Duquesne City School District

300 Kennedy Avenue, Duquesne, PA 15110

K – 8th Grade
Registration Checklist

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

☐ Photo ID - (Parent/Legal Guardian)

☐ Original Birth Certificate (Student's)

☐ Immunization Records (Student's)

☐ **Proof of Residency Documents** (**pick 2**: gas bill, light bill, Lease, water bill, sewage bill, SSI, UC wages, public housing/assistance documents) **NOTE:** ALL documents must have your current Duquesne address and must be dated within the last 30 days.

☐ Parent Registration Statement (Act 26)

☐ Report Card/Transcript

☐ Affidavit/ Court Order (if student resides in District w/non-parent)

☐ 1302 Non-Resident Form (only applicable if you do not rent/own a home in Duquesne and reside with someone that does)

☐ Home Language Survey

☐ Student Photo Release Form

☐ PIMS Student Programs Code 032 = Dbl Up; Shelter; Hotel/Motel

☐ McKinney-Vento Homeless Assistance Act Forms

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

___ YES ___ NO

Sara Fite at (412) 466-5300, ext. 7017 or fites@dukesk12.org to schedule your registration appointment or if you have questions.

X = not applicable

Transportation
Bus ____ Walker ____

Start Date _____

Registration Use Only

Date Documents Received: _____

Office Initials: _____

Grade Level: _____

SY 25 - 26

Duquesne K - 8 School

STUDENT INFORMATION

LAST NAME _____ SUFFIX _____ FIRST NAME _____ M. I. _____

DATE OF BIRTH (MM/MM/YEAR) ____/____/____ GENDER (MALE / FEMALE) _____ BIRTHPLACE (City / Town and State) _____

ETHNICITY: ____Hispanic / Latino ____Non-Hispanic / Latino

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

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

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

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

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

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

PARENT(S) / LEGAL GUARDIAN(S) INFORMATION

Parent / Guardian #1

LAST NAME _____ FIRST NAME _____ RELATIONSHIP TO STUDENT _____

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

PHONE #1 _____ TYPE _____ PHONE #2 _____ TYPE _____ EMAIL ADDRESS _____

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

PARENT / GUARDIAN #1 SIGNATURE _____ DATE _____

Parent / Guardian #2

LAST NAME _____ FIRST NAME _____ RELATIONSHIP TO STUDENT _____

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

PHONE #1 _____ TYPE _____ PHONE # 2 _____ TYPE _____ EMAIL ADDRESS _____

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

PARENT / GUARDIAN #2 SIGNATURE _____ DATE _____

REGISTRTION OFFICE ONLY: Special Education ____YES ____NO			ENTRY DATE:
SIS STUDENT ID:	GRADE:	HOME ROOM:	PA SECURE ID:

Duquesne City School District

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

Parental Registration Statement

Student Full Name: _____

Student's Date of Birth: _____ Grade: _____

Parent or Guardian Name: _____

Street Address: _____

_____

Telephone Number: _____ Alt. Telephone Number: _____

Pennsylvania School Code §13-1304-A states in part "Prior to admission to any school entity, the parent, guardian or other person having control or charge of a student shall, upon registration provide a sworn statement or affirmation stating whether the pupil was previously or is presently suspended or expelled from any public or private school of this Commonwealth or any other state for an action of offense involving a weapon, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property."

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

24 PS § 13-1304-A

I hereby swear or affirm that my child **was** ☐ **was not** ☐ previously suspended or expelled, **or is** ☐ **is not** ☐ presently suspended or expelled from any public or private school of this Commonwealth or any other state for an act or offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property. I make this statement subject to the penalties of 24 P.S. §13-1304-A(b) and 18 Pa. C.S.A. §4904, relating to unsworn falsification to authorities, and the facts contained herein are true and correct to the best of my knowledge, information and belief.

24 PS § 13-1318.1

Pennsylvania School Code §13-1318.1 states in part "Prior to admission to any school entity, the parent, guardian or other person having control or charge of a student shall, upon registration provide a sworn statement or affirmation stating whether the pupil was previously or is presently suspended or expelled under the provisions of this section." This section of the Pennsylvania School Code contains provisions regarding Students Convicted or Adjudicated Delinquent of Sexual Assault.

I hereby swear or affirm that my child **was** ☐ **was not** ☐ previously suspended or expelled, **or is** ☐ **is not** ☐ presently suspended or expelled from any public or private school of this Commonwealth or any other state for reason of being convicted or adjudicated delinquent of sexual assault of a student enrolled in the

same school entity. I make this statement subject to the penalties of 24 PS § 13-1318.1 and 18 Pa. CSA § 4904, relating to unsworn falsification to authorities, and the facts contained herein are true and correct to the best of my knowledge, information and belief.

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

Name of the school(s) from which student was suspended or expelled:

_____

_____

Date(s) of suspension or expulsion:

_____

_____

Reason for suspension or expulsion:

_____

_____

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

_____ _____

(Signature of Parent or Guardian) (Date)

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

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

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

Dear Resident:

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

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

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

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

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

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

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

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

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

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

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

_____ _____

RESIDENT SIGNATURE DATE

Duquesne City School District

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

McKinney-Vento Intake Affidavit

Student Full Name (Please Print) _____ Student ID. No. _____

Date of Birth _____ Age _____ Grade _____ Sex _____

Parent / Guardian 1 Full Name _____ Relationship to Student _____ Phone No. _____

Parent / Guardian 1 Address (include Apt/Suite No., City, State & Zip Code) _____

Parent / Guardian 2 Full Name _____ Relationship to Student _____ Phone No. _____

Parent / Guardian 2 Address (include Apt/Suite No., City, State & Zip Code) _____

Home School Based on Current Residence _____

School of Origin (last school of attendance) _____

Sibling(s) of Student:

Sibling Name	School	Sibling Name	School

Please answer the following:

1. Is this student's home address a temporary living arrangement? ☐ YES ☐ NO
2. Is this a temporary living arrangement due to loss of housing or economic hardship? ☐ YES ☐ NO
3. Is this student in temporary or emergency foster care placement? ☐ YES ☐ NO
4. As a student, are you living with someone other than your parent(s) or legal guardian? ☐ YES ☐ NO

STOP

If you answered **NO** to all of the above questions, you may stop here

1. If you answered **YES** to any of the above questions, please complete the remainder of this form.
   Where is the student currently living? (choose one)

   ☐ Motel / Hotel ☐ Shelter ☐ Transitional Housing ☐ Group Home
   ☐ Temporary / Emergency Foster Home ☐ With more than (1) family in a house/apartment
   ☐ Moving from Place-to-Place ☐ In a location not designed for sleeping accommodations (car, park, etc.)

   Name and Address of Motel/Hotel/Shelter/Transitional Housing/Group Home/Etc.:

   _____

   _____

2. How long have you lived at this residence? _____
3. How long do you **plan** to live at this residence? _____
4. With whom does the student currently reside/live with? (choose all that apply)
   - ☐ Both Parents ☐ One parent (specify which) _____
   - ☐ One parent and another adult (specify which parent) _____
   - ☐ A relative (specify relationship) _____
   - ☐ Friends or other adults (please identify) _____
   - ☐ An adult who is not a parent or legal guardian (please identify) _____
5. Describe the current living situation in detail

   _____
   _____
   _____
   _____

6. Any possibility of violence or abuse in the home? If yes, describe. What ere the school's actions?

   _____
   _____
   _____
   _____

7. In your child's previous school, did he/she receive any of the following (choose all that apply)
   - ☐ Counseling Services ☐ Academically or Intellectually Gifted Services
   - ☐ Help for Behavior Improvement ☐ English as a Second Language (ESL) Services
   - ☐ Special Education/Exceptional Children's Services (describe) _____
   - ☐ 504 Accommodation Plan (describe) _____

My signature below affirms the following: (1) the information I have provided on this form is true and accurate to the best of my knowledge or belief; (2) the same information, as well as other information that may identify my child(ren), may be shared without my consent with community and governmental agencies pursuant to an interagency collaboration between the Duquesne City School District; and, (3) the same information, as well as other information that may identify my child(ren, may be shared without my consent with other District staff members for a legitimate educational purpose. In addition, my signature affirms that I have received a copy of my rights under the McKinney-Vento law and I agree to allow DCSD staff to conduct screenings as a part of the District's McKinney-Vento program.

_____ _____
Parent / Guardian 1 Signature Date

_____ _____
Parent / Guardian 2 Signature Date

_____ _____
Unaccompanied Youth Signature (if applicable) Date

_____ _____
Duquesne City School District Homeless Liaison Signature Date

Duquesne City School District

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PHOTO RELEASE FORM

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

Thank you

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

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

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

_____
STUDENT FULL NAME (PRINT)

_____
PARENT/LEGAL GUARDIAN (PRINT)

_____ _____
SIGNATURE OF PARENT / GUARDIAN DATE

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REQUEST FOR TRANSPORTATION SERVICES

PLEASE PRINT LEGIBLY

☐ K - 8 School
☐ Out of District - West Mifflin / East Allegheny / Charter
☐ Out of District - Other

STUDENT NAME _____ _____ _____
FULL NAME SCHOOL Grade

STUDENT NAME _____ _____ _____
FULL NAME SCHOOL Grade

STUDENT NAME _____ _____ _____
FULL NAME SCHOOL Grade

STUDENT NAME: _____ _____ _____
FULL NAME SCHOOL Grade

STUDENT NAME: _____ _____ _____
FULL NAME SCHOOL Grade

RESIDENT ADDRESS INFORMATION:

PARENT FULL NAME: _____ Phone: _____

CURRENT STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

OTHER INFORMATION:

SPECIAL NEEDS REQUIRMENTS: _____ (Y=Yes, N=No)

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

_____ _____
PARENT/GUARDIAN SIGNATURE DATE

_____ _____
AUTHORIZED SIGNATURE, DCSD DATE

TRANSPORTATION OFFICE ONLY

SENT REQUEST TO BUS COMPANY: _____ (Y=Yes, N=No) **DATE:** _____

SCHEDULE START DATE: _____ **REG#2:** _____ (reason) ☐ ELIGIBLE ☐ NOT ELIGIBLE

ASSIGNED TO BUS NUMBER/COLOR: _____ **TIME PICK UP:** _____ AM **TIME DEPARTURE:** _____ PM

AM / PM BUS STOP LOCATION: _____

PHONE BUS REP APPROVAL: _____

Duquesne City School District

300 KENNEDY AVENUE, DUQUESNE, PA 15110
SARA FITE 412-466-5300, EXT. 7017

Request for Student Records

To: _____
Name of School

_____ _____
Phone Number **Fax Number**

_____ _____
Contact Name **Title**

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

_____ _____ _____
Student Name **DOB** **Grade**

Requested By:
Central Registration: Sara Fite
Phone: (412) 466-5300 ext: 7017
Fax No.: (412) 466-7955

SEND TO:
Duquesne City School District
Attn: Records Management / Sara Fite
300 KENNEDY AVENUE
DUQUESNE, PA 15110

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

X-If you have a copy, please send

Please indicate if this student has an IEP _____YES _____NO

_____ _____
Authorized Signature, DCSD **Date**

Date Faxed: _____

Duquesne City School District

300 KENNEDY AVENUE, DUQUESNE, PA 15110

HOME LANGUAGE SURVEY

The Office of Civil Rights (OCR) requires that school districts / charter school / full day AVTS identify limited English proficient (LEP) students in order to provide appropriate language instructional programs for them. Pennsylvania has selected the Home Language Survey as the method for identification.

School District: Duquesne City School District

Student's Full Legal Name: _____ _____
Full Legal Name Date

Address: _____ _____
Street Address (including Apt/Suite/Floor) Grade

_____
City, State and Zip Code

School: _____

1. What is/was the student's first language? _____
2. Does the student speak a language(s) other than English? ☐Yes ☐ No
   (Do not include languages learned in school)
3. What language(s) is/are spoken in your home? _____

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

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

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

Parents/Legal Guardian Signature: _____

*The school district/charter school/full day AVTS has the responsibility under the federal law to serve students who are limited English proficient and need English instructional services. Given this responsibility, the school district/charter school/full day AVTS has the right to ask for the information it needs to identify English Language Learners (ELLs). As part of the responsibility to locate and identify ELLs, the school district/charter school/full day AVTS may conduct screenings or ask related information about students who are already enrolled in the school as well as from students who enroll in the school district/charter school/full day AVTS in the future.

Duquesne City School District

300 Kennedy Avenue, Duquesne, PA 15110
School Nurse: Traci Kinst, RN 412-466-9600, ext. 7009

Health History of Student

STUDENT ID#:_____ **DATE:** _____

STUDENT'S FULL NAME: _____ **CURRENT GRADE:** _____

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

If yes, please provide the date student was tested: _____

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

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

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

Physician's Name: _____ Phone: _____

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

_____

_____

_____

Current Medications:

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

Voluntary Consent of Parents/Legal Guardian

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

_____ Date	_____ Parent/Guardian Full Name (Please Print)	_____ Parent/Guardian Signature

Duquesne City School District

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Student Emergency Card

Student Information

Student Full Name: _____ Birth Date: _____ Grade: _____

Full Home Address: _____ Homeroom: _____

Parent / Guardian Full Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Emergency Contact Person(s):

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

Emergency Contact #1 Name: _____ Relationship to student: _____
Does this Emergency Contact live with student? ☐ Yes ☐ No
Cell Phone: _____ Work Phone: _____
Email Address: _____

Emergency Contact #1 Name: _____ Relationship to student: _____
Does this Emergency Contact live with student? ☐ Yes ☐ No
Cell Phone: _____ Work Phone: _____
Email Address: _____

Emergency Contact #1 Name: _____ Relationship to student: _____
Does this Emergency Contact live with student? ☐ Yes ☐ No
Cell Phone: _____ Work Phone: _____
Email Address: _____

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

_____

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

Sibling's Name(s): _____

Hospital Information:

Hospital preferred: _____ (for Ambulance transport)

Student Physician: _____ Physician Phone: _____

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

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

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

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

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

_____ _____
Signature of Parent/Guardian Date

07/12/2018

SCHOOL BUS SAFTEY TIPS



Dear Parents / Students

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

KEEP THIS PAGE FOR YOUR RECORDS