMALES ONLY:** Had a menstrual period? ☐ Yes ☐ No If yes: At what age was her first menstrual period? _____ How many periods has she had in the last 12 months? _____ Date of last period: _____		
DENTAL:	**YES**	**NO**
32. Has the student had any pain or problems with his/her gums or teeth?		
33. Name of student's dentist: _____ Last dental visit: ☐ less than 1 year ☐ 1-2 years ☐ greater than 2 years		
SOCIAL/LEARNING: ***Has the student…***	**YES**	**NO**
34. Been told he/she has a learning disability, intellectual or developmental disability, cognitive delay, ADD/ADHD, etc.?		
35. Been bullied or experienced bullying behavior?		
36. Experienced major grief, trauma, or other significant life event?		
37. Exhibited significant changes in behavior, social relationships, grades, eating or sleeping habits; withdrawn from family or friends?		
38. Been worried, sad, upset, or angry much of the time?		
39. Shown a general loss of energy, motivation, interest or enthusiasm?		
40. Had concerns about weight; been trying to gain or lose weight or received a recommendation to gain or lose weight?		
41. Used (or currently uses) tobacco, alcohol, or drugs?		
FAMILY HEALTH:	**YES**	**NO**
42. Is there a family history of the following? If so, check all that apply: ☐ Anemia/blood disorders ☐ Inherited disease/syndrome ☐ Asthma/lung problems ☐ Kidney problems ☐ Behavioral health issue ☐ Seizure disorder ☐ Diabetes ☐ Sickle cell trait or disease Other_____		
43. Is there a family history of any of the following heart-related problems? If so, check all that apply: ☐ Brugada syndrome ☐ QT syndrome ☐ Cardiomyopathy ☐ Marfan syndrome ☐ High blood pressure ☐ Ventricular tachycardia ☐ High cholesterol ☐ Other_____		
44. Has any family member had unexplained fainting, unexplained seizures, or experienced a near drowning?		
45. Has any family member / relative died of heart problems before age 50 or had an unexpected / unexplained sudden death before age 50 (includes drowning, unexplained car accidents, sudden infant death syndrome)?		
QUESTIONS OR CONCERNS	**YES**	**NO**
46. Are there any questions or concerns that the student, parent or guardian would like to discuss with the health care provider? (If yes, write them on page 4 of this form.)		

I hereby certify that to the best of my knowledge all of the information is true and complete. I give my consent for an exchange of health information between the school nurse and health care providers.

Signature of parent / guardian / emancipated student_____ Date_____

Adapted in part from the ***Pre-participation Physical Evaluation History Form***; ©2010 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine.

STUDENT'S HEALTH HISTORY (page 1 of this form) REVIEWED PRIOR TO PERFOMING EXAMINATION: Yes ☐ No ☐

Physical exam for grade: K/1 ☐ 6 ☐ 11 ☐ Other ☐	**CHECK ONE**			***ABNORMAL FINDINGS / RECOMMENDATIONS / REFERRALS**
	NORMAL	***ABNORMAL**	**DEFER**	
Height: ( ) inches				
Weight: ( ) pounds				
BMI: ( )				
BMI-for-Age Percentile: ( ) %				
Pulse: ( )				
Blood Pressure: (/)				
Hair/Scalp				
Skin				
Eyes/Vision Corrected ☐				
Ears/Hearing				
Nose and Throat				
Teeth and Gingiva				
Lymph Glands				
Heart				
Lungs				
Abdomen				
Genitourinary				
Neuromuscular System				
Extremities				
Spine (Scoliosis)				
Other				

TUBERCULIN TEST	**DATE APPLIED**	**DATE READ**	**RESULT/FOLLOW-UP**

MEDICAL CONDITIONS OR CHRONIC DISEASES WHICH REQUIRE MEDICATION, RESTRICTION OF ACTIVITY, OR WHICH MAY AFFECT EDUCATION

(Additional space on page 4)

Parent/guardian present during exam: Yes ☐ No ☐

Physical exam performed at: Personal Health Care Provider's Office ☐ School ☐ Date of exam_____20_____

Print name of examiner _____

Print examiner's office address_____ **Phone**_____

Signature of examiner_____ **MD ☐ DO ☐ PAC ☐ CRNP ☐**

HEALTH CARE PROVIDERS: ***Please photocopy immunization history from student's record – OR – insert information below.***

IMMUNIZATION EXEMPTION(S):

Medical ☐ Date Issued:_____ Reason: _____ Date Rescinded:_____

Medical ☐ Date Issued:_____ Reason: _____ Date Rescinded:_____

Medical ☐ Date Issued:_____ Reason: _____ Date Rescinded:_____

NOTE: The parent/guardian must provide a written request to the school for a religious or philosophical exemption.

VACCINE	DOCUMENT: (1) Type of vaccine; (2) Date (month/day/year) for each immunization				
Diphtheria/Tetanus/Pertussis (child) Type: DTaP, DTP or DT	1	2	3	4	5
Diphtheria/Tetanus/Pertussis (adolescent/adult) Type: Tdap or Td	1	2	3	4	5
Polio Type: OPV or IPV	1	2	3	4	5
Hepatitis B (HepB)	1	2	3	4	5
Measles/Mumps/Rubella (MMR)	1	2	3	4	5
Mumps disease diagnosed by physician ☐	Date:_____				
Varicella: Vaccine ☐ Disease ☐	1	2	3	4	5
Serology: (Identify Antigen/Date/POS or NEG) i.e. Hep B, Measles, Rubella, Varicella	1	2	3	4	5
Meningococcal Conjugate Vaccine (MCV4)	1	2	3	4	5
Human Papilloma Virus (HPV) Type: HPV2 or HPV4	1	2	3	4	5
Influenza Type: TIV (injected) LAIV (nasal)	1	2	3	4	5
	6	7	8	9	10
	11	12	13	14	15
Haemophilus Influenzae Type b (Hib)	1	2	3	4	5
Pneumococcal Conjugate Vaccine (PCV) Type: 7 or 13	1	2	3	4	5
Hepatitis A (HepA)	1	2	3	4	5
Rotavirus	1	2	3	4	5
Other Vaccines: (Type and Date)					

 ADDITIONAL COMMENTS (PARENT / GUARDIAN / STUDENT / HEALTH CARE PROVIDER)

H514.027

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH

PRIVATE DENTIST REPORT
OF DENTAL EXAMINATION OF A PUPIL OF SCHOOL AGE

NAME OF SCHOOL_____ DATE _____ 20 ___

NAME OF CHILD	AGE	SEX	GRADE	SECTION/ROOM
_____ Last First Middle		☐ M ☐ F		

ADDRESS

_____
No. and Street City or Post Office Borough or Township County State Zip

REPORT OF EXAMINATION

		TOOTH CHART																
		RIGHT								LEFT								
UPPER		1	2	3	4 A	5 B	6 C	7 D	8 E	9 F	10 G	11 H	12 I	13 J	14	15	16	Upper
LOWER		32	31	30	29 T	28 S	27 R	26 Q	25 P	24 O	23 N	22 M	21 L	20 K	19	18	17	Lower
	UPPER																	Upper
	LOWER																	Lower

Is The Child Under Treatment Yes ☐ No ☐

Treatment Completed Yes ☐ No ☐

_____
Date of Dental Examination

_____ _____
Signature of Dental Examiner Print Name of Dental Examiner

_____
Address

Pennsylvania
Department of Health

Type 1 Diabetes Information

This type 1 diabetes information was developed pursuant to the Pennsylvania School Code (24 P.S. § 1414.12) and is for school entities and nonpublic schools to provide to parents and guardians of incoming elementary school students and students entering grade six, beginning with the 2025-2026 School Year.

Type 1 diabetes in children is an autoimmune disease that can be fatal if untreated, and the guidance provided in this information sheet is intended to raise awareness about this disease.

Description

Type 1 diabetes usually develops in children and young adults but can occur at any age

- Type 1 diabetes can appear at any age, but it generally appears at two noticeable peaks. The first peak occurs in children between 4 and 7 years old. The second is in children between 10 and 14 years old (Mayo Clinic).

Type 1 diabetes affects insulin production

- Normally the body turns the carbohydrates in food into glucose (blood sugar), the basic fuel for the body's cells.
- The pancreas makes insulin, a hormone that moves glucose from the blood into the cells.
- In type 1 diabetes, the body's pancreas stops making insulin, and blood glucose levels rise.
- Over time, glucose can reach dangerously high levels in the blood, which is called hyperglycemia.
- Untreated hyperglycemia can result in diabetic ketoacidosis (DKA), which is a life-threatening complication of diabetes.

Risk Factors Associated with Type 1 Diabetes

It is recommended that children displaying warning signs and symptoms associated with type 1 diabetes described below, should be screened (tested) for the disease by their health care provider.

Risk Factors

Researchers do not completely understand why some people develop type 1 diabetes and others do not. However, having a family history of type 1 diabetes can increase the likelihood of developing type 1 diabetes. Other factors might play a role in developing type 1 diabetes, including environmental triggers such as viruses. Type 1 diabetes is not caused by diet or lifestyle choices.

Warning Signs and Symptoms Associated with Type 1 Diabetes and Diabetic Ketoacidosis

Warning signs and symptoms of type 1 diabetes in children develop quickly, in a few weeks or months, and can be severe. If your child displays the warning signs below, contact your child's

primary health care provider or pediatrician for a consultation to determine if screening your child for type 1 diabetes is appropriate:

- Increased thirst
- Increased urination, including bed-wetting after toilet training
- Increased hunger, even after eating
- Unexplained weight loss
- Feeling very tired
- Blurred vision
- Very dry skin
- Slow healing of sores or cuts
- Moodiness, restlessness, irritability, or behavior changes

DKA is a complication of untreated type 1 diabetes. DKA is a medical emergency. Symptoms include:

- Fruity breath
- Dry/flushed skin
- Nausea
- Vomiting
- Stomach pains
- Trouble breathing
- Confusion

Type 1 Diabetes Treatments

There are no known ways to prevent type 1 diabetes. Once type 1 diabetes develops, medication is the only treatment. If your child is diagnosed with type 1 diabetes, their health care provider will be able to help develop a treatment plan. Your child's health care provider may refer your child to an endocrinologist, a doctor specializing in the endocrine system and its disorders, such as diabetes.

Contact your child's school nurse, school administrator, or health care provider if you have questions.

References

Centers For Disease Control and Prevention: About Type 1 Diabetes

Children's Hospital of Philadelphia: Type 1 Diabetes

Mayo Clinic

Medline Plus: National Library of Medicine: Type 1 Diabetes