

# Freedom Area School District

## NEW STUDENT ENROLLMENT FORM

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

### I. STUDENT INFORMATION

Last Name \_\_\_\_\_ Suffix \_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

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

City/State/Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Male/Female

Birth City, State, Country \_\_\_\_\_

Ethnicity -  Not Hispanic or Latino  Hispanic or Latino

Race - (Please circle all that apply) American Indian/Alaskan Native Asian

Black/African American Native Hawaiian/Other Pacific Islander White

Has child ever attended any Freedom Area School in the past Yes No

If yes, what year(s) \_\_\_\_\_

### II. FORMER SCHOOL DISTRICT INFORMATION

Name of former school \_\_\_\_\_

Address of former school \_\_\_\_\_

Telephone number \_\_\_\_\_ Fax number \_\_\_\_\_

Previous grade \_\_\_\_\_ Withdrawal date from former school \_\_\_\_\_

Was your child receiving special education services based on an IEP?  Yes  No

If yes, do you have the child's special education records (IEP)?  Yes  No

#### Has student received any of the following special services?

Early Intervention	Yes	No	Speech Therapy	Yes	No
Life Steps (Easter Seals)	Yes	No	Headstart	Yes	No
Special Education (Learning Support)	Yes	No	Title 1 Reading	Yes	No
Special Education (Gifted)	Yes	No	Title 1 Math	Yes	No
Instructional Support (IST)	Yes	No	504 Service Plan	Yes	No
Title III	Yes	No	Other _____		

**III. PARENT/GUARDIAN INFORMATION**

- Child lives with:  Both parents  Mother only  Father only  
 Both parent alternately (if both reside in district)  Legal Guardian  
 Foster parents (placement agency letter)  Other adult  
 Special custodial court instructions (If yes, please provide a copy of court order)

Name of Parent/Guardian who has parental custody \_\_\_\_\_

Father's Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Cell phone \_\_\_\_\_ E-mail address \_\_\_\_\_

Education: (Grade Completed) \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's Name (Ms./Mrs.) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Cell phone \_\_\_\_\_ E-mail address \_\_\_\_\_

Education: (Grade Completed) \_\_\_\_\_ Occupation: \_\_\_\_\_

If the student is **not** living with parents, please complete this section

- Legal Guardian  Foster parents  Other adult

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Cell phone \_\_\_\_\_ E-mail address \_\_\_\_\_

**IV. TO BE COMPLETED BY FREEDOM AREA SCHOOL DISTRICT**

Verification of date of birth:     Birth Certificate     Other (please specify) \_\_\_\_\_

Proof of residency:  Mortgage Statement     Lease Agreement/Rent Receipt  
 Other (please specify) \_\_\_\_\_

Lease Agreement/Rental Contact \_\_\_\_\_

Telephone number \_\_\_\_\_

Official Enrollment Date: \_\_\_\_\_    Anticipated date of first attendance: \_\_\_\_\_

Grade student is entering: \_\_\_\_\_    Home Room Teacher: \_\_\_\_\_

Student ID#: \_\_\_\_\_    PA Secure ID: \_\_\_\_\_

Acceptable proof of birth date for other:

- A. Baptismal Certificate
- B. Transcript of the baptismal record (must be certified and show birth date)
- C. Notarized stamen from parents (must indicate birth date)
- D. Duly attested transcript of birth certificate
- E. Duly attested transcript of birth

# FREEDOM AREA SCHOOL DISTRICT

## TECHNOLOGY/NETWORK/INTERNET

### USER POLICY

Please read and discuss this policy with your child in a careful manner.

Following are important informational notes to be reminded of:

1. Access to the Freedom Area School District's technology and network, including the internet is a privilege.
2. Internet access is being offered solely for the enhancement of Freedom Area School District's curriculum.
3. Any irresponsible, unethical, and illegal behavior regarding district policy, accepted rules of the network, and Federal and State law will result in the cancellation of privileges as appropriate disciplinary action will be taken.
4. A parent or guardian signature below indicates acceptance of this policy and this policy and been explained to your child.
5. This signed and dated user policy must be on file in the Freedom Area School District offices for technology and network, including the Internet, privileges.
6. The user's parent or guardian may withdraw approval of this user policy at any time by informing the Freedom Area School District in writing.

### Freedom Area School District Student Permission Slip

By affixing my signature I agree that I have read and discussed with my child and that we agree to accept the Freedom Area School District Technology and Network Including the Internet User Policy #815 for the duration of my child's education in the Freedom Area School District unless subsequently withdrawn.

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

Student's Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_ Phone: (day) \_\_\_\_\_ (evening) \_\_\_\_\_

# FREEDOM AREA SCHOOL DISTRICT

## WEAPONS POLICY

Please read and discuss this policy with your child in a careful manner. **The complete policy can be found in the student handbook.**

Following are important informational notes to be reminded of:

1. The Freedom Area School Board of Directors directs that students of the Freedom Area School District found to be in possession of a weapon upon school property shall be subject to discipline as outlined in the school district's Weapons Policy.
2. Any student of the district who is in possession of a firearm, explosive or weapon as defined herein, on property being used by the district, or at any school function or activity, including district-authorized events held away from district property including while the student is going to or returning from school, shall be in violation of this policy.
3. In accordance with the federal Gun-Free School Zone Act, possession or discharge of a firearm in, or within 1,000 feet of school grounds is prohibited. Violation shall be reported to the appropriate law enforcement agency.

### DEFINITIONS:

**Firearm:** *Any instrument, including, but not limited to, a pistol, shotgun, rifle, starter gun or any look-alike of the same, which is designed or may readily be converted to expel a projectile by the action of an explosive or the expansion of gas therein.*

**Weapon:** *Means any explosive, firearm, shotgun, rifle, blackjack, metal knuckles, knife, dagger knife, razor or cutting instrument, cutting tool, nunchaku stick and any other tool, implement or instrument capable of inflicting serious bodily injury.*

**Explosive:** *Any substance or instrument by whose decomposition or combustion gas is generated with such rapidity as to cause a sudden breaking or bursting, usually accompanied by a loud noise. The term includes, but is not limited to, a bomb, incendiary device, gas bomb, grenade or ammunition of any kind.*

### **Freedom Area School District**

By affixing my signature I agree that I have read and discussed with my child the Weapons Policy as outlined in the student handbook.

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

Student's Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_ Phone: (day) \_\_\_\_\_ (evening) \_\_\_\_\_

# HOME LANGUAGE SURVEY

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

School District: Freedom Area School District

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

School: \_\_\_\_\_

Grade: \_\_\_\_\_

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. Has the student attended any United States school in any 3 years 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/full day AVTS has the responsibility under the federal law to serve students who are limited English proficient and need English instructional services. Given this responsibility, the school district/charter school/full day AVTS has the right to ask for the information it needs to identify English Language Learners (ELLs). As part of the responsibility to locate and identify ELLs, the school district/charter school/full day AVTS may conduct screenings or ask for related information about students who are already enrolled in the school as well as from students who enroll in the school district/charter school/full day AVTS in the future.

**FREEDOM AREA SCHOOL DISTRICT**

**Tax Office**

Conway Borough    Freedom Borough    New Sewickley Township

Name: \_\_\_\_\_

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

Tax Parcel # \_\_\_\_\_

**Household Members:**

**Birthdate:**

\_\_\_\_\_  
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**FREEDOM AREA SCHOOL DISTRICT  
STUDENT'S HEALTH HISTORY**

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

Date Completed \_\_\_\_\_

**A. Developmental History:**

1. What was the baby's birth weight? ..... \_\_\_\_\_
2. Can the child use the toilet without help? ..... **NO YES**

**B. HEALTH HISTORY**

1. Has the child had: **Chicken Pox** **NO YES** If yes, please include the date: \_\_\_\_\_
2. Has the child had more than six colds or throat infections, with a fever, a year? ..... **NO YES**
3. Has the child had any trouble with ears or hearing? ..... **NO YES**
4. Has the child had any trouble with eyes or seeing? ..... **NO YES**
5. Has the child ever had a convulsion (seizure)? ..... **NO YES**
6. Does the child complain of frequent headaches? ..... **NO YES**
7. Does the child complain of frequent stomach aches? ..... **NO YES**
8. Has a doctor ever said the child has a heart murmur? ..... **NO YES**
9. Does the child have any skin problems? ..... **NO YES**
10. Has the child ever had asthma or wheezing? ..... **NO YES**
11. Has the child ever eaten paint or plaster or anything else which is not food? ..... **NO YES**

**C. SPECIAL HEALTH NEEDS**

1. Has the pupil had any serious illness or operation?  
What? \_\_\_\_\_ When? \_\_\_\_\_
2. Is the pupil going to a hospital, clinic, or doctor now?  
What for? \_\_\_\_\_ When? \_\_\_\_\_
3. Apart from vitamins, is the pupil taking any medication?  
What? \_\_\_\_\_ What for? \_\_\_\_\_



4. Does the pupil need to take any medication at school?  
What? \_\_\_\_\_ What for? \_\_\_\_\_
5. **Is the pupil allergic to anything, such as foods, plants, insects, medicines?**  
What? \_\_\_\_\_
6. Has the pupil had any convulsions (seizures) in the past year?  
Treatment? \_\_\_\_\_
7. Does the pupil need a special diet or have any food problem?  
Give details. \_\_\_\_\_

**Please see the Parent - Teacher Handbook for complete information. For any dietary substitution to be made, a form from the District's Food Service Director must be obtained by the parent, completed and returned to the Director. The form is also available on the District web site at <http://freedomareaschools.org/>. Go to Food Service - Food Service Forms - Medical Plan of Care for School Food Service. This should be done before the school year starts or as soon as possible when the student enters during a school year. No substitutions can be made without the proper paperwork being returned. The paperwork must be renewed every subsequent school year.**

8. Does the pupil have any health needs or problems the school should know?  
What? \_\_\_\_\_
9. Has the child had any other illnesses, accidents, or broken bones?  
When? \_\_\_\_\_ What was the problem? \_\_\_\_\_  
\_\_\_\_\_
- E. Are there any problems such as health insurance, food, etc., with which you would like help?    **NO**    **YES**

KINDERGARTEN REGISTRATION QUESTIONNAIRE

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

(Circle One)

DOES YOUR CHILD:

- |  |    |     |
|--|----|-----|
| 1. Converse freely with members of the family? .....   | NO | YES |
| 2. Converse readily with others outside the family? .....  | NO | YES |
| 3. Speak distinctly without baby talk? .....   | NO | YES |
| 4. Cry easily? .....   | NO | YES |
| 5. Obey you? .....   | NO | YES |
| 6. Take a nap? .....   | NO | YES |
| 7. Watch television through a complete program? .....  | NO | YES |
| 8. Listen to a complete story when read to him/her? .....  | NO | YES |
| 9. Use crayons? .....  | NO | YES |
| 10. Use scissors? .....  | NO | YES |
| 11. Play with other children? .....  | NO | YES |
| 12. Seem like a good sport with other children? .....  | NO | YES |
| 13. Make friends easily? .....   | NO | YES |
| 14. Dress self at least partially? .....   | NO | YES |
| 15. Know home address? .....   | NO | YES |
| 16. Know home telephone number? .....  | NO | YES |
| 17. Follow through with simple tasks at home? .....  | NO | YES |
| 18. Seem sick often? .....   | NO | YES |
| 19. Go to bathroom frequently? .....   | NO | YES |
| 20. Seem completely toilet trained? .....  | NO | YES |
| 21. Have any special fear of things such as thunder/lightening,<br>police/fire sirens, etc.? ..... | NO | YES |
| 22. Use left hand _____ or right hand _____ most often? (check one)                                |    |     |

Please note on the reverse side any information that would help the teacher to better know and understand your child.

