



Port Allegany School District

Paula Newell, Superintendent

Marc Budd, High School Principal

Kathleen Bostjancic, Assistant Principal & Student Services Coordinator

Adam Moate, Business Manager

Greg Oliver, Elementary Principal

To the Student Records and Health Offices:

_____ has been presented for enrollment in our school district, subject to receipt of records. A tentative enrollment date has been set for _____. We are requesting these records be emailed to htriplett@pasdedu.org or faxed as soon as possible to **814-338-2031**. **Please include: Transcript of grades, current report card, withdrawal grades and date, key to your grading scale, Keystone/PSSA test results, immunizations and health records, attendance records, discipline records, PA Secure ID (if a Pennsylvania student), Gifted/Special Education Evaluation Report/Re-Evaluation Report, GIEP/IEP.**

Also, we require complete records that are to include, but not limited to: any documents related to special services (ex.: CYS, outside mental health assistance, etc.), and a list of school activities this student participated in.

Federal Law 99.31: it is no longer necessary to obtain written consent to release records between schools. Those school officials within the educational institution and officials of other schools in the school system in which the student may intend to enroll may receive a student's records without a written consent for such release from the parent.

Thank you.

Sincerely,

Holly Triplett
Student Records Manager

****To the receiving school: It is now *state mandated* that a request be sent to you for Attendance and Discipline records. Below, please sign that you have sent these records. Or if no records were found, please sign N/A. *Please return a copy of this form with the other records requested. Thank you!***

Name of School

Attendance &/or Discipline were sent

Yes _____ N/A _____

Signature of Sender

Date

I request all records be sent to Port Allegany High School as soon as possible.

Parent Signature

Date

STUDENT REGISTRATION FORM

PORT ALLEGANY HIGH SCHOOL

Enrollment Date: _____

I. STUDENT INFORMATION

Please use only correct full names – first, middle, and last.

Student Name _____
(First) (Middle) (Last)

Street Address _____ City: _____ Zip Code: _____

P O Box _____ City: _____ Zip Code: _____

Male _____ Female _____ Date of Birth (Month-Day-Year): _____

Telephone: _____

Country of Birth: _____ State of Birth: _____ City of Birth: _____

Foster Child? Yes _____ No _____

Ethnicity (Check all that apply) : _____ American Indian or Alaska Native _____ Asian
_____ Black or African American _____ Hispanic or Latino _____ Middle Eastern or North African
_____ Native Hawaiian or Pacific Islander _____ American Indian/Alaskan _____ White

II. PARENTS OR ADULTS WITH WHOM THE CHILD LIVES:

1.) (Circle one) Mr., Mrs., Miss, Ms., Dr. _____
First Name Last Name

Relationship to Student: _____
Father, Mother, Step-parent, Grandparent, Parent's significant other, Guardian, Other

Marital Status: Married _____ Divorced _____ Separated _____ Single _____

Legal Custody? Yes _____ No _____ Copy of Court Order? Yes _____ No _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Work Number: _____ Extension: _____ Work Place: _____

2.) (Circle one) Mr., Mrs., Miss, Ms., Dr. _____
First Name Last Name

Relationship to Student: _____
Father, Mother, Step-parent, Grandparent, Parent's significant other, Guardian, Other

Marital Status: Married _____ Divorced _____ Separated _____ Single _____

Legal Custody? Yes _____ No _____ Copy of Court Order? Yes _____ No _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Work Number: _____ Extension: _____ Work Place: _____

II. PARENTS OR ADULTS WITH WHOM THE CHILD LIVES: (Continued)

Are you enrolled in the "Address Confidentiality Program"? Yes _____ No _____
If you have checked "Yes", do you want your child's name released to colleges and the military?
Yes _____ No _____

Card verification presented _____ (A copy of this card was made and added to the CONFIDENTIAL
file: _____. Principal: _____ and
Guidance Secretary: _____)

III. PARENTS Complete this section ONLY if parents do not reside with child:

1.) (Circle one) Mr., Mrs., Miss, Ms., Dr. _____
First Name Last Name

Relationship to Student: _____ (Father, Mother)

Street Address: _____ City: _____

State: _____ Zip Code: _____

Mailing Address: _____ City: _____

State: _____ Zip Code: _____

Cell Phone: _____ E-mail: _____

Mailings Requested: Yes _____ No _____

2.) (Circle one) Mr., Mrs., Miss, Ms., Dr. _____
First Name Last Name

Relationship to Student: _____ (Father, Mother)

Street Address: _____ City: _____

State: _____ Zip Code: _____

Mailing Address: _____ City: _____

State: _____ Zip Code: _____

Cell Phone: _____ E-mail: _____

Mailings Requested: Yes _____ No _____

IV. EMERGENCY CONTACTS – OTHER than PARENT/GUARDIAN – Parents will be contacted first.

Emergency Contact #1: _____ Relationship: _____

Home/Cell Phone: _____ Work Phone: _____ Other Phone: _____

Emergency Contact #2: _____ Relationship: _____

Home/Cell Phone: _____ Work Phone: _____ Other Phone: _____

IV. EMERGENCY CONTACTS – OTHER than PARENT/GUARDIAN – Parents will be contacted first.
(Continued)

Emergency Contact #3: _____ Relationship: _____
Home/Cell Phone: _____ Work Phone: _____ Other Phone: _____
Emergency Contact #4: _____ Relationship: _____
Home/Cell Phone: _____ Work Phone: _____ Other Phone: _____

V. School History

Name of previous school attended: _____
Address: _____ City: _____
State: _____ Zip Code: _____ Phone: _____
Has this student ever attended this school? _____ Yes _____ No If yes, when? _____
Has this student ever repeated any grades? _____ Yes _____ No Grade (s) repeated _____
Did this student have Special Education/Gifted accommodations? _____ Yes _____ No
Copy of GIEP _____ Yes _____ No Copy of IEP _____ Yes _____ No
Copy of ER/RR _____ Yes _____ No

VI. OTHER HOUSEHOLD MEMBERS (adults, if not previously listed, and other children)

Last Name	First Name	Grade/Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Registered by: _____
Signature
Relationship to Student: _____ Date: _____



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Parental Registration Statement

Student Name: _____

Date of Birth: _____ Grade: _____

Parent/Guardian Name: _____

Address: _____

Telephone Number: _____

Pennsylvania School Code Section 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 suspended or expelled from any public or private school of this Commonwealth or any other state for an act of offense involving a weapon, 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 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. Section 13-1304-A (b) and 18 PA. C.S.A. Section
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.

Signature of Parent/Guardian

Date

***Name of the school from which student was suspended or expelled; reason for
suspension/expulsion; and dates of suspension or expulsion.**

**Any willful false statement made above shall be a misdemeanor to the third degree. This form
shall be maintained as part of the student's disciplinary record.**

**Port Allegany School District
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 Name) (First Name) (Middle Name)

Student Address _____
(Street) (City) (State) (Zip Code)

Age/ Birth Date _____ Grade _____

Part II

1. 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 settings
- ☐ 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)

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

Sibling Name	Age/Birth Date	Grade

PARENT/GUARDIAN INFORMATION

Name _____

Address _____

Home Telephone Number _____

Work Telephone Number _____

Cell Telephone Number _____

Parent/Guardian Signature _____

Date _____



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****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: Port Allegany School District

Date: _____

School: Port Allegany High School

Grade: _____

Student Name: _____

1. What is/ was the student's first language? _____

2. Does the student speak a language(s) other than English?

☐

Yes

☐

No

If yes, specify language(s): _____
(Do not include languages learned in school.)

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

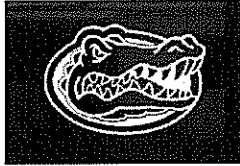
Dates
Attended

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 district as well as from students who enroll in the school district/charter school/full day AVTS in the future.

PORT ALLEGANY SCHOOL DISTRICT
MEDIA RELEASE FORM



Dear Parents/Guardians:

To recognize the great work of our students, we occasionally publish students' names, photographs, and achievements in our school publications or post them on our website, district Facebook page, or other parent outreach accounts.

From time to time, Port Allegany also videotapes student performances, and activities or may release details about students' achievements to local newspapers, television, or radio stations.

Port Allegany also uses our various newsletters, school newspapers, etc... as additional avenues to communicate student accomplishments. As we celebrate the triumphs of our students, this information becomes available to the general public.

If you prefer that we ***do not*** publicize your child's name, photograph, video image, or achievements, please let us know by completing this form. Send this form back to the principal's office. **If we do not receive a signed copy of this form, we will assume we have your permission to publicize this information.**

TO: BUILDING PRINCIPAL School Year 2024-2025

Student Name(s): _____

I **do not** want my child's name, photograph, video image, and/or achievements disclosed in school publications, posted on the district's website, Facebook page, or released to the media.

DATE

PARENT/GUARDIAN SIGNATURE