



District Registrar- Kimberly Cail

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Carlynton School District Enrollment Checklist

Welcome to the Carlynton School District! We look forward to working with you and your child as partners in their education. Enclosed, please find the forms and information required to enroll your child in the Carlynton School District. The building secretary will provide a start date of up to five (5) days from the date of registration completion. During this time the District will ensure a smooth start for your student(s) by; validating the residential address, arranging transportation, retrieving appropriate records, and preparing for the student to arrive at the assigned building/classroom.

Complete the following:

- ☐ Enrollment Form
- ☐ Emergency Contact/Confidential Medical Form
- ☐ Parental Registration Sworn Statement
- ☐ Home Language Survey
- ☐ AIU English as a Second Language Student Background Questionnaire
- ☐ Certificate of Residency
- ☐ Residency Questionnaire (McKinney Vento)
- ☐ Student Records Request Form (Not applicable for Kindergarten)
- ☐ Acceptable Use Policy for Students (Network and Internet)
- ☐ Technology Protection Plan Signature Page

Provide the following:

- ☐ Proof of Child's Age (Birth Certificate/Passport/Baptismal Certificate)
- ☐ Two Current Proofs of residency (lease or purchase agreement, utility bill)

PLEASE NOTE: You are required to provide proof of residency for any new child/children registering even if you have another child already attending Carlynton School District.

- ☐ Child's current immunization records
- ☐ Parent/guardian driver's license or photo identification
- ☐ Copies of all special education documentation, 504 Service Agreement, if applicable.
- ☐ Court order indicating limitations for non-custodial parents, if applicable.

Sincerely,

Carlynton School District



Registrar Use Only

Grade Level _____

ESL _____

SpEd _____

ENROLLMENT FORM

Student Information: (As shown on Birth Certificate or Passport)

Last Name

First Name

Middle Name

Grade

Street Address

City

Zip

Primary Phone Number

Gender

Date of Birth

Country of Birth

Parent/Guardian Information Custodial ☐ Non-Custodial ☐

Last Name

First Name

Middle Name

Street Address

City

Zip

Phone Number

Relationship to Student

Email

Parent/Guardian Information: Custodial ☐ Non-Custodial ☐

Last Name

First Name

Middle Name

Street Address

City

Zip

Phone Number

Relationship to Student

Email

If parents reside at different addresses: Check if non-custodial parent would like copies of mailings. ☐

For Students Who Receive Special Services:

My child has a current IEP ☐ Yes ☐ No

My child has a current GIEP ☐ Yes ☐ No

My child has a current 504 Service Agreement ☐ Yes ☐ No

Ethnicity/Race: ☐ Asian ☐ African American or Black ☐ American Indian or Alaska Native

☐ Native Hawaiian/ Other Pacific Islander ☐ Caucasian or White ☐ Hispanic ☐ Multi-Racial

Parent/Guardian Signature

Date



Emergency Contact Information

Student Information

_____	_____	_____	_____	_____
Last Name	First Name	Date of Birth	Grade	Gender

Primary Emergency Contact:

_____	_____	_____	_____
Name	Relationship	Primary Phone #	Work Phone #

Street Address	City	Zip	

Email address			

Secondary Emergency Contact:

_____	_____	_____	_____
Name	Relationship	Primary Phone #	Work Phone #

Street Address	City	Zip	

Email address			

STUDENT WILL ONLY BE RELEASED TO PERSONS LISTED ON THIS FORM IN THE EVENT OF ILLNESS, INJURY, OR EMERGENCY.

Please list any adult who has your permission to pick up your child from school and make decisions concerning your child in the event that you cannot be reached.

Name	Relationship	Telephone
1. _____	/ _____	/ _____
2. _____	/ _____	/ _____
3. _____	/ _____	/ _____

PLEASE COMPLETE OTHER SIDE

Confidential Medical Information

Does your child have any of the following conditions? (Check all that apply and please explain below)

- ☐ Allergies: _____
- ☐ Environmental _____
- ☐ Food _____
- ☐ Insect Bites _____
- ☐ Medications _____
- ☐ Skin Conditions _____
- ☐ Severe Allergy: _____
- ☐ Anaphylactic Shock: _____
- ☐ Emergency medications needed * Yes _____ No _____ Name of Medications _____
- *For any severe allergy, a FAAP (Food and Anaphylaxis Allergy Action Plan) and doctor's order (medication administration form) must be completed (form on website)
- ☐ Asthma: Emergency Meds _____
- *Please have a doctor's order (Medication Administration form and Asthma Action Plan completed by doctor) (forms on website)
- ☐ Birth/Prenatal (note any abnormal condition) _____
- ☐ Heart: _____ Congenital Defect _____ Murmur _____ Rheumatic Fever _____ any restrictions?
- ☐ Seizures Type _____ Date of last Seizure _____ Medication _____
- *For emergency medication needed at school, please have a doctor's order (Medication Administration form and a Seizure Action Plan completed by doctor) forms on website
- ☐ ADD/ADHD
- ☐ Anxiety/Depression
- ☐ Arthritis
- ☐ Behavior/Emotional: Explain _____
- ☐ Blood Disorder Explain _____
- ☐ Broken Bones
- ☐ Chicken Pox; Date of Illness _____
- ☐ Diabetes: Date of Diagnosis _____ Medications _____
- ☐ Fainting
- ☐ Gastrointestinal: _____ Bowel Control _____
- ☐ Head Injury/Concussion: _____
- ☐ Hearing Concerns: _____
- ☐ Mobility _____
- ☐ Neurological Disorders _____
- ☐ Migraines/Headaches: _____
- ☐ Speech
- ☐ Tuberculosis
- ☐ Urinary Tract: _____ Incontinence _____ Infections _____ Bedwetting _____
- ☐ Vision Problems _____

Please list any medications, additional medical care, special needs or other information about your child that you feel is important: _____

The information you provide will only be shared with school staff who require access to this information to meet your Child's health and safety needs while at school. Not providing complete and accurate information may result in an Incomplete health and safety plan for your child.

Parent/Guardian Signature: _____ **Date:** _____



Parental Registration Sworn Statement

Student Name _____ **Date of Birth** _____ **Grade** _____

Parent/Guardian Name _____ **Phone Number** _____

Address _____

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 action 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 ☐) or (was not ☐) previously suspended/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:

Name of the school from which student was suspended/expelled:

Dates of suspension or expulsion:

(Please provide additional schools and dates of expulsion or suspension on back of this sheet.)

Reason for suspension/expulsion (optional) _____

Signature of Parent/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.



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 (*Parents/Guardians should complete this section*):

Child's first name: _____
Child's family name: _____
Child's Date of Birth: _____
(Month/Day/Year)

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? _____
4. Do documents need to be translated? ☐ No ☐ Yes (language) _____

Name of person completing this form (if other than Parent/Guardian): _____

Parent/Guardian Signature: _____ Date: _____

Interpreter Provided ☐ No ☐ Yes

Carlynton School District Registrar to Complete:

School: _____ Grade: _____ PA Secure: _____

Please file original with student's records.
Forward a copy to your District ESL Administrator.

School District: _____
School: _____ Grade: _____



English as a Second Language Student Background Questionnaire

Student's Name: _____
(First) (Last)

Male / Female Birthday: _____ Age: _____ Telephone: _____
Circle one (month) (day) (year)

Address: _____

Father's Name: _____ Father's Native Country: _____

Mother's Name: _____ Mother's Native Country: _____

Names and ages of brothers and sisters: _____

Names and relationships of others living in the home: _____

Was your child born outside the U.S? ☐ No ☐ Yes If yes, list the country: _____

Child's First Spoken Language: _____

When did this student come to the United States? _____

What language is used with parents? _____ With siblings? _____
With friends? _____

If your child is cared for by another person, what language is most often used? _____

Is an interpreter needed for home/school communication? ☐ No ☐ Yes

My child...	Very well	Only a little	Not at all
Reads English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writes English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reads first language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writes first language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



SCHOOL HISTORY

Please give the following information. Fill in name of each school one time. Indicate any breaks in schooling. Give any information that would help us understand your student's background better.

Age	Grade	Name of School; Location	Language(s) Used
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18+			

Last grade completed: _____ When? _____

Has your child studied English? ☐ No ☐ Yes how long? _____

Has your child ever received ESL instruction? ☐ No ☐ Yes Where? _____

Additional information you want us to know:

Student's special interests: _____

In school, student does well in: _____

Special medical problems the school should know about:

Does your child have learning difficulties? _____

Other: _____

Form filled out by: _____

(Signature)

(Date)

Student grade placement (if determined): _____



Certificate of Residency

Student's Name: _____
Last First Middle

Student's Residence Address: _____
Number & Street Apt.
City State Zip Code

* Residence is defined as the place where the student customarily engages in housekeeping functions such as eating, sleeping, dressing, and the like.

Signature of Parent/Legal Guardian: _____ Date: _____

Parent/Guardian Residence
Address*: _____
Number & Street Apt.
City State Zip Code

If it is determined that a student is not eligible for attendance under the residency requirements, the District will charge the parent and/or resident the prevailing tuition from the date of non-residency.

Per 24 P.S. § 13-1302, a person who knowingly provides false information in the above statement for the purpose of enrolling a child in a school district for which the child is not eligible commits a summary offense and shall, upon conviction for such violation, be sentenced to pay a fine of no more than three hundred dollars (\$300) for the benefit of the school district in which the person resides or to perform up to two hundred forty (240) hours of community service, or both. In addition, the person shall pay all court costs and shall be liable to the school district for an amount equal to the cost of tuition calculated in accordance with §2561 during the period of enrollment. Under the Pennsylvania Crime Code, a person commits a misdemeanor if, with intent to mislead a public servant in the performance of his/her official function, he/she swears to any statement which he or she does not believe to be true. 18 Pa. Stat. and Consol. Stat. Ann. § 4903. A person convicted of a misdemeanor may be sentenced by the court and/or a fine issued. 18 Pa. Stat. and Consol. Stat. Ann. §106.



McKinney Vento Eligibility Questionnaire

Dear Parent or Guardian,

Your responses to these questions will help staff determine what residency documents are necessary to enroll your child. Thank you for your cooperation.

1. Student name _____ Birth date: _____

Person completing form: _____ Relationship to child: _____

2. In what type of setting is the child living now? Check one below:

Section A	Section B
<p><input type="checkbox"/> In an emergency or transitional shelter</p> <p><input type="checkbox"/> Sharing the housing of other persons due to loss of housing, economic hardship, or similar reason</p> <p><input type="checkbox"/> In a motel, hotel, campsite, or car due to a lack of alternative, adequate accommodations</p> <p><input type="checkbox"/> In a car, park, public space, abandoned building, substandard housing, bus or train stations, or similar settings</p> <p><input type="checkbox"/> Other places not designed for, or ordinarily used as, regular sleeping accommodations for human beings</p> <p>CONTINUE TO THE QUESTIONS BELOW if you checked a box in SECTION A</p>	<p><input type="checkbox"/> None of the choices in SECTION A apply</p> <div data-bbox="1177 924 1388 1134"></div> <p>If you checked this section, you do not need to complete questions 3 through 6. Please sign and date the form</p>

3. Contact number for person completing this form: _____

Address where the child is now living: _____

4. The child lives with (Check all that apply):

☐ Parent or legal guardian

☐ Relative, friend or other adult

☐ Alone

☐ Other: _____

5. Name, Address & Phone Number of the school the child attended last:

Signature of Parent/Legal Guardian: _____ Date: _____



Student Record Request

The record request form must be completed for ALL students, grades 1-12, and students repeating Kindergarten

Student's Full Name: _____ Date of Birth: _____

Former School Information:

School District: _____ School Name: _____

Address City State Zip

Phone: _____ Email (preferred)/Fax: _____

Last day of attendance (date): _____

Authorization to Release Records:

I hereby grant permission for _____ to release the all records regarding my child.
Previous School District

Parent Signature _____ Date: _____

All student records are to be release to the CARLYNTON SCHOOL DISTRICT and forwarded to the following school location:

Carnegie Elementary
301 Franklin Ave
Carnegie, PA 15106
412-429-2500 ext 3337
Gail.Hoppe@carlynton.k12.pa.us

Crafton Elementary
1874 Crafton Boulevard
Pittsburgh, PA 15205
412-429-2500, ext. 4320
Holly.Burnett@carlynton.k12.pa.us

Carlynton Jr./Sr. High
435 Kings Highway
Carnegie, PA 15106
412-429-2500, ext. 1116
Kari.Gallagher@carlynton.k12.pa.us

Special Education Records

If applicable records should be transferred in IEPWriter.

Otherwise please forward records to Rena.Taylor@carlynton.k12.pa.us or fax 412-429-2504.

***ESL Records should be provided to Megan.Thomas@carlynton.k12.pa.us**

Parent/Guardian and Student Chromebook and

Acceptable Use Policy Signature Page

TO BE COMPLETED, SIGNED AND RETURNED BEFORE RECEIVING YOUR EQUIPMENT

Student Information

Last Name _____ First Name _____ MI _____

Building _____ Student ID # _____ Grade _____ Graduation Year _____

Parent/Guardian Information

Last Name _____ First Name _____

- I have read and reviewed the Carlynton School District Internet Acceptable Use Policy and the Chromebook Handbook with my child. I will follow all school policies and this handbook at all times, while at school as well as outside of the school day.
- I understand I am responsible for any damage, vandalism, loss, or theft of the Chromebook, power adapter, cord, and accessories whether due to accident, neglect, or intent.
- I will notify IT support staff or administration in case of damage, theft, vandalism, and loss of device within 24 hours; further, I will file a report with local police in case of theft, vandalism, or loss of device within 48 hours.
- I agree to return the District Chromebook, power adapter, cord and any accessories provided by the District in good working condition when requested by the District, if my child is removed to an alternative education placement, or withdrawn from Carlynton School District.

Parent/Guardian and Student Agreement

I, _____ (print parent's/guardian's first/last name) agree to the following:

- I have read the Carlynton School District Internet Acceptable Use Policy and the Chromebook Handbook. I will follow all of the policies and regulations included in the policy and the handbook at all times, and will hold my child accountable to these policies and regulations.
- I understand that this Chromebook is designated for educational purposes, and therefore, my child's violations of this agreement may be cause for the removal of his or her Chromebook privileges.
- I assume financial responsibility for any damage, vandalism, loss, or theft of the Chromebook, power adapter, cord, and accessories whether due to accident, neglect, or intent. Further, I understand that if my child accidentally or purposefully damages or breaks another student's Chromebook, power adapter, cord, or accessories, I am financially responsible for all expenses related to repairs or replacement. I understand I have an option to purchase a Technology Protection Plan, good for one accidental incident, per school year (\$30 annual fee).
- I will assume full responsibility for any harmful or illegal content on the Chromebooks and will monitor my child's use of the device at home.
- I understand that the Chromebooks are District owned devices and all content stored on the Chromebook is subject to review at any time.
- I accept these responsibilities when I accept a Chromebook on loan from the District

I understand that the Chromebook is considered to be a school issued resource much like a textbook or a graphing calculator. If the student enrolls in an Alternative Education program, or terminates enrollment in the Carlynton School District, I will pay the replacement cost of the Chromebook, power adapter, cord, and accessories provided by the District. Failure to do so may result in a criminal and/or civil court prosecution similar to any other financial obligation owed to the District.

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____

Technology Protection Plan Signature Page

Please read this entire document to determine if this program is needed for you and your child's protection against damage of the loaned Chromebook equipment in your care. Please refer to the Incident Assessment Chart to see how the whole plan, charges, and incident reporting work. **This form must be completed and marked YES or NO before the Chromebook will be provided to the student.**

Coverage and Benefit

This agreement covers the Chromebook loaned to the student against a single incident of accidental damage. The following items are **not** covered.

1. A Chromebook, charger, cord or other accessories that are lost or stolen
2. Damage caused by negligence, neglect such as leaving it outside or in an automobile, by food or drink, caused by pets, rough handling, and excessive sliding across rough surfaces.
3. Intentional misuse.
4. More than one accidental incident, including more than one broken screen or accessory.

Effective and Expiration

This coverage is effective from the date this required form and premium payment are received by the District through the date which the Chromebook is returned in good order to the District.

Premium

The total premium cost is \$30.00 annually. Partial semesters/years are not refundable.

It is agreed and understood that:

- The Protection Plan is offered to all students.
- Participation in the Protection Plan is voluntary.
- A separate signed application will be needed for each Chromebook covered.

It will be the right of the administration to determine whether damages were due to negligence or accidental. The administration will review all damages determined to be caused by misuse or negligence and will assess if the student's continued privilege of taking the Chromebook to and from school will remain. Parents/guardians may not substitute homeowners or other personal insurance in place of the District's Protection Plan.

PLEASE COMPLETE: (print)

_____	_____	_____
Last Name of Student	First Name	Home Phone

Address	City, State	Zip
_____	_____	_____
Student ID#	Grade	Graduation Year

☐ **YES**, I would like to participate in the Device Protection Plan. (Methods accepted: Check (can be made out to Carlynton School District), Cash, Money Order)

☐ **NO**, I decline the Device Protection Plan service at this time, and I understand that I am responsible for 100% of any damage or loss to the loaned Chromebook. The current replacement cost of a Chromebook, power adapter, and cord is between \$260 and \$285.

_____	_____
Parent/Guardian Signature	Date

FOR INTERNAL USE ONLY:

Date Paid _____ Recorded by _____

Check Number _____ Cash: _____ Money Order: _____ Amount: _____