

Ellwood City Area School District *Guidance Office*

Lincoln High School
501 Crescent Ave.
Ellwood City, PA 16117
Phone: (724) 752-1591
Fax: (724) 758-4623

April Thellman – 9 -12 Guidance Counselor (ext 3031)
Jill Manns- 7& 8 Guidance Counselor (ext. 3032)
Belinda Hervatine - Guidance Secretary (ext. 3030)

REQUEST FOR SCHOOL & HEALTH RECORDS

NAME OF STUDENT _____ GRADE _____

The above student has enrolled at Lincoln Jr. – Sr. High School in Ellwood City, Pennsylvania. Please forward the following records:

- School Records, Including Transcript & Current Schedule**
- Attendance Records**
- Disciplinary Records**
- Immunization & Health Records, including all electronic records**
- All Special Education Records including IEP & ER**
- PA Secure ID#**

Please forward this information to:

**Guidance Office
Lincoln High School
501 Crescent Avenue
Ellwood City, PA 16117**

According to the final regulations – Family Education Rights and Privacy Act (Buckley Amendment), date June 17, 1976, it is no longer necessary to obtain written consent from a parent/guardian to release records to another school system in which the student may intend to enroll.

Parent/Guardian Signature

Signature of Guidance Counselor/Secretary



ELLWOOD CITY AREA SCHOOL DISTRICT

District Administration

501 Crescent Avenue

Ellwood City, PA 16117

Phone: 724-752-1591 x 3010 Fax: 724-752-8556

"All Our Children Learning Today For Tomorrow"

Dear Parents/Guardians,

Welcome to the Ellwood City Area School District!

In order to quickly and appropriately enroll your child, please complete the following process.

REGISTRATION PROCESS:

- 1. Call Central Registration for an appointment: (724)752-1591 x3010**
- 2. Please complete the following forms and bring them with you to your appointment:**
 - Registration Form
 - Health Information
 - Health History Form
 - Emergency and Health Information
 - Physical Examination – K, Grade 6, Grade 11, non PA residents
 - Dental Examination – K, Grade 3, Grade 7, non PA residents
 - Home Language Survey
 - Student and Staff Acceptable Use of Internet
 - PIMS Student Verification Form
 - Student Residency Questionnaire
 - Request for Students Records Release
 - Free/Reduced Lunch Application (if applicable)
- 3. Please bring along these Important Documents for each child being registered:**
 - Copy of your child's birth certificate
 - Copy of your child's immunization record (must meet PA immunization requirements)
 - Two Proofs of residency (i.e., mortgage payment, utility bill, drivers license, lease, notarized letter)
 - Custody papers (if applicable)
 - Transcript/report card/current grades/test scores
 - IEP (Individualized Education Plan)(if applicable)

We are looking forward to having your child/children in our school district and we hope you and your family have a wonderful experience here.

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
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.

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):

- 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 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), 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) [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)].

SCHOOL VACCINATION REQUIREMENTS FOR ATTENDANCE IN PENNSYLVANIA SCHOOLS

FOR ATTENDANCE IN ALL GRADES CHILDREN NEED THE FOLLOWING:



- 4 doses of tetanus, diphtheria, and acellular pertussis* (1 dose on or after the 4th birthday)
 - 4 doses of polio (4th dose on or after 4th birthday and at least 6 months after previous dose given)**
 - 2 doses of measles, mumps, rubella***
 - 3 doses of hepatitis B
 - 2 doses of varicella (chickenpox) or evidence of immunity
- *Usually given as DTP or DTaP or if medically advisable, DT or Td*
*** A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose*
****Usually given as MMR*



ON THE FIRST DAY OF SCHOOL, unless the child has a medical or religious/philosophical exemption, a child must have had at least one dose of the above vaccinations or risk exclusion.

- If a child does not have all the doses listed above, needs additional doses, and the next dose is medically appropriate, the child must receive that dose within the first five days of school or risk exclusion. If the next dose is not the final dose of the series, the child must also provide a medical plan (red and white card) within the first five days of school for obtaining the required immunizations or risk exclusion.
- If a child does not have all the doses listed above, needs additional doses, and the next dose is not medically appropriate, the child must provide a medical plan (red and white card) within the first five days of school for obtaining the required immunizations or risk exclusion.
- The medical plan must be followed or risk exclusion.

FOR ATTENDANCE IN 7TH GRADE:

- 1 dose of tetanus, diphtheria, acellular pertussis (Tdap) on the first day of 7th grade.
- 1 dose of meningococcal conjugate vaccine (MCV) on the first day of 7th grade.

ON THE FIRST DAY OF 7TH GRADE, unless the child has a medical or religious/philosophical exemption, a child must have had the above vaccines or risk exclusion.

FOR ATTENDANCE IN 12TH GRADE:

- 1 dose of MCV on the first day of 12th grade. If one dose was given at 16 years of age or older, that shall count as the twelfth grade dose.

ON THE FIRST DAY OF 12TH GRADE, unless the child has a medical or religious/philosophical exemption, a child must have had the above vaccines or risk exclusion.

The vaccines required for entrance, 7th grade and 12th grade continue to be required in each succeeding school year.

These requirements allow for the following exemptions: medical reason, religious belief, or philosophical/strong moral or ethical conviction. Even if your child is exempt from immunizations, he or she may be excluded from school during an outbreak of vaccine preventable disease.

Pennsylvania's school immunization requirements can be found in 28 Pa.CODE CH.23 (School Immunization). Contact your healthcare provider or call 1-877-PA-HEALTH for more information.

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 _____

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? _____

Ellwood City Area School District INTERNET Access Form

Date _____

Please print (son's or daughter's) name _____

~You must check one of the following options ~

_____ Has my permission to access the INTERNET

/ / / _____ Does not have my permission to access the INTERNET

Signature of parent or guardian _____

Address _____

City, State, Zip _____

Telephone Number _____

It is the responsibility of the parent or guardian to file this form in the Lincoln High School Office, 501 Crescent Ave., Ellwood City, PA 16117. Student access to the INTERNET may be changed by the parent or guardian presenting themselves in the high school office and asking for changes to be made to this form. This form will follow the student through school until graduation.

ELLWOOD CITY AREA SCHOOL DISTRICT
EMERGENCY INFORMATION RECORD

STUDENT'S NAME _____ GRADE _____ ADVISOR _____

HOME ADDRESS _____

_____ PHONE _____

CONTACT #1 - PARENT/GUARDIAN _____

HOME # _____

CELL # _____

WORK# _____

CONTACT #2 - NAME/RELATIONSHIP _____

HOME # _____

CELL # _____

WORK# _____

CONTACT #3 - NAME/RELATIONSHIP _____

HOME # _____

CELL # _____

WORK# _____

CONTACT #4 - NAME/RELATIONSHIP _____

HOME # _____

CELL # _____

WORK# _____

CONTACT #5 - NAME/RELATIONSHIP _____

HOME # _____

CELL # _____

WORK# _____

List any health concerns that may require treatment during the school day (i.e. allergies, bee stings, seizures, asthma, diabetes, etc.):

Permission is given for health information to be shared with appropriate school personnel.

Permission is given for school to contact my child's physician if needed.

If I (we) cannot be reached, I authorize emergency medical treatment for my child at a local medical facility.

SIGNATURE (PARENT/GUARDIAN)

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.