



# Port Allegany School District

20 Oak Street  
Port Allegany, PA 16743  
www.pasdedu.org

**Mr. Gary M. Buchsen**  
Superintendent

**Mr. Adam C. Moate**  
Business Manager  
814 · 642 · 2596  
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**Mr. Tracy Kio**  
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814 · 642 · 9557  
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**Mr. Marc L. Budd**  
High School Principal

**Mr. Gregory Oliver**  
Assistant Principal  
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ATTENTION: Student Records and Health Offices:

## AUTHORIZATION FOR RELEASE OF INFORMATION

Date: \_\_\_\_\_  
Student Name: \_\_\_\_\_  
Student Date of Birth: \_\_\_\_\_  
Student Grade: \_\_\_\_\_  
Previous School Name: \_\_\_\_\_  
Previous School Address: \_\_\_\_\_  
Previous School Phone Number: \_\_\_\_\_  
Previous School Facsimile: \_\_\_\_\_  
Previous School Email Contact: \_\_\_\_\_

Has this student EVER enrolled in a Pennsylvania School? If so, please indicate which PA schools the student has attended.  
NO this student has NOT attended a Pennsylvania School before. \_\_\_\_\_

YES this student HAS attended a Pennsylvania School before. \_\_\_\_\_

NAME(S) of PA Schools attended: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize the release of the following records to Port Allegany Elementary School,  
Port Allegany, PA. By signing this request, I am attesting that I am the Legal Parent / Guardian for

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

**Please release the following records:**

*Basic Pupil Information*

*Attendance Records*

*Health Record / Reports*

*Discipline Record*

*Legal Documents*

*PA Secure ID if Applicable* \_\_\_\_\_

*Birth Certificate*

*Academic Records*

*Standardized Test Results*

*RTII Information*

*Special Placement Records*

*Psychological Reports*

*Psychiatric Reports*

*IEP, GIEP, 504 Plan if applicable*

Parent or Guardian Name(s): \_\_\_\_\_

Parent or Guardian Address: \_\_\_\_\_

Parent or Guardian Phone: \_\_\_\_\_

Student Transportation to and from school: \_\_\_\_\_

Please send records to:

Mrs. Jill Stuckey

Port Allegany Elementary School

85 Clyde Lynch Drive

Port Allegany, PA 16743

[jestuckey@pasdedu.org](mailto:jestuckey@pasdedu.org)

814-642-9557 ext. 3200

Fax: 814-642-7778

Port Allegany School District is an Equal Rights and Opportunities District and does not discriminate on the basis of race, color, national origin, sex and handicap in its activities, programs or employment practices.

*Recycled Paper Ensures Our Children's Future*

Port Allegany Elementary School  
85 Clyde Lynch Drive  
Port Allegany, PA 16743  
814-642-9557



## STUDENT REGISTRATION FORM

PAES Enrollment Start Date: \_\_\_\_\_

Name (Last, First, Middle) \_\_\_\_\_

Legal Name (Last, First, Middle) \_\_\_\_\_

Home Address (Street, Apt./Suite) \_\_\_\_\_

(City, State, Zip) \_\_\_\_\_

Mailing Address if DIFFERENT than Home Address: PO Box, Apt./Suite \_\_\_\_\_

(City, State, Zip) \_\_\_\_\_

Home Phone: \_\_\_\_\_

Specific Home Location: \_\_\_\_\_

Date of Birth: (Month, Day, Year) \_\_\_\_\_

Is the student a US Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

Federal Ethnicity: Is this student Hispanic or Latino? Yes \_\_\_\_\_ No \_\_\_\_\_

Race: Please check all that apply. What is this student's race?

Asian \_\_\_\_\_ Black or African American \_\_\_\_\_ American Indian \_\_\_\_\_ Native Alaskan \_\_\_\_\_

Native Hawaiian \_\_\_\_\_ Other Pacific Islander \_\_\_\_\_ White \_\_\_\_\_

Father (Last, First) \_\_\_\_\_

Father's Cell Phone \_\_\_\_\_

Father's Work Phone \_\_\_\_\_

Father's Home Phone \_\_\_\_\_

Father's Employer \_\_\_\_\_

Father Email \_\_\_\_\_

Mother (Last, First) \_\_\_\_\_

Mother's Cell Phone \_\_\_\_\_

Mother's Work Phone \_\_\_\_\_

Mother's Home Phone \_\_\_\_\_

Mother's Employer \_\_\_\_\_

Mother Email \_\_\_\_\_

Student Gender (Male or Female) \_\_\_\_\_

Student Legal Gender \_\_\_\_\_

Student Grade Level \_\_\_\_\_ Student Graduation Year \_\_\_\_\_

Student SSN if provided \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Student Number \_\_\_\_\_



### STUDENT REGISTRATION FORM (page 2)

Student Name (Last, First, Middle) \_\_\_\_\_

Is the student in Foster Care? No \_\_\_\_\_ Yes \_\_\_\_\_

Legal Guardian(s) \_\_\_\_\_  
*(Legal documents concerning child custody, adoption, foster care, and guardianship must be in student file)*

Legal Father Name (Last, First) \_\_\_\_\_  
*May be same as Guardian*

Legal Mother Name (Last, First) \_\_\_\_\_  
*May be same as Guardian*

The student lives primarily with \_\_\_\_\_  
*May be same as Father, Mother or Both or Guardian please list any step parents or significant other*

Will the student's transportation to and from school be affected by any child custody visitation? No \_\_\_\_\_ Yes \_\_\_\_\_  
If Yes please comment: \_\_\_\_\_

The student's primary transportation will be: WALKER    BUS \_\_\_\_\_    PICK UP (please circle one)  
*Bus #*

Has the student previously attended Port Allegany School District? No \_\_\_\_\_ Yes \_\_\_\_\_ Year \_\_\_\_\_

Has the student attended another school or preschool prior to enrolling in Port Allegany School District?  
No \_\_\_\_\_ Yes \_\_\_\_\_

1. School Name, City, State, and Address: \_\_\_\_\_

Grade(s) attended: \_\_\_\_\_

2. School Name, City, State, and Address: \_\_\_\_\_

Grade(s) attended: \_\_\_\_\_

3. School Name, City, State, and Address: \_\_\_\_\_

Grade(s) attended: \_\_\_\_\_

Has the student been in any special education classes? Gifted, Speech or other?

No \_\_\_\_\_ Yes \_\_\_\_\_ Specify please: \_\_\_\_\_

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Please list the full names, date of birth, and place of birth of all other children in your family.

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Grade \_\_\_\_\_

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## PARENTAL REGISTRATION STATEMENT

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

Student Name (Last, First, Middle) \_\_\_\_\_

Legal Name (Last, First, Middle) \_\_\_\_\_

Date of Birth: (Month, Day, Year) \_\_\_\_\_

Grade \_\_\_\_\_

Parent or Guardian Full Name(s) \_\_\_\_\_

Parent or Guardian Full Address \_\_\_\_\_

Parent or Guardian Phone Number(s) \_\_\_\_\_

*Pennsylvania School Code § 13-1304 states in part that "Prior to admission to any school entity, the parent, guardian, or other person having control or in 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 (circle one) **WAS** or **WAS NOT** previously suspended or expelled, or (circle one) **IS** or **IS NOT** 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. 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:**

Name and address of school from which student was or is suspended or expelled:

\_\_\_\_\_

Dates of suspension or expulsion: \_\_\_\_\_

Reason for suspension or expulsion: (optional) \_\_\_\_\_

\_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Any willful false statement made above shall be a misdemeanor of the third degree. This form shall be maintained as part of the student's disciplinary record. 24 P.S. §13-1317-2

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## STUDENT EMERGENCY INFORMATION FORM

Student (Last, First, Middle) \_\_\_\_\_

Student's Grade Level \_\_\_\_\_

NOTE: IF THE PARENT(S) / GUARDIANS CANNOT BE REACHED WE WILL USE THE FOLLOWING ALTERNATE CONTACT INFORMATION. Should any of the information change, it is up to the parent / guardian to update the information with the Port Allegany School District Elementary Main Office.

*I the undersigned do hereby authorize officials at the Port Allegany School District to contact directly the persons named below. In the event parents, guardians, or alternate contacts cannot be reached, the school officials are authorized to take whatever action necessary, in their judgement, for the health and wellbeing of the above named student.*

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

.....  
**PLEASE PRINT NEATLY**

Emergency Contact Name: \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_  
Address: \_\_\_\_\_ Specific home location: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_  
Address: \_\_\_\_\_ Specific home location: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_  
Address: \_\_\_\_\_ Specific home location: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Employer: \_\_\_\_\_



## HOME LANGUAGE SURVEY

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

Student Name (Last, First, Middle) \_\_\_\_\_

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

School District: Port Allegany School District  
School: Port Allegany Elementary School

1. What is/was the student's first language: \_\_\_\_\_
2. Does the student speak a language other than English? Yes No  
If Yes, specify the language(s):
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
3. What language(s) 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 the parent or guardian: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

*\*The school district / charter school / full day Career and Technical Center (CTC) has the responsibility under the federal law to serve students who are limited in English proficient and need English Instructional services. Given this responsibility, the school district / charter school full day CTC 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 CTC in the future.*



## PORT ALLEGANY SCHOOL DISTRICT PERMISSION TO PHOTOGRAPH

Throughout the year, students participate in activities, events or projects in which students may be photographed or videotaped. As the world of media and technology opportunities expands, students are participating in a number of media-based activities. The range of involvement may include newspapers, television, as well as, website text and images, school or district educational programs. We consider these opportunities to be excellent avenues for sharing with our parents and general public the wide array of activities and events that occur within our educational community. It is for these reasons that we ask for your permission to include your child in the media opportunities noted above.

I hereby grant the Port Allegany School District permission for my child's photo, name, and work to be published for educational purposes.

*Examples: In-School Displays- including but not limited to bulletin boards, class-made books, or student multimedia projects. School Yearbook-including but not limited to photographs, and possibly informal or group photos, Outside publications- including but not limited to the Potter – Leader Enterprise, The Bradford Era, etc. School & Teacher created Web Sites-including but not limited to main pages, class pages, or special event pages, Facebook, and "Lil' Gator News" morning broadcast announcements.*

YES, I agree to the terms stated above \_\_\_\_\_

NO, I do NOT agree to the terms stated above \_\_\_\_\_

Student Full Name: \_\_\_\_\_ Grade Level \_\_\_\_\_

Printed Full Name of Parent / Guardian \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

### NOTES:

- If this form is NOT returned, the Port Allegany School District assumes you have given parental permissions to photograph and video tape and display publically.
- The most recent DATED form on file will be used to determine permission(s).
- We will NOT be sending this form home annually. It is given at the time of enrollment. Should you wish to update this form, please inquire at the Port Allegany School Offices.



**STUDENT / PARENT FORM**

FOR OFFICE USE ONLY

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

Password: \_\_\_\_\_

**PORT ALLEGANY SCHOOL DISTRICT NETWORK POLICY AND INTERNET ETHICS AGREEMENT**

Complies with the Children's Internet Protection Act (CIPA) of 2001

*The Port Allegany School District has established this agreement to ensure its internet accounts are being used for ethical, lawful, and educational purposes only. Failure to adhere to this agreement can result in suspension, or loss of your internet privileges and prosecution under State and Federal laws.*

1. All use of the internet during school hours must be for instructional or educational purposes.
2. User accounts are used only by the designated user.
3. To safeguard your privacy, do not reveal personal information such as your name, your mailing address, or phone number to other internet users.
4. The use of the internet for personal and private business is prohibited.
5. The use of the internet for product advertisement is prohibited.
6. The use of the internet for political lobbying is prohibited.
7. The use of the internet to copy copyrighted materials is prohibited.
8. The use of the internet to play games is prohibited unless they are used for educational purposes.
9. The use of the internet to access pornographic material is prohibited.
10. The use of threatening, obscene, or harassing remarks is prohibited.
11. The Electronic Communications Privacy Act places electronic mail in the same category as messages delivered by the U.S. Postal Service.
12. In order to ensure adequate resources for all users, the Port Allegany School District reserves the right to monitor and log internet use, file server space and bandwidth while respecting the privacy of user accounts.
13. System tampering / hacking on internal and outside computing systems or networks by any unauthorized user is prohibited.
14. The Port Allegany School District Technology Director or other employee may at any time review the subject, content and appropriateness of electronic communications or other computer files and remove them if warranted, reporting any violation of rules to the administration or law enforcement officials.

**STUDENTS / PARENTS**

**PORT ALLEGANY SCHOOL DISTRICT POLICY AND ETHICS AGREEMENT FORM**

I have read and understand the Port Allegany School District network policy, agree to adhere to this agreement in my personal use and monitor the use of the internet by students in their compliance with this agreement.

Please print the following:

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

Last

First

Middle

Building: \_\_\_\_\_

I understand the nature of the internet and grant permission for my child to access the internet at school.

Parent / Guardian Printed Name: \_\_\_\_\_

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

I understand all requirements in the network and internet agreement and agree to adhere to them.

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

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





## MCKINNEY-VENTO ASSISTANCE IDENTIFICATION

Please complete the information in Part I and any information in Part II that pertains to your family. Please sign and return this form to your school. This form is for record purposes. All information submitted is considered highly confidential.

### Part I (please print)

Student Name (Last, First, Middle) \_\_\_\_\_

Student Address (Street, City, State, Zip) \_\_\_\_\_

Student's Age \_\_\_\_\_ Student's Birthdate: \_\_\_\_\_ Student's Grade Level \_\_\_\_\_

### Part II

- Do you or your family live in any of these situations? (Please check all that apply)
  - Living with relatives or others due to loss of housing, economic hardship or similar reason
  - Living in a motel / hotel, camping ground, or other similar situation due to the lack of alternative adequate accommodations
  - Living in emergency or transitional shelters
  - Temporarily housed, awaiting permanent foster care placement
  - Living in cars, camper, tent, parks, public spaces, or similar setting
  - Living in public spaces not designed for or ordinarily used as regular sleeping accommodations
  - Living in an abandoned apartment / building
  - Unaccompanied youth not in physical custody of a parent or court ordered guardian
  - Migratory children (defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless
  - None of the above (Please explain any special circumstances) \_\_\_\_\_

- Please list any siblings in the home who are attending Port Allegany School District

Sibling Name	Age / Date of Birth	Grade

### PARENT / GUARDIAN INFORMATION

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_  
Work Telephone: \_\_\_\_\_  
Cell Telephone: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date



## Port Allegany School District Chromebook Loaner Agreement

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### Parent Requirements

The Port Allegany School District has issued your child a Chromebook to improve his/her overall educational program. It is essential that the following guidelines be followed to ensure the safe, efficient, and proper operation of the Chromebook. Failure to comply with any of the following guidelines will constitute a breach of contract.

- I will supervise my child's use of this device at home.
- I will discuss family/school's expectations regarding the use of the internet at home and will supervise my child's use of the internet.
- I will not attempt to repair the Chromebook.
- I will not use the Chromebook for personal use.
- I will make sure that my child recharges the Chromebook when he/she brings it home.
- I understand that if my child comes to school without the Chromebook, I will have to make arrangements to bring it to school.
- I understand that I must sign and return the Port Allegany Chromebook Loaner Agreement Form and Acceptable Use Policies before my child may access the internet at school or at home using the Chromebook.
- I will agree and pay for any damages to the Chromebook due to reckless misuse at home or school.
- I understand that I have the option to purchase insurance for the Chromebook issued to my child.

### Student Requirements

Your Chromebook is a tool for learning and is loaned to you for educational purposes only. You must be willing to accept and abide by the following requirements. Failure to abide by the following requirements will result in a breach of this contract.

- I will treat the loaned Chromebook with care by not dropping it, getting it wet, leaving it outdoors, or using it with food or drink nearby.
- I will not loan my Chromebook to friends; or allow anyone else to use my Chromebook.
- I will not attempt to add or remove programs or apps to and/or from the Chromebook.
- I have signed and will abide by the Port Allegany School District Acceptable Use Policy when using the Chromebook at school or home.
- I will not attempt to repair the loaned Chromebook.
- I will recharge my Chromebook each night.
- I will bring my Chromebook to school every day.
- I will keep the condition of the loaned Chromebook the same, as it was when I received it.
- I understand that I may use a Chromebook case, "skin", or removable stickers on this loaned device as long as I am able to return it in the same condition it was issued.

### Note

- **If an infraction of the above requirement is severe it may also result in loss of the Chromebook.**
- **The Port Allegany School District Administration and professional staff may intermittently inspect the Chromebook over the course of the school year.**

**By Signing below, the parent and student agree to the terms and conditions outlined in the Port Allegany School District Loaner Agreement.**

Parent Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Grade Level \_\_\_\_\_

Student Printed Name \_\_\_\_\_ Date \_\_\_\_\_

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

Port Allegany School District  
85 Clyde Lynch Drive  
Port Allegany PA 16743  
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PORT ALLEGANY ELEMENTARY SCHOOL

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

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Past Medical History:**

- Chicken Pox
- Cardiovascular Condition: Please explain \_\_\_\_\_
- Rheumatic Fever
- Diabetes
- Frequent Nose Bleeds
- Recurrent Headaches
- Asthma If so, Does your child have an inhaler prescribed? YES NO
- Seizure History (Please Describe Type): \_\_\_\_\_
- Hearing Concerns
- Vision Concerns. Does your child wear glasses? YES NO
- Behavioral Concerns (Please explain): \_\_\_\_\_  
\_\_\_\_\_
- History of Operations: \_\_\_\_\_
- Additional Health Concerns : \_\_\_\_\_  
\_\_\_\_\_

**Allergy Information:**

- Food Allergies: \_\_\_\_\_
- Medication Allergies: \_\_\_\_\_
- Other Life-Threatening Allergies (Ex: Bee stings, Latex) \_\_\_\_\_

Has your child ever been prescribed an EpiPen for any of these Allergies? Yes No

Please list your child's' routine medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Primary Care Doctor: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Dental Concerns: \_\_\_\_\_

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



LETTER OF ACKNOWLEDGMENT

*By your signature, you acknowledge and consent to the following health services which will be provided to your child by the Port Allegany School District. At the beginning of the appropriate grade level, you will be informed of the requirements for physical and dental examinations. IF at any time you have questions concerning specific health services provided by the school district, please contact the school nurse.*

SCREENINGS / EXAMINATIONS

Kindergarten	Vision	Hearing	Height & Weight	Physical	Dental	
Grade 1	Vision	Hearing	Height & Weight			
Grade 2	Vision	Hearing	Height & Weight			
Grade 3	Vision	Hearing	Height & Weight		Dental	
Grade 4	Vision		Height & Weight			
Grade 5	Vision		Height & Weight			
Grade 6	Vision		Height & Weight	Physical		Scoliosis Screening
Grade 7	Vision	Hearing	Height & Weight		Dental	Scoliosis Screening
Grade 8	Vision		Height & Weight			
Grade 9	Vision		Height & Weight			
Grade 10	Vision		Height & Weight			
Grade 11	Vision	Hearing	Height & Weight	Physical		
Grade 12	Vision		Height & Weight			

NOTE: Medication will not be administered in school unless absolutely necessary. If, however, it does become necessary for your child to receive medication during school hours, the following procedures must be followed:

- A. Medication must be brought to school by an adult in the pharmacy container, labeled with the following information:
  - a. Name of child
  - b. Name of medication
  - c. Correct Dosage
  - d. Time of administration
  - e. Name of physician
  
- B. The parent must provide a written physician's order for the medications which states the following:
  - a. Name of child
  - b. Medication dosage
  - c. Time of administration

The necessary forms for medication administration are available from the school nurse.

Student Name (Last, First, Middle) \_\_\_\_\_

Grade \_\_\_\_\_

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