Dear Parents/Guardians

Welcome to the Shanksville-Stonycreek School District. We look forward to having your family become part of our school.

Please fill out the attached forms and return to the school at your earliest convenience.

Other documentation needed:

1. **Proof of Age** - Any one of the following constitutes acceptable documentation: birth certificate; notarized copy of birth certificate; baptismal certificate; copy of the record of baptism – notarized or duly certified and showing the date of birth; notarized statement from the parents or another relative indicating the date of birth; a valid passport; a prior school record indicating the date of birth.
2. **Two Proof of Residency** - Driver's license and any of the following documentation that include your current street address: a deed, a lease, current utility bill, current credit card bill, property tax bill, vehicle registration, driver's license, Department of Transportation identification card.
3. **Immunizations required by law**
   If you do not have your immunizations at this time, you can still complete the registration process. Your child will not be permitted to enter school without the required immunizations or proper exemption documentation. Please make sure the school nurse has these records before the start of school.

   Acceptable documentation includes: either the child's immunization record, a written statement from the former school district or from a medical office that the required immunizations have been administered, or that a required series is in progress, or verbal assurances from the former school district or a medical office that the required immunizations have been completed, with records to follow.
4. **Copy of child custody papers if applicable.**

If you do not have access to a copy machine, please bring the documents to the school and we will make copies for you.

If you have any questions, please call the school at 267-4649.

Enrollment Form

School Name: Shanksville-Stonycreek School District

CHILD INFORMATION

Full Name: _____ **Gender:** ☐ Male ☐ Female

Date of Birth: _____ **Age:** _____ **Grade:** _____

Student Lives With: ☐ Both Parents ☐ Mother ☐ Father ☐ Guardian

Is the student Hispanic or Latino? ☐ Yes ☐ No

Student's Race: ☐ Asian ☐ Black/African American ☐ American Indian/Alaska Native
☐ Native Hawaiian/ Other Pac Islander ☐ White

Home Address: _____
_____

Mailing Address: _____
_____

Has an IEP? _____ **If so, what service(s) is needed?** _____

PARENT / GUARDIAN INFORMATION

Parent / Guardian 1
Name: _____

Relationship to Child: _____

Home #: _____ Mobile #: _____ Work #: _____
Employer: _____

Email: _____
Address (if different from student) _____

Parent / Guardian 2
Name: _____

Relationship to Child: _____

Phone: _____ Mobile Phone: _____ Work Phone: _____

Employer: _____

Enrollment Form

Email: _____

Address (if different from student) _____

Step-Parent (if applicable) _____

Home #: _____ Mobile #: _____ Work #: _____

Employer: _____

EMERGENCY CONTACT # 1

Name: _____

Relationship: _____

Phone Number: _____

EMERGENCY CONTACT # 2

Name: _____

Relationship: _____

Phone Number: _____

EMERGENCY CONTACT # 3

Name: _____

Relationship: _____

Phone Number: _____

PREVIOUS SCHOOL / PRESCHOOL (IF ANY)

School Name: _____

Duration Attended: _____

CHECKLIST OF REQUIRED DOCUMENTS

- ☐ **Birth Certificate (copy)**
- ☐ **Immunization / Vaccination Record**
- ☐ **Parent / Guardian Driver's License ID (copy)**
- ☐ **Proof of Address**
- ☐ **Medical Certificate / Health Record**
- ☐ **Custody Papers (if applicable)**

pennsylvania
DEPARTMENT OF EDUCATION

HOME LANGUAGE SURVEY

ALL newly registering students regardless of race, nationality, or language origin MUST complete this form. Federal law requires that all Local Education Agencies (LEAs) utilize a non-biased procedure for identifying which students are potential English Learners (ELs) in order to provide appropriate language instruction educational programs and services. Given this responsibility, LEAs have the right to ask for the information contained on this and other forms associated with the identification process.

Student Information (Parents/Guardians should complete this section):

Child's first name: _____

Child's family name: _____

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

Questions for Parents or Guardians

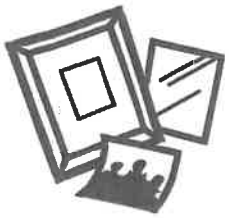
1. Is a language other than English spoken in the child's home? ☐ No ☐ Yes (language) _____
2. Does your child communicate in a language other than English? ☐ No ☐ Yes (language) _____
3. What is the language that your child first learned to speak? _____

Parent/Guardian Signature: _____ Date: _____

Interpreter Provided ☐ No ☐ Yes

Revised February 2017

Pink



USE OF PHOTOGRAPHS OR OTHER PICTORIAL LIKENESS BY THE NEWS MEDIA AND DISTRICT ELECTRONIC PUBLICATIONS

We realize that events conducted by or sponsored by the Shanksville-Stonycreek School District, both on and off school property, may be covered at any time by news media and may result in contact with your child by news media or the publication of pictures or other photographic likeness of your child.

Shanksville-Stonycreek School District uses electronic publications as a method of communication with the community. This includes our district website, Facebook, Twitter, etc. Shanksville-Stonycreek School District is able to post individual or group photos of students.

By our signatures below, we release and hold harmless the Shanksville-Stonycreek School District and its employees and officers from any liability in regard to the use of our child's photograph or other pictorial likenesses in printed publications or any electronic publications.

NEWS MEDIA

☐ **YES**, I allow my child's photograph to be used **by news media.**

☐ **NO**, I do not allow my child's photograph to be used **by news media.**

SSSD ELECTRONIC PUBLICATIONS

☐ **YES**, I allow my child's photograph to be used **on the Shanksville-Stonycreek School District's electronic publications.**

☐ **NO**, I do not allow my child's photograph to be used **on the Shanksville-Stonycreek School District's electronic publications.**

Child(ren) _____

_____

_____

_____

Signature of Parent or Guardian:_____

Date:_____

THIS FORM IS MANDATORY FOR OUR RECORDS.
PLEASE COMPLETE AND RETURN TO THE APPROPRIATE OFFICES.

SHANKSVILLE-STONYCREEK SCHOOL DISTRICT

SECTION: COMMUNITY

TITLE: PARENTAL/FAMILY INVOLVEMENT

ADOPTED: November 11, 2008

REVISED:

917. PARENTAL/FAMILY INVOLVEMENT

1. Purpose

The Board recognizes the vital role parents/guardians and family play in the education, welfare and values of their children. The district is committed to the belief that all students can learn and acknowledges that schools and families share a commitment to the educational success of students.

2. Definition

Parental and family involvement shall be defined as an ongoing process that assists parents/guardians and families to meet their basic obligation as a child's first educator, promotes clear two-way dialogue between home and school, and supports parents/guardians as leaders and decision-makers concerning the education of their children at all levels.

3. Authority

The Board recognizes that the responsibility for each student's education is shared by the school and the family and acknowledges that schools and families must work as knowledgeable, cooperative partners to effectively educate all students. To this end, the Board shall support the development, implementation, and continuing evaluation of a parental and family involvement program that will involve parents/guardians at all grade levels in a variety of roles.

4. Guidelines

Because parents/guardians are familiar with the needs, problems and abilities of their children, staff should communicate with and seek their input throughout the school year.

The parental and family involvement program may include the following:

1. Support for parents/guardians as school leaders and decision-makers, in addition to serving in advisory roles.

2. Promotion of clear two-way communication between the school and the family about school programs and student progress.

3. Assistance to parents/guardians and families in developing parenting skills to foster positive relationships at home, to support children's educational efforts, and to assist their children with learning at home.

	4. Involvement of parents/guardians, with appropriate training, in instructional and support roles at the school.

Shanksville-Stonycreek School District
P.O. Box 128
1325 Cornerstone Road
Shanksville, Pennsylvania 15560-0128

Phone – 814.267.4649
Fax – 814.267.4372
http://www.sssd.com

Parent Acknowledgement of Receipt of Parent Involvement Policy

Dear Parent/Guardian:

Your participation in your child's education is important to us. Because of this, the Shanksville-Stonycreek School District has developed a parental involvement policy for the district. This policy explains how we plan to work with parents to review and improve parent programs and describes how you can participate in planning these programs. We value your involvement and urge you to take the time to read this policy.

The Every Student Succeeds Act of 2015 is federal law that requires us to distribute our parental involvement policy to parents. Please sign the form below and return with the enrollment papers so that we can be sure you received this important information.

If you have any questions, please feel free to call Mrs. Stephanie Daughenbaugh at 814-267-4649.

Sincerely,

Reno Barkman
Superintendent

ACKNOWLEDGEMENT

I have received the parental involvement policy described in this letter.

Signature of Parent or Guardian _____ Date_____

Printed Name of Parent or Guardian _____

Student's Name _____

Teacher _____

School _____ Grade _____

"Equal Opportunity Employer"
It is the policy of the Shanksville-Stonycreek School District not to discriminate in employment or program services for reasons of race, color, sex, age, religion, national origin, or handicapping condition.

Pennsylvania
Department of Education

School Meal Modifications for Children with Disabilities

Schools participating in a federal school meal program (National School Lunch Program, School Breakfast Program, Fresh Fruit and Vegetable Program, Special Milk Program, and Afterschool Snack Program) are required to make reasonable accommodations for children who are unable to eat the school meal because of a disability that restricts the diet. School food authorities must ensure that parents, guardians, and children have notice of the procedure for requesting meal modifications for disabilities and the process for procedural safeguards related to meal modifications for disabilities.

1. State Licensed Healthcare Professional's Statement for Children with Disabilities
U.S. Department of Agriculture (USDA) regulations at 7 CFR 210.10(m) and 7 CFR 220.8(m) require substitutions or modifications in school meals for children whose disability restrict their diet. School food authorities must provide modifications for children on a case-by-case basis when requests are supported by a written statement signed by a State licensed healthcare professional. By July 1, 2025, school food authorities must also accept a medical statement signed by a registered dietitian. The modification requested must be related to the disability or limitations caused by the disability and must be offered at no additional cost to the child or household.

The third page of this document ("Medical Plan of Care for School Food Service") may be used to obtain the required information from the State licensed healthcare professional or registered dietitian. In Pennsylvania, the following may sign the medical statement:

- Physician
- Physician assistant
- Certified registered nurse practitioner
- Dentist
- Registered dietitian

The written medical statement must include:

- An explanation of how the child's physical or mental impairment restricts the child's diet;
- An explanation of what must be done to accommodate the child; *and*
- The food or foods to be omitted and recommended alternatives, if appropriate.

Modified meals that do not meet USDA meal pattern requirements are reimbursable only when supported by a valid medical statement for a student with a disability that affects their diet. Meal substitutions that adhere to Program regulations are reimbursable with or without a medical statement.

2. Meal Variations for Non-disability Reasons
School food authorities are encouraged to plan and prepare meals and afterschool snacks that consider children's dietary preferences. Special meal requests related to general health concerns, personal or cultural preferences, and moral or religious convictions are not based on a disability and are *optional* for school food authorities to accommodate. Meal modifications for non-disability reasons must adhere to Program regulations.

3. Rehabilitation Act of 1973 and the Americans with Disabilities Act
Under Section 504 of the *Rehabilitation Act of 1973*, the *Americans with Disabilities Act (ADA) of 1990,* the *ADA Amendments Act of 2008,* and USDA regulations at 7 CFR 15b and 210.2, a child with a disability means any child who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment, or has been regarded as having such an impairment.

A physical or mental impairment does not need to be life threatening to constitute a disability. If the impairment limits a major life activity, it is considered a disability. *Major life activities* include, but are not limited to: caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. A major life activity also includes the *operation of a major bodily function*, including but not limited to: functions of the immune system; normal cell growth; and digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

4. Individuals with Disabilities Education Act
A child with a disability under Part B of the *Individuals with Disabilities Education Act* (IDEA) is described as a child evaluated in accordance with IDEA as having one or more of the recognized thirteen disability categories and who, by reason thereof, needs special education and related services. The Individualized

Education Program (IEP) is a written statement for a child with a disability that is developed, reviewed, and revised in accordance with the IDEA and its implementing regulations. When nutrition services are required under a child's IEP, school officials need to ensure that school food service staff is involved early in decisions regarding special meals. If an IEP or 504 plan includes the same information that is required on a medical statement (see section 1, above), then it is not necessary to obtain a separate medical statement.

School Nutrition Program Contact
For more information about requesting accommodations to school meals and the meal service for students with disabilities, please contact:

Christa Adomnik, Food Service Director, Shanksville-Stonycreek School District
814-267-4649 ext. 229
cadomnik@sssd.com

USDA Nondiscrimination Statement
In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail**:
   U.S. Department of Agriculture
   Office of the Assistant Secretary for Civil Rights
   1400 Independence Avenue, SW
   Washington, D.C. 20250-9410; or

2. **fax**: (833) 256-1665 or (202) 690-7442; or

3. **email**: program.intake@usda.gov.

This institution is an equal opportunity provider.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Contact your child's school.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Communiques con la escuela de su niño.

Medical Plan of Care for School Food Service

Please read pages 1 and 2 before completing this form.

Student's Name	Date of Birth	Grade Level/Classroom

Name of School/Site	

Name of Parent/Guardian	Phone Number of Parent/Guardian

Signature of Parent/Guardian	Date

1. Provide an explanation below of how the student's physical or mental impairment restricts the student's diet:

2. Describe the specific diet or necessary modifications prescribed by the State licensed healthcare professional or registered dietitian to accommodate the student's needs:

3. List the food or foods to be omitted (please be specific) and recommended alternatives, if appropriate.
Foods to be omitted:

Suggested substitutions:

4. Indicate texture modifications, if applicable:

☐ Chopped/Cut into bite-sized pieces ☐ Diced/Finely Ground ☐ Pureed ☐ Other:

5. List any required special adaptive equipment:

State Licensed Healthcare Professional or Registered Dietitian Name & Credentials (Please Print)	Provider Phone Number

Signature of State Licensed Healthcare Professional or Registered Dietitian	Date

Completing the following section is optional but may prevent delays by allowing the school to speak with the healthcare professional.

Health Insurance Portability and Accountability Act Waiver

In accordance with the provisions of the Health Insurance Portability and Accountability Act of 1996 and the Family Educational Rights and Privacy Act, I hereby authorize _____ *(healthcare professional)* to release such protected health information of my child as is necessary for the specific purpose of Special Diet information to _____ *(school/program)* and I consent to allow the healthcare professional to freely exchange the information listed on this form and in their records concerning my child with the school program as necessary. I understand that I may refuse to sign this authorization without impact on the eligibility of my request for a Special Diet for my child. I understand that permission to release this information may be rescinded at any time except when the information has already been released. My permission to release this information will expire on _____ *(date)*. This information is to be released for the specific purpose of Special Diet information.

The undersigned certifies that he/she is the parent, guardian or representative of the person listed on this document and has the legal authority to sign on behalf of that person.

Parent/Guardian Signature: _____ Date: _____

Shanksville-Stonycreek School District

P.O. Box 128
1325 Cornerstone Road
Shanksville, Pennsylvania 15560-0128

Phone – 814.267.4649
Fax – 814.267.4372
http://www.sssd.com

Samuel J. Romesberg III, D.Ed.
Superintendent

Sidney M. Clark, PCSBA
Business Manager/Board Secretary

Reno J. Barkman
PreK-12 Principal

Marty Petrosky
Director of Technology and Curriculum

Dear Parents:

Please fill out the information forms for each student being registered. The Affidavit of Information form will need to be notarized and may be done by our high school secretary, Natalie Custer. Please call the school at 267-4649 ext. 232 for her availability.

Proof of residency within the school district is also required. Any document showing your name and address such as a driver's license, utility bill, tax statement, or pay stub may be used. Please return all information forms to the guidance office as soon as possible.

If you have any questions, please contact me at 267-4649 ext. 217.

Thank You,

Megan Ervin
Guidance Counselor

"Equal Opportunity Employer"
It is the policy of the Shanksville-Stonycreek School District not to discriminate in employment or program services for reasons of race, color, sex, age, religion, national origin, or handicapping condition.

SHANKSVILLE-STONYCREEK SCHOOL DISTRICT
Box 128 Main Street
Shanksville, PA 15560

AFFIDAVIT OF INFORMATION

Under the provisions of Article XIII-A of Act 26 of 1995, prior to the student's admission to any school entity, a sworn statement is required concerning the student's prior disciplinary record.

AFFIDAVIT

Commonwealth of Pennsylvania
Somerset County

Before me, the undersigned authority, personally appeared _____
(Name of Parent/Guardian)
who being duly sworn according to law, deposes and says as follows:

_____ is requesting admission as a student to the Shanksville-
(Name of Student)
Stonycreek School District, in grade _____.

_____ was previously enrolled as a student in the following school
(Name of Student)
district(s):

Name of Districts/ Private/Parochial Schools	Grade	Building
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ **was/was not** previously suspended or expelled from any school
(Name of Student)
for an act regarding weapons, alcohol or drugs or for violence to persons or property. That I understand that a certified copy of _____'s disciplinary record will be transmitted
(Name of Student)
to the Shanksville-Stonycreek School District and that it will be inspected only by the student, school officials, state and local law enforcement officials or me, as parent/guardian.

_____
(Signature of Parent/Guardian)

Sworn to and subscribed
before me this_____day
of _____, 20__

_____
(Notary Public)

CENSUS ENUMERATION
(PLEASE LIST ALL RESIDENTS)

SHANKSVILLE-STONYCREEK SCHOOL DISTRICT
PO BOX 128 / 1325 Corner Stone Rd
Shanksville, PA 15560-0128 (814) 267-4649

Must Check One ✓	
Owns & Resides	
Owns but 2nd Home	
Rents	

HOME PHONE

Please complete this form with names of everyone residing at this address, including adults and children, even if there are no children in your household. Also, please list any college students residing in your household.

↓ MEMBERS OF THE HOUSEHOLD OVER 18 ↓

LAST NAME, FIRST, MI	SEX	DATE OF BIRTH: Month / Day / Year	NAME OF EMPLOYER

↓ MEMBERS OF THE HOUSEHOLD UNDER THE AGE OF 18 ↓

LAST NAME, FIRST, MI	SEX	DATE OF BIRTH: Month / Day / Year

PHYSICAL ADDRESS:

MAILING ADDRESS (if different, i.e. PO Box):