



Email completed packet to: Mrs. Melissa Young
myoung@sasdpride.org

Dear Parent/Guardian:

Welcome to Sharpstown Area School District! Enclosed are registration forms, which need to be completed to officially register your child in the district. Email the completed and signed packet to Melissa Young at myoung@sasdpride.org. Access to a printer is not required. For instructions on signing and saving these forms electronically, **CLICK HERE**.

Forms included are:

- Verification of Residency
- Health Information
- Parental Registration Statement
- Acceptable Use Policy and Network/Internet Usage Contract
- Authorization and Release

Along with the previous forms, please provide the following documents:

- **State Birth Certificate** (not hospital certificate)
- **Immunization record/book**
- **Proof of Residency**

Copies of these documents may be made at any Sharpstown Area School free of charge.

Immunization requirements set forth by the Commonwealth of Pennsylvania state that all students entering school for the first time must have the following immunizations **prior to attending** school:

- Four (4) doses of Tetanus, Diphtheria and Acellular pertussis (Usually given as DTP or DTap or DT or Td)
- Four (4) doses of Polio (A 4th dose not necessary if the 3rd dose was administered at age 4 years or older and at least 6 months after the previous dose)
- Two (2) doses of Measles, Mumps, Rubella (Usually given as MMR)
- Three (3) doses of Hepatitis B
- Two (2) doses or Varicella (Chickenpox) OR evidence of immunity

Students entering 7th grade must have the following immunizations on the first day:

- One (1) dose Tetanus, Diphtheria, and Acellular Pertussis (Tdap)
- One (1) dose of Meningococcal Conjugate (MCV)

Students entering 12th grade must have the following immunizations on the first day:

- One (1) dose of Meningococcal Conjugate Vaccine (MCV) (If one dose was given at 16 years of age or older, that shall count as the twelfth grade dose.)

STUDENTS MAY NOT BE ADMITTED WITHOUT COMPLETE IMMUNIZATIONS. If there are any questions, please contact Julie Mehler, School Nurse, at 724-962-8300 ext. 2700 or jmehler@sasdpride.org.

Bussing Information: Student Transportation of America provides transportation services for the Sharpstown Area School District. If you live on a bus route, your child(ren) will be assigned to a bus route upon enrollment. The bus routes are available on the District's website at www.sharpsville.k12.pa.us. Should you have any questions regarding transportation, please contact Stephanie Bobovnyk at 724-962-8300 ext. 4102 or sbobovnyk@sasdpride.org.

Free/Reduced Lunch Information: Free or reduced priced lunches are available for those families who meet certain income guidelines. If you believe you may qualify, please contact Michelle Fox at 724-962-8300 ext. 4101 or by email at mfox@sasdpride.org.

Sharpstown Elementary School (K-5)

100 Hittle Drive
Sharpstown, PA 16150
Phone: 724-962-8300 Ext. 3000
Fax: 724-962-1003

Sharpstown Middle School (6-8)

303 Blue Devil Way
Sharpstown, PA 16150
Phone: 724-962-8300 Ext. 2000
Fax: 724-962-7891

Sharpstown High School (9-12)

301 Blue Devil Way
Sharpstown, PA 16150
Phone: 724-962-8300 Ext. 1001
Fax: 724-962-7730

SHARPSVILLE AREA SCHOOL DISTRICT
1 BLUE DEVIL WAY
SHARPSVILLE, PA 16150
Phone: 724-962-8300

CONSENT TO RELEASE STUDENT RECORDS

Student Name: _____
Grade: _____
Date of Birth: _____
Address: _____

Phone #: _____

School Withdrawing:

School Entering:

Address: _____

Phone #: _____
Fax #: _____
Email: _____

Address: _____

Sharpstown, PA 16150
Phone # _____
Fax # _____
Email: _____

I hereby consent to release of all my child's records including:
ALL CUMULATIVE RECORDS, HEALTH/SHOT RECORDS, BIRTH CERTIFICATE,
DISCIPLINE RECORDS, EXTRACURRICULAR ACTIVITIES, SPECIAL
EDUCATION RECORDS (Invitations to IEP Meetings, IEP, NOREP, and Evaluation
Reports), and CAREER READINESS PORTFOLIO.

Parent/Guardian Signature _____ Date _____

Office Use Only

Date sent for records _____

Date faxed for records _____

*****Student emergency contacts must be updated via the Parent Portal.***** Please log into the Parent Portal to verify guardian and emergency contact information for this school year. If you do not have a portal account, you may register for one by going to: <https://parents.csiu-technology.org/Login>

HEALTH INFORMATION

STUDENT NAME _____

GRADE _____

Are there any special health problems or restriction on your child's physical activities that the school nurse or teacher should know about? No Yes If yes, please explain _____

*List any prescription medications (with dosage and frequency) your child takes: _____

Does your child have a severe allergy? (bee/insect sting, medications, food, latex, etc) No Yes
If yes, please explain _____

*If prescription medication is to be dispensed during school hours, the Physician Request for the Administration of Medication During School Hours forms attachment 1 and 2 **must** be filled out and on file in the nurse's office. This includes inhalers.

I give permission for my child to receive the following medications at school if needed. Please check.

- | | | |
|---|--|---|
| <input type="checkbox"/> Ibuprofen (Advil) | <input type="checkbox"/> Acetaminophen (Tylenol) | <input type="checkbox"/> Robitussin Cough Syrup |
| <input type="checkbox"/> Benedryl (for allergic reaction) | <input type="checkbox"/> *Diamode (for diarrhea) | <input type="checkbox"/> *Antacid |
| <input type="checkbox"/> *Throat Lozenge | <input type="checkbox"/> *Sinus Decongestant | |

**Not for Grades K-5*

I hereby release the Sharpsville Area School District and its designated employees from any and all liability for damages my child may suffer as a result of administration of the non-prescription medications selected above. I consent to have the above information released to school personnel as needed and acknowledge that the information provided for the School Health Services Emergency Information card is part of the student's education record to be used for educational planning.

HEALTH SERVICES MANDATED BY STATE LAW

Pennsylvania state law **requires** that students in grades K, 6, 11 receive physical exams. Please indicate your choice below:

_____ I give permission for the school physical exam to be performed by the school doctor free of charge.

_____ I will have my child examined by his/her physician at my expense.

Pennsylvania state law **requires** that students in grades 3, 7, 11 receive dental exams. Please indicate your choice below:

_____ I give permission for the school dental exam to be performed by the school dentist free of charge.

_____ I will have my child examined by his/her dentist at my expense.

IN CASE OF EMERGENCY

Family Physician: _____ Phone # _____

_____ **I DO NOT** give the school permission to transport my child by private car or ambulance

_____ **I DO** give the school permission to transport my child by private car or ambulance

_____ Sharon Regional

_____ UPMC Horizon (Farrell)

_____ UPMC Horizon (Greenville)

***I hereby voluntarily consent to treatment for minor ailments and emergency care as deemed necessary by the school nurse and/or doctor.**

Parent/Guardian Signature _____ Date _____

Rev. 8/18 Form 4-2 Is there anything that you need to tell us in confidence about your child? If necessary, please make an appointment with your building level administrator.



PARENTAL REGISTRATION STATEMENT

Student Name _____ Date _____

Date of Birth _____ Grade _____

Parent/Guardian Name _____

Telephone Number _____

Pennsylvania School Code §13-1304-A states in part “Prior to admission to any school entity, the parent, guardian, or other person having control or charge of a student shall, upon registration, provide a sworn statement or affirmation stating whether the pupil was previously or is presently suspended or expelled from any public or private school of this Commonwealth or any other state for an act of 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.”

Please complete the following:

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

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

Name of school _____

Dates of suspension or expulsion _____

Reason for suspension or expulsion (optional) _____

Signature of Parent/Guardian

Date



NETWORK/INTERNET USAGE CONTRACT

STUDENT CONTRACT

I understand and will abide by the provisions and conditions of this contract, the Network Usage section of the Student Handbook and realize the violation of the above provisions may result in disciplinary action, the revoking of my user account, any appropriate legal action, and may include the removal from any/all computer-related courses for the remainder of the year. I will not hold my teacher, district staff, or SASD responsible for or legally liable for materials distributed to or acquired from the network. I also agree to report any inappropriate or derogatory use of the Internet and/or Network to an administrator or to a faculty advisor.

Student Name (print) _____

Student Signature _____ Date _____

PARENT/GUARDIAN CONTRACT

As the parent/guardian of _____, I have read the **Acceptable Use Policy** and understand that the Network/Internet account is designed for educational purposes only. Although, SASD has appropriate filtering measures in place, I also understand that it is impossible for SASD to restrict access to all controversial materials. I will not hold the teacher, administration, or SASD responsible for or legally liable for materials distributed to or acquired from the network. I also agree to report any inappropriate use of the information system to an administrator. I hereby give my permission for my student to view the Internet whether it is teacher led or the student navigating personally under supervision.

Parent/Guardian Name (print) _____

Parent/Guardian Signature _____ Date _____

The Sharpsville Area School District is proud to provide two opportunities for our students:

1. The ability to showcase their work through a variety of media
2. Use this media to work collaboratively with students all around the world from the comfort and safety of our own classrooms.

To take advantage of these opportunities, please read and sign the Authorization and Release below. Your authorization opens doors for your student(s) to publish work and be appropriately recognized for the projects he or she completes. Please contact 724-962-8300 with any questions. Should you **not** agree to the terms below, please check the box at the bottom of this page and leave page two blank.

AUTHORIZATION AND RELEASE

Name of Child or Ward

Name(s) of Parent(s)/Guardian(s)

I/WE HEREBY AUTHORIZE AND GRANT permission to the Sharpsville Area School District of Mercer County, Pennsylvania (hereinafter "District") the right to use, reuse, publish or republish, on the District's website or any other form of media, the voice recordings, images, photographs, videos, stories, accounts, quotations, and any work, project or artifact (hereinafter "Material") created or provided during or relative to any school activity by my/our child or ward while a student at the District.

I/We also agree to the use by the District of the Material created or provided my/our child, or ward in other District promotional Materials in either electronic or printed form or any other media, and authorize the District to release the Material created or provided by my/our child or ward for use by other news and media outlets, without notifying me/us. Further, I/we understand that the District will request via notice on the District's website, Material created or provided by my/our child or ward shall be treated with the utmost integrity.

In exchange for the opportunity of my/our child or ward to participate in the educational endeavors of the District referred to in this Authorization and Release, I/we hereby release and agree to indemnify and hold harmless the District, its elected and appointed officials, agents, servants and employees from any and all claims, demands and/or causes of action of whatever kind of nature arising from the use of such Material created, provided by our child or ward.

I/We hereby waive any right to inspect or approve Material produced by the District or other media outlets that include portions of the Material provided by my/our child or ward now, or in the future, whether that use is known or unknown to me/us. I/We further agree to waive for myself/ourselves and on behalf of my/our child or ward any and all right to compensation, fee, or royalty for myself/ourselves and my/our personal representatives, administrators, successors, heirs, or assigns pertaining to the production or use of the aforesaid Materials.

A reproduced copy of this Authorization and Release shall be as valid as the original.

☐

I/We do **NOT** authorize and release any of my/our child's or ward's Material to the District or other media outlets.

AUTHORIZATION AND RELEASE, Continued

I/WE AM/ARE 18 YEARS OF AGE OR OLDER, AND I/WE AM/ARE COMPETENT TO CONTRACT IN MY/OUR OWN NAME(S). I/WE HAVE READ THIS AUTHORIZATION AND RELEASE BEFORE SIGNING BELOW AND I/WE FULLY UNDERSTAND THE CONTENTS, MEANING AND IMPACT OF THE AUTHORIZATION AND RELEASE. I/WE UNDERSTAND THAT I/WE AM/ARE FREE TO CONSULT WITH AN ATTORNEY OF MY/OUR CHOICE TO ADDRESS ANY SPECIFIC QUESTIONS REGARDING THIS AUTHORIZATION AND RELEASE PRIOR TO SIGNING, AND I/WE AGREE THAT MY/OUR FAILURE TO DO SO WILL BE INTERPRETED AS A FREE AND KNOWLEDGEABLE ACCEPTANCE OF THE TERMS OF THE AUTHORIZATION AND RELEASE.

Parent/Guardian Signature

Date

Print Name of Parent/Guardian

Relationship to Child or Ward

Parent/Guardian Signature

Date

Print Name of Parent/Guardian

Relationship to Child or Ward

Address

City

State

Zip Code

All personal details provided by parent(s), guardians(s), child or ward will remain “Confidential” and are strictly for the District’s files.



HOME LANGUAGE SURVEY

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

Student Information

Child's Name: _____

Child's Date of Birth: _____

Questions for Parents or Guardians

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

Parent/Guardian Signature: _____ Date: _____

Interpreter Provided ☐ No ☐ Yes

Welcome to the CSIU Parent Portal!

Congratulations! Sharpsville Area School District has signed up to use the CSIU Parent Portal. This Parent Portal is a unique communication tool created for parents and guardians to instantly access current and important information relating to your child(ren)'s academic career. Through the Parent Portal, you will be able to access the following information:

- Schedule
- Attendance
- Discipline
- Teacher Contact Information
- Assignments and Grades
- Progress Reports, Report Cards, and more...

As well as editing current guardian information such as:

- Name
- Phone Number
- Email and more...

To create your login, please visit our webpage at www.sharpsville.k12.pa.us and click on the Parent Portal icon or go to <https://parents.csiu-technology.org>. You will need to provide an email address in order to register. First time users will need to go to the ***Parent Portal Registration*** link located below the red login button.

Upon registration, you will need to know your child(ren)'s Student's ID Number (found on students' schedules), Student's Full Name, Grade Level, and Building. Families with multiple children will only need to know the aforementioned criteria for **one** student, but will be able to view all children in the household once registration is approved. This approval process could take up to 5 school days.

Attention Students!

The Student Portal is available as well! The link for the student portal can be found by clicking on the hamburger (three horizontal lines) at the top right our [homepage](#), clicking on For Students, and then Student Portal on the right side under Quick Links. Logins are student id numbers and passwords are defaulted to: [welcome2csi](#). You will be required to change your password upon initial login.

If you have any problems or questions, please feel free to email Mrs. Melissa Young at myoung@sasdpride.org.

Dear Parents/Guardians:

I would like to take this opportunity to introduce myself and make you aware of our policies regarding health issues at the Sharpsville Area School District. My name is Julie Mehler, and I am a Registered Nurse and the School Nurse for the District. Debbie Hartwick, LPN, is the Nurse Technician at the Elementary School, and will be providing care for your children on a daily basis. I look forward to meeting all of your children this upcoming school year. Please review the below information about medication policy and procedure. A complete outline of all health policies will be available in the student handbook that your child will receive at the start of the school year. **Important Note:** ALL medications are to be processed through the Nurse's Office. This is for the safety of all of our students. Students are NOT permitted to have over the counter or prescription medication with them. Also, we do not provide cough drops and if you want your child to have these during school, you must send them to school with a note.

Medication

The administration of medication to a student will be permitted with the direction of parent and/or physician when failure to take such medication would jeopardize the health of the student and when the student would not be able to attend school if the medication were not available during school hours. All medication take at school **MUST** be processed through the School Nurse.

Prescription Medication

Prescribed medication to be given during school hours **MUST** be in the pharmacy container that gives complete instructions including the patient's name, name of medication, dosage and time to be given, and number of days to be given. (Ask your pharmacist to prepare two labeled containers, one for school and one for home.) The **FIRST** dose of this medication for current condition/illness may not be given at school. In order for the school nurse to distribute prescription medication, the following must be on file in the principal's office **each year**:

- A Physician's Request (form A)
This form must be filled out by a physician
- A Request Form for School Dispensation of Prescription Medication (form B)
This form must be filled out by the Parent/Guardian
- A Release form for Distribution of Prescription Drugs (form E)
This form must be filled out by the Parent/Guardian

New forms must be completed each year. If these forms are not filed new each school year, school personnel **WILL NOT** distribute medications.

Non-Prescription Medication

Any over the counter medication that the parent feels necessary to be given during school hours **MUST** be in its original container and be accompanied by a written note from the parent stating student's name, medication name, dosage, time to be given, and number of days to be given. These medications should be kept to a minimum. Over the counter medications needed for more than two weeks may require a physician's order.

Some non-prescription medication will be kept on hand in the nurse's office in the event that your child may need them. These medications include: acetaminophen (Tylenol), ibuprofen (Motrin), Benadryl (for allergic reactions), Robitussin (for cough). These medications will be given at discretion of the School Nurse. Parents must fill out the Emergency Health Information form and check the medications that their child is permitted to receive. Cough drops **will not** be provided by the School Nurse.

All medication must be processed through the School Nurse's office. Any medication should be brought in by the parent/guardian and directly handed to the School Nurse. For the safety of all students, medication should not be sent with student on the school bus. **All medication MUST be in its original container.** If these procedures are not followed, the medication will not be given.

Examinations

The Pennsylvania School Law requires all students in grades K, 3, and 7 to have a dental examination. Students in grades K, 6, and 11 are required to have a physical examination. All exams should be completed between May and January. These forms can be found on the Sharpsville Area School District website. Forms must be completed by your child's dentist and/or physician and returned to the school upon completion.

I am available for discussion of any health matters that your child may have, so please do not hesitate to call me at 724-962-8300.

Sincerely,

Julie Mehler, RN, BSN, CSN