

# Getting to Know You!



Child's Full Name

---

Name Child Goes By

---

Birth Date \_\_\_\_\_

Address

---

---

---

Parents'/Guardians Names

---

---

Home Telephone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

---

Email

---

Names and ages of siblings

---

---

---

Has your child attended preschool?  
If so, where?

---

---

---

Does your child reside with both parents?  
If not, with whom does your child live?

---

---

---

Does your child have any fears?

---

---

---

Does your child have any special problems  
that we should be aware of? (Allergies - such  
as food or bee stings; hearing, speech or  
vision problems; etc.)

---

---

---

Would you be interested in reading a  
story to the class sometime during  
the school year?

---

Do you have an occupation or hobby  
that you would like to share with the  
class?

---

---

Would you be interested in  
chaperoning a class field trip?

---

Is there any other information that  
you would like us to know about your  
child?

---

---

---

---

---

Thank You!



ELLWOOD CITY AREA SCHOOL DISTRICT  
STUDENT REGISTRATION PERMANENT RECORD INFORMATION

APPENDIX B

**Student Number** \_\_\_\_\_ **Homeroom** \_\_\_\_\_ **Start Date** \_\_\_\_\_

**1 - Student Information**  
Student Name \_\_\_\_\_ Grade \_\_\_\_\_  
Last First Middle

Student Address \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Parent Cell Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ Place of Birth \_\_\_\_\_  
City State

Father or Mother currently active in the military? Yes \_\_\_\_\_ No \_\_\_\_\_

The district is required to collect ethnicity/race data in order to satisfy US Department of Education audit requirements:  
Please select one: Not Hispanic \_\_\_\_\_ Hispanic \_\_\_\_\_  
Please select one or more: American Indian \_\_\_\_\_ Asian \_\_\_\_\_ Black \_\_\_\_\_ Native Hawaiian \_\_\_\_\_ White \_\_\_\_\_

**2 - Guardian Information**  
Student Resides with Mother Only \_\_\_\_\_ Mother & Stepfather \_\_\_\_\_ Relative \_\_\_\_\_ Foster \_\_\_\_\_  
Both Parents \_\_\_\_\_ Father Only \_\_\_\_\_ Father & Stepmother \_\_\_\_\_ Guardian \_\_\_\_\_ Other \_\_\_\_\_

If Other than parents: \_\_\_\_\_  
(Name and Relationship)

Please complete the following regardless of who child resides with:  
Father's Full Name \_\_\_\_\_ Mother's Full Name \_\_\_\_\_  
Step-Father's Name \_\_\_\_\_ Step-Mother's Name \_\_\_\_\_  
Parent/Guardian Email Address: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION: NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_**

**4 - Previous School Information (Include Pre-School for Kindergarten registrants)**  
Name of Previous School \_\_\_\_\_  
Address \_\_\_\_\_  
Last date attended \_\_\_\_\_

**Has Student ever attended the Ellwood City Area School District? \_\_\_\_\_**

**3 - Special Services Information**  
Did your child receive any Special Services listed below at his/her previous school?  
Speech/Language Support \_\_\_\_\_ Title I Reading or Math (circle one) \_\_\_\_\_ Physical or Occupational Therapy \_\_\_\_\_  
Social/Emotional Support \_\_\_\_\_ English Second Language \_\_\_\_\_ IEP \_\_\_\_\_  
Learning Support \_\_\_\_\_ Hearing Impairment Support \_\_\_\_\_ 504 Plan \_\_\_\_\_  
Instructional Support \_\_\_\_\_ Vision Impairment Support \_\_\_\_\_ Other \_\_\_\_\_

**Does your child have a life threatening condition? Yes \_\_\_\_\_ No \_\_\_\_\_**  
If yes, please explain \_\_\_\_\_

**CONTINUE ON REVERSE SIDE**

**5 - Policy Information**

Please read and sign below:

The Pennsylvania School Code requires that 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 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. The registration shall be maintained as part of the student's disciplinary record. It also requires the transfer of pupil records concerning these disciplinary actions and this information be released with student records to the receiving school at the time of transfer.

**Any willful false statement made under this section shall be a misdemeanor of the third degree.**

My son/daughter has been involved in a previous expulsion/disciplinary action.

\_\_\_\_\_  
Signature of Parent/Guardian Date

My son/daughter has not been involved in a previous expulsion/disciplinary action.

\_\_\_\_\_  
Signature of Parent/Guardian Date

Is there currently a custody issue concerning your child? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain and provide appropriate legal documentation \_\_\_\_\_

All students are required by the state of Pennsylvania to submit proof of immunization or exemption from immunization prior to entry to school. Copies of immunization records for students are usually available from the transferring school. Immunization regulations are cited in 28 Pa. Code S23.83 (c). State law requires that in order to attend schools, a child must receive all immunizations as mandated by the Department of Health unless a medical or religious exemption is provided to the school district. A child may be provisionally admitted and attend school for up to eight months if at least one dose of each required immunization has been given and there is a plan for the completion of the remainder of the doses.

\*\*\*\*\*

**School Use Only:**

Registration Date \_\_\_\_\_  
Student ID# \_\_\_\_\_ School \_\_\_\_\_ PA SECURE ID # \_\_\_\_\_  
Start Date \_\_\_\_\_ Entry code \_\_\_\_\_ Grade \_\_\_\_\_ Homeroom \_\_\_\_\_ Locker # \_\_\_\_\_  
Date academic records requested \_\_\_\_\_ Date health records requested \_\_\_\_\_  
Date academic records received \_\_\_\_\_ Date health records received \_\_\_\_\_

**Forms Received:**

Emergency \_\_\_\_\_ Health history \_\_\_\_\_ Immunizations \_\_\_\_\_ Birth Certificate \_\_\_\_\_  
ESL \_\_\_\_\_  
Proof of Residency 1 forms 1 - \_\_\_\_\_  
AM Bus Number \_\_\_\_\_ Bus Stop Name \_\_\_\_\_  
PM Bus Number \_\_\_\_\_ Bus Stop Name \_\_\_\_\_

**Ellwood City Area School District  
Verification of PIMS Student Information**

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

State Entry (fill in date) \_\_\_\_\_

\*Date that he/she began living in PA. If the child was born in PA, this would be his/her birthdate.

Initial U.S. Entry (fill in date) \_\_\_\_\_

\*Date that he/she began living in the US. If the child was born in the US, this would be his/her birthdate.

Grade 9 Entry Date (fill in date) \_\_\_\_\_

\*Date that he/she began grade 9

Homeless (circle one) Yes Doubled Up No

\*Homeless - the child lacks a fixed, regular, and adequate nighttime residence

\*Doubled up - the child is living with another family in the district due to a lack of housing

English Proficiency (circle one) Native English Speaker – Born in the US and speaks English  
Fluent English Speaker – Foreign born and speaks English  
Limited English Proficiency – Child speaks some English  
Non-English Speaking

Special Education (circle one) No IEP Has IEP Had an IEP less than 2 years ago

\*IEP – Individualized Education Program – states that the child receives special education services supporting his or her education in the classroom

District of Residency (circle one) Ellwood City Area Other: \_\_\_\_\_

\*School district where the child lives

Home Language (circle one) English Other: \_\_\_\_\_

\*Language that the child speaks in his/her home

Years in US Schools (fill in blank) \_\_\_\_\_  
(Do not include current school year or preschool)

Birth Country (circle one) United States Other: \_\_\_\_\_

School of Residence (fill in blank) \_\_\_\_\_

\*Elementary school that the child will be attending – Hartman, Perry, North Side

City of Birth (fill in blank) \_\_\_\_\_

\*City that the child was born in

State of Birth (fill in blank) \_\_\_\_\_

Home County (circle one) Lawrence Beaver Other: \_\_\_\_\_

Father or Mother currently active in military (circle one) Yes No

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



# ELLWOOD CITY AREA SCHOOL DISTRICT

501 Crescent Avenue  
Ellwood City, PA 16117  
Phone 752-752-1591 ext. 3010 Fax 724-752-8556

Dear Parent/Guardian:

Keeping you informed is a top priority at the **Ellwood City Area School District**. That's why we have adopted the **Connect 5 Notification Service** which will allow us to send a telephone message to you providing important school information or emergencies.

What you need to know about receiving calls sent through **CONNECT 5**.

- Caller ID will display the school's main number.
- CONNECT 5 will leave a message on any answering machine or voicemail.
- If the CONNECT 5 message stops playing, say hello and the message will replay from beginning.

The successful delivery of information is dependent upon accurate contact information for each student, so please make certain that we have your most current phone numbers. If this information changes during the year, please let us know immediately.

Please return the form below to your child's homeroom teacher immediately. Thank you for your cooperation and if you have any questions, please don't hesitate to contact us.

We are very excited to continue **CONNECT 5** as a tool to improve parent communication.

-----*Cut here*-----

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Name:	( )
Parent/Guardian Name:	( )
E-mail address:	

**Ellwood City Area School District  
Student Residency Questionnaire**

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Name and relationship of person with whom student resides: \_\_\_\_\_

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

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Last School Attended: \_\_\_\_\_ Dates of attendance: \_\_\_\_\_

*The answers to the following questions can help determine the services this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435.*

1. Is this student's home address a temporary living arrangement? \_\_\_ Yes \_\_\_ No  
 2. Is this a temporary living arrangement due to a loss of housing or economic hardship (not by choice)? \_\_\_ Yes \_\_\_ No

***If you answered YES to both of the above questions, please complete the remainder of this form.  
If you answered NO to either question, STOP, sign form and return to school personnel.***

**Where is the student presently living? (Please check one and reason)**

- Temporarily with more than one family -In a house, mobile home, or apartment (doubled-up) due to:**  
 Foreclosure  Eviction  Flood/Fire/Natural Disaster  Domestic Abuse  Economic hardship (loss of job, housing)  
 Other reasons, please explain: \_\_\_\_\_
- In an emergency or transitional shelter due to:**  
 Foreclosure  Eviction  Flood/Fire/Natural Disaster  Domestic Abuse  Economic hardship (loss of job, housing)  
 Other reasons, please explain: \_\_\_\_\_
- In a motel/hotel due to:**  
 Foreclosure  Eviction  Flood/Fire/Natural Disaster  Domestic Abuse  Economic hardship (loss of job, housing)  
 Other reasons, please explain: \_\_\_\_\_  
 List name and address of hotel/motel: \_\_\_\_\_
- Emergency Housing due to:**  
 Foreclosure  Eviction  Flood/Fire/Natural Disaster  Domestic Abuse  Economic hardship (loss of job, housing)  
 Other reasons, please explain: \_\_\_\_\_
- In a car, park, public space, abandoned building, sub-standard housing, bus or train stations, or similar settings due to:**  
 Foreclosure  Eviction  Flood/Fire/Natural Disaster  Domestic Abuse  Economic hardship (loss of job, housing)  
 Other reasons, please explain: \_\_\_\_\_
- Other (in an arrangement that is not fixed, regular, and adequate and is not described in the other choices) due to:**  
 Foreclosure  Eviction  Flood/Fire/Natural Disaster  Domestic Abuse  Economic hardship (loss of job, housing)  
 Other reasons, please explain: \_\_\_\_\_  
 Explain: \_\_\_\_\_
- With an adult that is not a parent or legal guardian, or alone without an adult (unaccompanied youth) due to:**  
 Foreclosure  Eviction  Flood/Fire/Natural Disaster  Domestic Abuse  Economic hardship (loss of job, housing)  
 Other reasons, please explain: \_\_\_\_\_

*Under penalty of perjury under the laws of this state, I declare that the information provided here is true and correct and of my own personal knowledge and that, if called upon to testify, I would be competent to do so.*

Name of Person completing this form: \_\_\_\_\_

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

**ELLWOOD CITY AREA SCHOOL DISTRICT  
HOME LANGUAGE SURVEY\***

Used to determine a primary or home language other than English (PHLOTE).

The Office of Civil Rights (OCR) requires that school districts/charter schools identify limited English proficient (LEP) students in order to provide appropriate language instructional programs for them. Pennsylvania Department of Education has selected the Home Language Survey as the method for identification. The survey shall be placed in the student's permanent file.

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student's Name:** \_\_\_\_\_

**1. What is/was the student's first language?** \_\_\_\_\_

**2. Does the student speak a language(s) other than English?**  
(Do not include languages learned in school.)

Yes  No

**If yes, specify the language(s):** \_\_\_\_\_

**3. What language(s) is/are spoken in your home?** \_\_\_\_\_

**4. If answered yes to #2 - Has the student attended any United States school during his/her lifetime?**

Yes  No

**If yes, complete the following:**

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

**Person completing this form (if other than parent/guardian):** \_\_\_\_\_

**Parent/Guardian signature:** \_\_\_\_\_

\*The school district/charter school 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 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 may conduct screenings or ask for related information about students who are already enrolled in the school as well as from students who enroll in the school district/charter school in the future.



## Ellwood City Area School District

### **ONLY COMPLETE IF YOU HAVE A COURT DECREE OR CUSTODY ISSUE AND PROVIDE A COPY OF SUCH WITH THIS SIGNED FORM**

#### SEPARATIONS – DIVORCES

It is the intent of the Ellwood City Area School District to remain neutral toward families split by divorce or separation. We do not want to take sides with one parent against the other where there may be possible conflict over children attending school in this district. If you have a court decree, which established you as legal guardian, you will want to provide the district with a copy of such document for attachment to your child's permanent record. We will use this as a legal base for working with the custodial parent.

In the absence of such a document, you must be aware that we cannot deny either parent access to his/her child. We cannot withhold information or refuse to see or work with the other parent. We cannot keep the other parent from picking up his/her child from school.

The Ellwood City Area School District wants to protect all children from emotionally upsetting situations. Whatever the parents can settle outside the school to forestall any confrontation should be pursued.

I have read and discussed the above with a Representative of the Ellwood City Area School District.

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Date

**Office Use:**  
**Legal Document on file**  
Yes \_\_\_  
No \_\_\_  
Date \_\_\_\_\_

CHROMEBOOK HANDBOOK AGREEMENT

Ellwood City Area School District  
501 Crescent Avenue, Ellwood City PA 16117 \* (724) 752-1591

**I will enroll my child in the 1:1 Program and I accept and understand the following:**

1. I have read and understand (available on the District website) the 1:1 Handbook and agree to follow all rules and expectations regarding the use and care of 1:1 devices.
2. I accept full responsibility for my child's device including, but not limited to, ensuring the device is fully charged each school day.
3. My child's school will provide technical support for 1:1 devices and I will not take the device to a third party for repair or service.
4. Chromebook or iPad apps purchased by the school will be automatically installed and configured on 1:1 devices or students will be instructed on how to install.
5. Should my child's device be inoperable, a spare or loaner device will be provided for use until the original device is repaired.

\_\_\_\_\_  
Parent/Guardian Name (printed)

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

\_\_\_\_\_  
Student Name (printed)

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

*This agreement is in effect during the ECASD School Calendar Year.*

To parents and guardians,

At Ellwood City Area School District, we use Google Workspace for Education, and we are seeking your permission to provide and manage a Google Workspace for Education account for your child. Google Workspace for Education is a set of education productivity tools from Google including Gmail, Calendar, Docs, Classroom, and more used by tens of millions of students and teachers around the world. At ECASD, students will use their Google Workspace for Education accounts to complete assignments, communicate with their teachers, sign into their Chromebooks, and learn 21st century digital citizenship skills.

The notice below provides answers to common questions about what Google can and can't do with your child's personal information, including:

- What personal information does Google collect?
- How does Google use this information?
- Will Google disclose my child's personal information?
- Does Google use student personal information for users in K-12 schools to target advertising?
- Can my child share information with others using the Google Workspace for Education account?

Please read it carefully, let us know of any questions, and then sign below to indicate that you've read the notice and give your consent. If you don't provide your consent, we will not create a Google Workspace for Education account for your child.

I give permission for ECASD to create/maintain a Google Workspace for Education account for my child and for Google to collect, use, and disclose information about my child only for the purposes described in the notice below.

Thank you,

Wesley Shipley, Kirk Lape, John Sovich, Frank Keally, Dan Parson

---

Full name of student

---

Printed name of parent/guardian

---

Signature of parent/guardian

---

Date

# Google Workspace for Education Notice to Parents and Guardians

This notice describes the personal information we provide to Google for these accounts and how Google collects, uses, and discloses personal information from students in connection with these accounts.

Using their Google Workspace for Education accounts, students may access and use the following “Core Services” offered by Google (described at

[https://workspace.google.com/terms/user\\_features.html](https://workspace.google.com/terms/user_features.html)):

- Gmail - only internally and for approved purposes
- Currents
- Calendar
- Chrome Sync
- Classroom
- Cloud Search
- Contacts
- Docs, Sheets, Slides, Forms
- Drive
- Groups
- Google Meet
- Jamboard
- Keep
- Sites
- Vault

In addition, we also allow students to access certain other Google services with their Google Workspace for Education accounts. Specifically, your child may have access to the following “Additional Services” in the form of applications:

- Apps Script
- Applied Digital Skills
- Blogger
- Google Alerts
- Google Cloud Print
- Google Data Studio
- Google Earth
- Google Maps
- Google Mobile Device Management
- Google My Maps
- Google Play
- Google Search Console
- Google Takeout
- Material Gallery
- Scholar Profiles
- Web Store
- YouTube

In addition, we also allow students to access certain other Google services with their Google Workspace for Education accounts. Specifically, your child may have access to the following “Additional Services” in the form of Chrome Extensions:

- GoGuardian
- Classlink OneClick
- Read&Write for Google Chrome
- EquatIO - Math Made Digital
- Google Docs Offline
- Kite Student Portal
- Sumopaint- Online Image editor
- Kami for Google Chrome
- Lumin PDF - Beautiful PDF editor
- DocHub sign PDF for gmail
- LucidPress Free Design tools
- TI Connect CE App for Chrome OS
- TI-84 Plus CE App for Chrome
- Inkscape editor for drawings and graphics
- Save to Google Drive
- Mote Voice notes and feedback
- Eye Dropper
- Code Pad Text editor

Google provides information about the information it collects, as well as how it uses and discloses the information it collects from Google Workspace for Education accounts in its Google Workspace for Education Privacy Notice. You can read that notice online at [https://workspace.google.com/terms/education\\_privacy.html](https://workspace.google.com/terms/education_privacy.html) You should review this information in its entirety, but below are answers to some common questions:

### **What personal information does Google collect?**

When creating a student account, ECASD may provide Google with certain personal information about the student, including, for example, a name, email address, and password. Google may also collect personal information directly from students, such as telephone number for account recovery or a profile photo added to the Google Workspace for Education account.

When a student uses Google services, Google also collects information based on the use of those services. This includes:

- device information, such as the hardware model, operating system version, unique device identifiers, and mobile network information including phone number;
- log information, including details of how a user used Google services, device event information, and the user's Internet protocol (IP) address;
- location information, as determined by various technologies including IP address, GPS, and other sensors;
- unique application numbers, such as application version number; and

- cookies or similar technologies which are used to collect and store information about a browser or device, such as preferred language and other settings.

### **How does Google use this information?**

In Google Workspace for Education Core Services, Google uses student personal information to provide, maintain, and protect the services. Google does not serve ads in the Core Services or use personal information collected in the Core Services for advertising purposes.

In Google Additional Services, Google uses the information collected from all Additional Services to provide, maintain, protect and improve them, to develop new ones, and to protect Google and its users. Google may also use this information to offer tailored content, such as more relevant search results. Google may combine personal information from one service with information, including personal information, from other Google services.

### **Does Google use student personal information for users in K-12 schools to target advertising?**

No. For Google Workspace for Education users in primary and secondary (K-12) schools, Google does not use any user personal information (or any information associated with a Google Workspace for Education Account) to target ads, whether in Core Services or in other Additional Services accessed while using an Google Workspace for Education account.

### **Can my child share information with others using the Google Workspace for Education account?**

We may allow students to access Google services such as Google Docs and Sites, which include features where users can share information with others or publicly. When users share information publicly, it may be indexable by search engines, including Google.

### **Will Google disclose my child's personal information?**

Google will not share personal information with companies, organizations and individuals outside of Google unless one of the following circumstances applies:

- *With parental or guardian consent.* Google will share personal information with companies, organizations or individuals outside of Google when it has parents' consent (for users below the age of consent), which may be obtained through Google Workspace for Education schools.
- *With ECASD.* Google Workspace for Education accounts, because they are school-managed accounts, give administrators access to information stored in them.
- *For external processing.* Google may provide personal information to affiliates or other trusted businesses or persons to process it for Google, based on Google's instructions and in compliance with the Google Workspace for Education privacy notice and any other appropriate confidentiality and security measures.
- *For legal reasons.* Google will share personal information with companies, organizations or individuals outside of Google if it has a good-faith belief that access, use, preservation or disclosure of the information is reasonably necessary to:
  - meet any applicable law, regulation, legal process or enforceable governmental request.
  - enforce applicable Terms of Service, including investigation of potential violations.

- detect, prevent, or otherwise address fraud, security or technical issues.
- protect against harm to the rights, property or safety of Google, Google users or the public as required or permitted by law.

Google also shares non-personal information -- such as trends about the use of its services -- publicly and with its partners.

### **What choices do I have as a parent or guardian?**

First, you can consent to the collection and use of your child's information by Google. If you don't provide your consent, we will not create a Google Workspace for Education account for your child, and Google will not collect or use your child's information as described in this notice.

If you consent to your child's use of Google Workspace for Education, you can access or request deletion of your child's Google Workspace for Education account by contacting your school principal. If you wish to stop any further collection or use of your child's information, you can request that we use the service controls available to limit your child's access to features or services, or delete your child's account entirely. You and your child can also visit <https://myaccount.google.com> while signed in to the Google Workspace for Education account to view and manage the personal information and settings of the account.

### **What if I have more questions or would like to read further?**

If you have questions about our use of Google's Google Workspace for Education accounts or the choices available to you, please contact your school . If you want to learn more about how Google collects, uses, and discloses personal information to provide services to us, please review the [Google Workspace for Education Privacy Center](https://www.google.com/edu/trust/) (at <https://www.google.com/edu/trust/>), the [Google Workspace for Education Privacy Notice](https://workspace.google.com/terms/education_privacy.html) (at [https://workspace.google.com/terms/education\\_privacy.html](https://workspace.google.com/terms/education_privacy.html)), and the [Google Privacy Policy](https://www.google.com/intl/en/policies/privacy/) (at <https://www.google.com/intl/en/policies/privacy/>).

The Core Google Workspace for Education services are provided to us under [Google Workspace for Education Agreement](https://www.google.com/apps/intl/en/terms/education_terms.html) (at [https://www.google.com/apps/intl/en/terms/education\\_terms.html](https://www.google.com/apps/intl/en/terms/education_terms.html)) [if school/district has accepted the Data Processing Amendment (see <https://support.google.com/a/answer/2888485>), insert: and the [Data Processing Amendment](https://www.google.com/intl/en/work/apps/terms/dpa_terms.html) (at [https://www.google.com/intl/en/work/apps/terms/dpa\\_terms.html](https://www.google.com/intl/en/work/apps/terms/dpa_terms.html))].

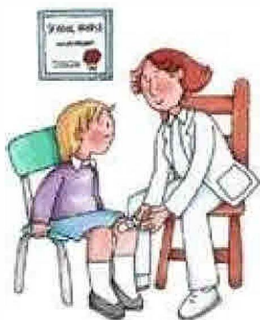
ELLWOOD CITY AREA SCHOOL DISTRICT  
ELEMENTARY DRESS CODE

Students are asked to take pride in their appearance. Experience shows a direct connection between proper dress and proper behavior which, in turn, leads to improved academic achievement. Extreme forms of dress which disrupt the educational environment or create disorder are not permitted. Please observe the following guidelines:

- Any clothing that is excessively tight, is of transparent material, is torn with holes, full camouflage, or with suggestive signs or symbols is not permitted.
- Underwear or undergarments which can be seen are not appropriate.
- Hats, scarves, and headbands, which are to be worn around the forehead, are considered inappropriate to be worn in school. Hoods of sweatshirts may not be worn on the head.
- Outerwear is not considered appropriate for the classroom unless deemed necessary by the classroom teacher.
- Bare midriffs, bare backs, halter tops, spaghetti strap tank tops, and low cut shirts are considered inappropriate. Tank tops should be at least two inches in width at the shoulder.
- Clothing or jewelry with obscene, profane language, promoting drugs or alcohol, or provocative pictures is inappropriate.
- Skirts and shorts must be fingertip in length or must have leggings underneath.
- Foot ware must be worn at all times. Flip flops, shower shoes, and shoes with wheels are not permitted as they are a safety hazard.

Please note that it is not possible to list every scenario. The principal will make the final decision when dressing comes into questions. If a student's attire is considered inappropriate, the student will be asked to call home for a change of clothes. If a change is not available, the student will be given clothes (when available) by the school nurse or asked to remain in the office. Further disciplinary action will be taken if dress code violations continue.





# ELLWOOD CITY AREA SCHOOL DISTRICT

## SCHOOL HEALTH SERVICES

The nurses of the Ellwood City Area School District are available to assess the health status of your child to ensure the maximum benefit of the educational experience.

### **This health services packet contains the following forms:**

1. Student Health History - to be completed by parent and brought to registration.
2. Pre-School Vision History Screening. (Questions 1 - 6 Only)
3. Speech-Language Development Questionnaire - to be completed by parent and brought to registration.
4. Physical Exam Form - to be completed by your private physician. May be done up to one year prior to the start of the kindergarten year. You may choose to have the physical done at school free of charge.\*
5. Dental Exam Form - to be completed by your private dentist. May be done up to one year prior to the start of the kindergarten year. You may choose to have the dental exam done at school free of charge.\*

\*Physical and Dental Exams do NOT have to be completed before registration but may be turned in if done.

**You MUST bring a copy of your child's current immunization record to registration.**

### **The Pennsylvania Department of Health requires the following immunizations for school attendance:**

1. D-T (Diphtheria and Tetanus) – a minimum of 4 doses is required – one must be given on or after the 4<sup>th</sup> birthday.
2. Polio – a minimum of 4 doses is required.
3. MMR (Measles, Mumps, and Rubella) – 2 doses are required after the 1<sup>st</sup> birthday.
4. Hepatitis B – 3 properly spaced doses are required.
5. Varicella (Chickenpox) – 2 doses of vaccine or history of disease are required.

**Questions about health services or the registration process may be directed to your school nurse:**

North Side Primary School   Mrs. Jenna Valentino   724-752-1591 ext. 4911

health Services Secretary   Mrs. Michelle Winters   724-752-1591 ext. 3035

# Preschool Survey

Parents/Guardians, please circle, check, or write-in your responses below.

Child's Name: \_\_\_\_\_

Did your child attend preschool (Please circle)                      NO                      YES

If so, what preschool did your child attend? \_\_\_\_\_

How many years did your child attend preschool? \_\_\_\_\_

How many days per week does your child attend preschool now? \_\_\_\_\_

My child's current preschool program is:                      FULL-DAY                      HALF-DAY

Does your child currently receive Speech/Language Therapy?

NO                      YES

If so, who provides the Speech/Language therapy (circle one or both)?

Early Intervention/MIU-IV                      Private Therapist

Did your child receive any special education services from birth until the present?(these are usually provided by Early Intervention or MIU-IV)

NO                      YES (please mark all that apply below)

My child:

\_\_\_\_\_ received Birth-3 year old services

\_\_\_\_\_ received 3-5 year old services, but is no longer receiving services

\_\_\_\_\_ currently receives 3-5 year old services

My child's primary disability for these services was/is:

\_\_\_\_\_ speech and language impairment

\_\_\_\_\_ developmental delay

\_\_\_\_\_ other (please write in) \_\_\_\_\_

\_\_\_\_\_ I don't know

Did anyone in your family have difficulty in learning to read?                      NO                      YES

## ELLWOOD CITY AREA SCHOOL DISTRICT

### Medication Administration Policy

The following guidelines are provided to clarify the District's policy in regard to the dispensing of medications:

**Supervision of medication administration in Ellwood City Area Schools is vitally important in order to avoid the misuse of drugs. Therefore, all medications are to be placed in the nurse's office and supervised when administration is necessary during school hours.**

1. Medication to be given during school hours must be delivered directly to the school nurse or clerk by the student, the student's parent/guardian, or responsible adult. Controlled substances, such as Ritalin, ect., must be brought in by a responsible adult and **not** by the student. The medication must be brought to school in the pharmacy labeled container along with a completed medication consent form before medication will be administered.
2. Students requesting use of "as needed" Tylenol, Motrin, ect. Throughout the school year are also required to submit the District Medication Consent Form, completed by **both** the parent **and** a physician. Prescription and over the counter medication must be in a correctly labeled container. **Only** the medication prescribed by the physician will be administered.
3. Short term medications (less than 2 weeks – ex. Antibiotics) must be brought to the health office in the original container. A note from the parent authorizing permission for the school nurse to administer the short term medication must accompany the medicine.
  - **Please do not send in the full contents of the bottle. Only send in the number of doses that will be needed at school. Most pharmacists will provide an extra prescription bottle upon request.**
4. Students requesting to carry and self-administer inhalers during school hours must complete the district self-administration of inhaler consent form, including physician and parental signatures. This form must be turned into the health office before the student is permitted to carry the inhaler. Student must demonstrate the ability to meet self-administration guidelines.
5. Lunch time medications will **not** be given on half-days but will be given as scheduled on snow-delay days.

**If you have specific questions or concerns, please contact the building school nurse.**

# ELLWOOD CITY AREA SCHOOL DISTRICT

## Student Health History

The information requested on this form will enable school personnel to assess your child's health status to help him/her receive the maximum benefit from the educational experience.

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ M \_\_\_\_\_ or F \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Does your child take any medication? Yes \_\_\_\_\_ No \_\_\_\_\_ If "yes":

Name of Medication: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

**Please note the age of child and details if your child has a history of the following:**

ADD/ADHD \_\_\_\_\_

Allergies to food/medication/bees or insects/other \_\_\_\_\_

Describe reaction \_\_\_\_\_ Needs: Benadryl \_\_\_\_\_ Epipen \_\_\_\_\_ Other \_\_\_\_\_

Asthma/wheezing \_\_\_\_\_

Blood disorders \_\_\_\_\_

Bone, joint or muscle problems \_\_\_\_\_

Chickenpox disease (when) \_\_\_\_\_

Dental problems \_\_\_\_\_

Diabetes \_\_\_\_\_

Ear/hearing problems \_\_\_\_\_

Environmental/seasonal allergies \_\_\_\_\_

Fainting \_\_\_\_\_

Heart problems \_\_\_\_\_

Hospitalizations/surgeries \_\_\_\_\_

Kidney or bladder problems \_\_\_\_\_

Seizures \_\_\_\_\_

Serious illnesses/accidents/fractures \_\_\_\_\_

Severe headaches \_\_\_\_\_

Skin problems \_\_\_\_\_

Stomach/intestinal problems \_\_\_\_\_

Vision problems \_\_\_\_\_

Significant family medical history \_\_\_\_\_

Other physical, emotional, behavioral problems \_\_\_\_\_

\*I grant permission to share this health information with necessary staff in the care of my child.\*

SIGNATURE \_\_\_\_\_ (RELATIONSHIP) \_\_\_\_\_ DATE \_\_\_\_\_ (over, please)

**ELLWOOD CITY AREA SCHOOL DISTRICT**

Student Health History

PAGE 2

Student's name (First – Middle – Last) \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Mother's name \_\_\_\_\_ Father's name \_\_\_\_\_

Student resides with: Both Parents \_\_\_\_\_ Mother Only \_\_\_\_\_ Father Only \_\_\_\_\_

Mother & Stepfather \_\_\_\_\_ Father & Stepmother \_\_\_\_\_ Guardian \_\_\_\_\_ Foster \_\_\_\_\_

Relative (define) \_\_\_\_\_ Other (define) \_\_\_\_\_

Brothers and Sisters:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School \_\_\_\_\_

**Developmental History (Kindergarten Students Only)**

Child's birth weight \_\_\_\_\_

At what age did your child walk alone? \_\_\_\_\_

At what age did your child say 2 or more words together? \_\_\_\_\_

At what age was your child toilet trained? \_\_\_\_\_

Does your child have daytime bladder accidents? \_\_\_\_\_ How often? \_\_\_\_\_

Does your child have daytime bowel accidents? \_\_\_\_\_ How often? \_\_\_\_\_



Child's Name \_\_\_\_\_

Date \_\_\_\_\_

1. Does your child wear glasses? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, from what age? \_\_\_\_\_

2. Have you ever noticed an eye turn in or wander out? YES \_\_\_\_\_ NO \_\_\_\_\_

3. Does your child hold books excessively close? YES \_\_\_\_\_ NO \_\_\_\_\_

4. Does your child sit close to the TV to see? YES \_\_\_\_\_ NO \_\_\_\_\_

5. Does your child squint or close one eye? YES \_\_\_\_\_ NO \_\_\_\_\_

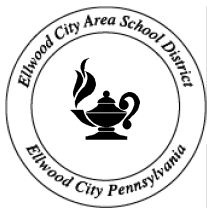
6. Does your child often get sties or red irritated eyes? YES \_\_\_\_\_ NO \_\_\_\_\_

7. Does your child get frequent headaches? YES \_\_\_\_\_ NO \_\_\_\_\_

8. Any other information about your child's vision \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_





# ELLWOOD CITY AREA SCHOOL DISTRICT

501 Crescent Avenue  
Ellwood City, PA 16117  
Phone 724-752-1591

Date:

To the Parent or Guardian of \_\_\_\_\_,

The Ellwood City Area School District Elementary Student Assistance Program (ESAP) is requesting your permission to discuss your child during our next meeting.

The ESAP team is comprised of teachers, building principal, school psychologist, school counselors and representatives of Human Service Center. The purpose is to attempt to remove barriers to learning and promote academic success. The counselor will discuss any matters with you before initiating Human Service Referral. As the parent of an elementary student, you will guide and direct the outcomes. ESAP is not a special education referral, but more of a support to review the entire student - past history, academics, attendance, behavior or any other obstacle that can hinder the student's learning.

By signing this form you are allowing the team to review the progress of your child and all information shared during this meeting is kept CONFIDENTIAL. By signing this form, it also allows Human Services Center to contact you about any support or referral information.

If you have questions please call your building school counselor, Mrs. Mendillo at Perry/Hartman 724.752.1591 extension 2205 or 1205 or Ms. Wiech at North Side 724.752.1591 extension 4278.

Thank you for your support and cooperation.

Elementary Student Assistance Program

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

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

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name \_\_\_\_\_ School \_\_\_\_\_ Date \_\_\_\_\_

Ellwood City Area School District

Kindergarten Registration

Speech-Language Development Questionnaire

Has your child had any of the following? (If yes, please describe)

\_\_\_\_ Difficulty with pregnancy, birth, or other \_\_\_\_\_

\_\_\_\_ Problems swallowing, chewing, or choking \_\_\_\_\_

\_\_\_\_ Seizures or convulsions \_\_\_\_\_

\_\_\_\_ Surgery/hospitalizations \_\_\_\_\_

\_\_\_\_ History of ear infections (How many? How were they treated?) \_\_\_\_\_

\_\_\_\_ Allergies and/or asthma \_\_\_\_\_

\_\_\_\_ Vision problems \_\_\_\_\_

\_\_\_\_ Hearing problems \_\_\_\_\_

---

Please answer the following:

Has your child ever had a speech – language evaluation or therapy? \_\_\_\_\_

○ Where/By whom? \_\_\_\_\_ When/Why? \_\_\_\_\_

Is there a family history of speech or language problems? \_\_\_\_\_

○ Who? \_\_\_\_\_ Child's mother \_\_\_\_\_ father \_\_\_\_\_ sister \_\_\_\_\_ brother

Does your child suck his/her thumb, hand, or use a pacifier? \_\_\_\_\_

Does your child follow directions at home? \_\_\_\_\_

When talking, how much is your child understood? (0% - 100%)

○ By strangers \_\_\_\_\_ By close friends/family \_\_\_\_\_

At what age did your child,

○ Say their first meaningful word? \_\_\_\_\_

○ Use 2 or more words together such as, "Mommy go." \_\_\_\_\_

Person completing this form: \_\_\_\_\_ Relationship: \_\_\_\_\_



ELLWOOD AREA SCHOOL DISTRICT  
Ellwood City, Pennsylvania  
FAX # 724.758.4623

FAMILY DENTIST REPORT  
Form No. DH-25034

Pennsylvania law requires that children attending school in the Commonwealth receive a dental examination upon original entry into school and again at specified intervals.

Child's Name \_\_\_\_\_

Home Address \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

**REPORT OF DENTIST CONSULTED**

**To the School Health Services:**

I have examined this pupil and my diagnosis and recommendations are:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ 20\_\_\_\_ Signature \_\_\_\_\_

Print Signature \_\_\_\_\_

**NOTE: TO CONFORM TO MANY INSURANCE GUIDELINES, THIS EXAM MAY BE COMPLETED ONE YEAR PRIOR TO THE GRADE MANDATED BY THE STATE. PLEASE HAVE YOUR FAMILY DENTIST COMPLETE THE NECESSARY FORM. PLEASE RETURN THE FORM DIRECTLY TO THE SCHOOL NURSE.**

**PRIVATE PHYSICIAN'S REPORT OF  
PHYSICAL EXAMINATION OF A PUPIL OF SCHOOL AGE**

DATE \_\_\_\_\_ 20\_\_\_\_

NAME OF SCHOOL \_\_\_\_\_ GRADE \_\_\_\_ HOMEROOM \_\_\_\_\_

NAME OF CHILD			DATE OF BIRTH	SEX
Last	First	Middle		<input type="checkbox"/> <input type="checkbox"/> M F

ADDRESS

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

**MEDICAL HISTORY  
IMMUNIZATIONS AND TESTS**

VACCINE	Enter Month, Day, and Year each immunization was given <b>DOSES</b>			<b>BOOSTERS &amp; DATES</b>	
	1	2	3	4	5
Diphtheria and Tetanus (Circle): DTaP, DTP, DT, TD	/ /	/ /	/ /	/ /	/ /
Polio (Circle): OPV, IPV	/ /	/ /	/ /	/ /	/ /
Measles, Mumps, Rubella	/ /	/ /			
Hepatitis B	/ /	/ /	/ /	/ /	/ /
HIB	/ /	/ /	/ /	/ /	/ /
Varicella	/ /	/ /	/ /	Varicella Disease or Lab Evidence Date: _____	
Other: _____					

- MEDICAL EXEMPTION**    The physical condition of the above named child is such that immunization would endanger life or health
- RELIGIOUS EXEMPTION**    (Includes a strong moral or ethical conviction similar to a religious belief and requires a written statement from the parent/guardian)

**If Applicable:**

Tuberculin Tests Date Applied	Arm	Device	Antigen	Manufacturer	Signature
Date Read	Results (mm)		Signature		

Follow-Up of significant tuberculin tests:  
Parent/Guardian notified of significant findings on \_\_\_\_\_.

Result of Diagnostic Studies: \_\_\_\_\_  
Preventive Anti-Tuberculosis – Chemotherapy ordered.     No     Yes    \_\_\_\_\_ Date

**Significant Medical Conditions (√)**

If Yes, Explain

	Yes	No	
Allergies .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Asthma .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cardiac .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chemical Dependency .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Drugs .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Alcohol .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diabetes Mellitus .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gastrointestinal Disorder .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hearing Disorder.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hypertension.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Neuromuscular Disorder.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Orthopedic Condition .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Respiratory Illness .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Seizure Disorder .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Skin Disorder .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vision Disorder .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other (Specify).....	<input type="checkbox"/>	<input type="checkbox"/>	_____

Are there any special medical problems or chronic diseases which require restriction of activity, medication or which might affect his/her education? If so, specify \_\_\_\_\_

**Report of Physical Examination (√)**

	Normal	Abnormal	Not Examined	Comments
▪ Height (inches)				
▪ Weight (pounds) BMI				
▪ Pulse (        )				
▪ Blood Pressure				
▪ Hair/Scalp				
▪ Skin				
▪ Eyes/Vision				
▪ Ears/Hearing				
▪ Nose and Throat				
▪ Teeth and Gingiva				
▪ Lymph Glands				
▪ Heart – Murmur, etc				
▪ Lung – Adventitious Finding				
▪ Abdomen				
▪ Genitourinary				
▪ Neuromuscular System				
▪ Extremities				
▪ Spine (Presence of Scoliosis)				

\_\_\_\_\_  
Date of Examination

\_\_\_\_\_  
Signature of Examiner

\_\_\_\_\_  
**PRINT** Name of Examiner

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number