PLUM BOROUGH SCHOOL DISTRICT

STUDENT REGISTRATION

Welcome to the Plum Borough School District. This enrollment packet provides you with information to help you start the process of registering your child in one of our schools. Please complete the attached forms and bring them with you to Central Registration located in the Plum Senior High School.

*The following items **MUST** be presented at the time of registration:*

- **Registration packet filled out in its entirety**
- **Birth Certificate**
- **Immunization Records**
- **Guardianship and/or custody agreement (if applicable)**
- **Proof of Residency:**
  - **Mortgage, Deed or Lease**
    AND
  - **Driver's License with the Plum Address**
    AND
  - **Two (2) Utility Bills**
- **Dental Report (grades K, 3 and 7)**
- **Private Physician Report (grades K, 6 and 11)**

Registration is done by appointment only on Tuesday's and Thursday's between the hours of 8:00-12:00 and 1:00-3:00. To schedule an appointment or for further information regarding registration, please go to the registration tab at www.pbsd.net.

Mid-Day Transportation will be offered for the 2019-20 school year.

If you have any questions, please contact:
Gina Bauer, District Registrar
900 Elicker Rd., Plum, PA 15239
bauerr@pbsd.net
Phone: 412-798-6393

Kindergarten student must be 5 on or before September 1st (Policy 201)
First Grade student must be 6 on or before September 1st (Policy 201)

Student Registration Information
Plum Borough School District

School Name: _____

Application Date: _____ School Yr: _____
(office use only)

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

Resident: ____**Yes** ____ **No** ____ **Other, explain**_____

Gender: ____ Male ____ Female **Ethnicity:** _____ Hispanic

_____ Native American Indian or Alaskan Native

Date student first entered a PA public school (if first time, enter today's date):

_____ Asian _____ Pacific Islander

_____ African American _____ White/Caucasian

_____

Date of Birth: _____

Grade: _____ **AM/PM preference**

_____ Multi-racial **(please check all that pertain)**

AM/PM Preference Reason: _____

Address: _____ **Primary Phone:** _____
(Street) (City) (Zip)

Check All That Apply:

____504 Service Agreement ____IEP ____Speech IEP ___Gifted GIEP ____ESL ___Title 1 Service ____ NA

Please provide appropriate papers at time of registration if applicable for:

- ***Guardianship Papers***
- ***Custody Papers***
- ***IEP's/GIEP or ESL***

Parent email address: _____

Student Lives With:	(Last Name)	**(**First Name)	(Secondary Phone 2)
Mother/Stepmother:	_____	_____	_____
Father/Stepfather:	_____	_____	_____
Foster Parent(s):	_____	_____	_____

Legal Guardian(s): _____

Parents are: _____ Married _____ Divorced _____ Separated _____ Deceased (mother/father)

Name AND address of "absent" parent (if your child doesn't live with their biological mother AND biological father this area must be completed unless that parents' rights have been terminated):

_____

Circle answer - Student previously enrolled at a Plum School? Y or N

If yes, please complete: Year: _____ Grade: _____School: _____

List all other persons in household:

Name (first/last)	Relation to Student	Employer/Retired/Home worker Unemployed/Student	Phone

Signature: _____ **Date:** _____

Student Health & Emergency Information
Plum Borough School District

School Name: _____

Student Health & Emergency Information for School Year 2019-2020
Submit Completed Form to Nurse or Homeroom / Period 1 Teacher ASAP

Student's Name_____ Date of Birth_____ Gender _____
Address_____ Grade _____
Homeroom _____ School _____ AM Bus # _____PM Bus # _____

Please Number in Order what First 4 Phone Numbers Should be Called First:

Parent #1 Contact Name Relationship Home Phone Cell Phone
_____ _____ _____ _____
Work Phone _____ Email _____

Parent #2 Contact Name Relationship Home Phone Cell Phone
_____ _____ _____ _____
Work Phone _____ Email _____

Other Contact Name Relationship Home Phone Cell Phone
_____ _____ _____ _____
Work Phone _____ Email _____

Other Contact Name Relationship Home Phone Cell Phone
_____ _____ _____ _____
Work Phone _____ Email _____

Is any Parent / Guardian of this Child Active in the Military? _____ Yes _____ No
Glasses: _____ Yes _____ No Contacts: _____ Yes _____ No Hearing Aid: _____ Yes _____ No

Allergies & Reaction: (Environmental, Food, Insect, Medications): _____
_____
Health Conditions: _____
Medications (Name, Dose, Time): _____
_____
(Include All Medications—Even those taken Only at Home) **Continue to back of sheet if necessary**

Permission to Administer the Following:

Stomachache:	Antacid Tablets	_____ Yes _____ No	
Sore Throat / Cough:	Cough Drop	_____ Yes _____ No	
Fever:	Tylenol	_____ Yes _____ No	
Pain: **	Tylenol	_____ Yes _____ No	**FOR SENIOR HIGH STUDENTS ONLY

Physician's Name: _____ Physician's Phone # _____
Dentist's Name: _____ Dentist's Phone # _____

In Case of an Emergency: Parent / Guardian acknowledges that the child may be seen by an available Local Physician, EMS Service, and / or the Hospital Emergency Room and Parent / Guardian is responsible for any charges incurred.
If severe breathing emergency occurs, student may be given Albuterol via Nebulizer, if Indicated. Or if Severe Allergic Reaction occurs, with signs of Anaphylaxis, may be given Epinephrine by Auto-Injector.

Other Instructions: _____
Additional Information: _____

Permission to share Health Information with Authorized School & Emergency Personnel: _____ Yes _____ No

_____ _____
Parent / Guardian Signature Date

IF ANY OF THE ABOVE INFORMATION CHANGES, PLEASE NOTIFY THE SCHOOL NURSE IMMEDIATELY!

Safe Schools Act 26 Statement — Plum Borough School District

Student's Name: _____

Address: _____

Date of Birth: _____

Telephone: _____

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 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:

The undersigned parent(s)/legal guardian or other person having control or charge of _____, a minor to be enrolled in the Plum Borough School District, do hereby swear or affirm that the minor ___ **has** ___**has not (you must check one box)** been previously suspended or expelled from any public or private school of the 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. Were there any other reasons that this student has been suspended or expelled from school ____ **yes** ____**no (you must check one box).**

I/we acknowledge that this statement shall be maintained as part of the minor's disciplinary record.

I/we further acknowledge that the making of any false statement herein shall be a misdemeanor of the third degree.

I/we fully understand that any false statement herein would be a violation of the Pennsylvania Crimes Code, 18PA. C.S.A. 4903 and 4904, and punishable by a fine and/or imprisonment.

_____

Parent/Guardian Signature

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

_____

Reason for and dates of suspension/expulsion:

_____

_____

_____

(Continue on back of page if necessary)

Home Language Survey*
Plum Borough School District

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 Language Learners (ELLs) 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's Name: _____ Grade: _____

Student's Date of Birth: _____ Phone Number: _____

Parent/Guardian Name: _____

Primary Email Address: _____

1. Is a language other than English Spoken in the child's home? _____ yes _____ no
   If yes, specify the language: _____

2. Does your child communicate in a language other than English? _____yes _____ no
   If yes, specify the language: _____

3. What is the language that your child first learned to speak? _____

4. Has the student ever been identified as an English Language Learner: ___ yes ___ no
   If yes, name of school: _____

5. Has the student ever received English Language Services? _____ yes _____ no
   If yes, name of school: _____

6. Does the student have an IEP, 504, Gifted IEP, Speech IEP, etc.? _____ yes _____no
   If yes, which one(s): _____

Parent/Guardian Signature: _____Date: _____

Records Request
Plum Borough School District

Sending School/Agency Address:

Old School: _____
Address: _____
Phone No. _____ Fax No. _____

Student Name: _____ Date of Birth _____

Information to be forwarded includes:

___ **Student's PA Secure ID Number**

___ Health Records/Immunizations

___ Custody Papers, Birth Certificate

___ Educational Records (group achievement/ability and other standardized test scores, attendance, promotion/retention, grade/report cards, graduation information)

___ Discipline Records

___ Special Education Records (IEP, NOREP, ER, etc.)

Please forward these records to:

_____ **Oblock Junior High**
440 Presque Isle Drive
Plum, PA 15239-2699
724-733-2400 or 724-838-5634
FAX 412-798-6347

_____ **Plum Senior High School**
900 Elicker Road
Plum, PA 15239-1098
412-795-4880 or 412-828-5634
FAX 412-795-3527

_____ **Center Elementary School**
201 Center-New Texas Road
Plum, PA 15239-1896
412-795-4420 FAX 412-795-1650

_____ **Pivik Elementary School**
151 School Road
Plum, PA 15239-1452
412-795-4580 FAX 412-795-2824

_____ **Holiday Park Elementary School**
313 Holiday Park Drive
Plum, PA 15239-2499
412-795-4430 FAX 412-795-1723

_____ **Special Education Department**
900 Elicker Road
Plum, PA 15239
412-798-6352 FAX 412-798-6363

_____ _____
Parent/Guardian Signature Date

NOTE: If no signature is indicated, refer to the Final Regulations Family Educational Rights and Privacy Act dated June 17, 1976. It is no longer necessary to obtain written consent to release records between schools.
This information is to be used for professional purposes only and should be held strictly confidential.

THIS FORM NEEDS TO BE COMPLETED ONLY IF YOU ARE REQUESTING TRANSPORTATION TO/FROM A BUS STOP/FACILITY OTHER THAN YOUR REGULARLY ASSIGNED BUS STOP

REQUESTS MUST BE FOR "5 DAYS A WEEK" AND FOR THE ENTIRE SCHOOL YEAR

All requests are due in the Transportation Office prior to AUGUST 1st of the school year.

The Plum Borough School District can provide transportation service for a change in bus stop location as long as these requests are for a bus stop/facility **within the attendance zone** of the particular school in question. These requests depend upon the availability of bus service, bus load limits, and time constraints. Requests are handled on an individual basis.

Child's Name: _____ Grade Level: _____

Home Address: _____

Home Phone: _____

Parent/Guardian's Name: _____

Parent Work Phone: _____

Parent Cell Phone: _____

School Attending: _____

****

Facility Name: _____

Facility/Bus Stop Address: _____

Contact Telephone: _____

Sessions must be 5 days per week: _____ AM _____PM _____BOTH

Starting Date: _____

_____ _____

Parent/Guardian Signature Date

Transportation Department
1460 Greensburg Road
New Kensington, PA 15068

Email: transportation@pbsd.net
Telephone: 412-795-3600

Plum Borough School District
Nursing Services Department

Health History Information

Student's Name_____ Grade____ Date of Birth_____

List Allergies (to medications, food, environment, or insects):

Allergic to:	Type of Reaction:	Treatment Required:
_____	_____	_____
_____	_____	_____

List the Student's Current Medications*(include dosage, frequency, and time taken): _____
_____

Current Health Problems: _____

List Previous Hospitalizations and Surgeries: _____

Does the student have a history of:	Yes	No	Explain Yes Answers Here:
Asthma, Pneumonia, Recurrent Cough, Respiratory Illness	___	___	_____
Attention Deficit Disorder, Mental or Nervous Disorder	___	___	_____
Bone or Muscle Disorders, Previous Orthopedic Injury	___	___	_____
Born Prematurely, Developmental or Speech Delay	___	___	_____
Cancer, Blood Disorder, Inherited, Genetic Problems	___	___	_____
Diabetes, Other Endocrine Disorders	___	___	_____
Drug or Alcohol Problems	___	___	_____
Ear, Nose, Throat, Vision, Hearing Problems	___	___	_____
Gastrointestinal or Urinary Problems	___	___	_____
Head Injuries, Seizures, Dizziness, Concussion	___	___	_____
Heart Trouble, Murmur, Hole in heart, High blood Pressure	___	___	_____
Migraines, Frequent Headaches	___	___	_____
Scoliosis (curvature of the spine)	___	___	_____
Skin Conditions-Hives, Rashes, Eczema	___	___	_____
Do you have any concerns about your child's emotional well-being or behavior?	___	___	_____
Any Other Conditions – (not listed above)	___	___	_____

***Please keep in mind that if medications need to be given during school hours, Pennsylvania State Law requires a physician's order be provided to the school nurse. In addition, pharmacy medications must be in properly labeled safety containers.**

It is important to keep the school nurse informed regarding any changes in medication or any of the above information. Thank you for your cooperation in this matter.

Parent / Guardian Signature _____ Date_____

Nursing Services Department

ATTENTION PARENTS:

DON'T WAIT . . . VACCINATE!

VACCINATION REQUIREMENTS FOR SCHOOL ATTENDANCE!

PA LAW REQUIRES THAT WITHIN 5 DAYS OF STARTING SCHOOL, the nurse's office be provided with proof that your child has received all "Required Vaccines."

Your child will not be permitted to start school if he or she does not have at least one dose of every required vaccine. And if further doses of missing vaccine(s) are not medically appropriate during the first 5 days of school, then on or before the fifth day, you must submit a statement, signed by your health care provider, listing the dates that the remaining doses will be given.

ALL STUDENTS IN GRADES K-12 NEED:

- ✓ 4 doses DTaP / DTP / Td or DT - Diphtheria / Tetanus (1 dose on or after the 4th Birthday)
- ✓ 4 doses of Polio-(1 dose on or after the 4th Birthday)
- ✓ 2 doses of MMR -Measles, Mumps, Rubella
- ✓ 3 doses of Hepatitis B
- ✓ 2 doses of Varicella (or evidence of immunity)

ALL STUDENTS IN GRADES 7-12 ALSO NEED:

- ➢ 1 dose of Tdap-Tetanus/Diphtheria/Pertussis to enter grade 7
- ➢ 2 doses of MCV-Meningitis vaccine
  -one dose to enter grade 7 **AND**
  -another dose to enter grade 12 (on or after the 16th birthday)

ALSO FOR STUDENTS ENTERING GRADE K ONLY:
PLEASE ASK YOUR HEALTH CARE PROVIDER FOR PROOF OF LEAD TESTING & SUBMIT THE DATE(S) TO THE SCHOOL.

Kindergarten children who have not had lead testing in the past, it is recommended that "catch-up" testing be done as soon as possible. If your health insurance does not cover the cost of vaccinations or lead testing, remember that the Allegheny County Health Department provides these services. You may call 412-578-8062 for clinic location and hours.

Please call your school nurse if you are in need of a medical or religious / moral exemption, or to discuss any other concerns.

To minimize possible exposure when renovating or repairing your home:

- You or your landlord should hire an EPA Lead-Safe Certified renovator.
- Go to the EPA web site at *www.epa.gov/lead/protect-your-family-lead-your-home* and read the booklet entitled "Protect Your Family."

Additional recommendations can be found at: *www.epa.gov/lead* or *www.cdc.gov/nceh/lead*

For more information,

contact your family physician, or:

Allegheny County Health Department
Housing and Community Environment Program
3190 Sassafras Way, Pittsburgh, PA.
412-350-4046
www.achd.net/safehomes

412-687-ACHD (2243)
www.achd.net/safehomes

OTHER RESOURCES AVAILABLE:

ALLEGHENY COUNTY HEALTH DEPARTMENT

Safe and Healthy Homes Program (SHHP) from the ACHD: This Program provides home health and safety assessments to qualified candidates. Those whose household includes at least one pregnant woman or a dependent under the age of 22 and meet income requirements, are eligible to receive visual inspection of their home for hazards such as asthma triggers, allergens, mold and moisture, ventilation, pests, lead-based paint, and fall hazards. Call **412-350-4048** to see if you qualify.

ALLEGHENY COUNTY ECONOMIC DEVELOPMENT

The **Allegheny Lead Safe Homes Program** provides FREE home repairs to keep families safe from lead paint.

To be eligible, families must:

- Be homeowners or renters in Allegheny County;
- Live in a home built before 1978;
- Have a child under 6 who lives in or regularly visits the home, or a pregnant woman who lives in the home; and
- Meet applicable income limits.

The Program provides the following services free of charge to eligible families:

- Lead paint testing throughout your home
- Home repairs to address all lead hazards
- Lead safety education

Call Action Housing at **412-227-5700** to see if you qualify and sign up! You can also check out the website at *www.alleghenycounty.us/leadsafeprogram*

The **National Lead Information Center (NLIC) Hotline** provides the general public and professionals with information about lead, lead hazards, and their prevention.

Call **1-800-424-LEAD (5323)** for information.

001-LD-0917

Lead

is a neurotoxin commonly found in our daily lives.

- **Exposure to lead comes from multiple sources: dust containing lead from paint, paint chips, contaminated soils, and water. Cosmetics, painted ceramics, and candies from certain countries can also be sources of exposure.**
- **It is particularly harmful to children and pregnant women. Long-term, low dose exposure can affect the mental and physical health of your child.**
- **Lead exposure is preventable. You can make your home lead safe.**

Get your child tested for lead exposure!

Allegheny County requires that all children be tested for lead exposure at approximately 9-12 months old and again at approximately 24 months.

Children who have not had their blood tested before 24 months must be tested as soon as possible before the age of six or before entering kindergarten, whichever comes first.

Capillary Test

How will my child be tested?

The doctor will prescribe a capillary test (blood drawn by a "finger stick") or a venous test (blood drawn from the arm).

What do the results mean?

The capillary test is a good screening test, but if the result is greater than or equal to 5µg/dL, a venous test must be performed to confirm the result.

If your child has a confirmed level of 10 µg/dL or above, ACHD can assess your home to figure out the source of your child's lead exposure.

Venous Test

For any result 5 µg/dL and above, ACHD can provide education, referrals, and advice to lessen the risk of lead exposure. Please call the **Housing and Community Environment Program** for more information at **412-350-4046**.

ACHD facilities offer lead testing to un- or underinsured families. Please call 412-687-2243 for more information.

Why should I be concerned about lead?

- The US Centers for Disease Control and Prevention (CDC) has indicated that no safe blood lead level in children has been identified.
- Even low levels of lead in blood have been shown to affect IQ, ability to pay attention, academic achievement, and criminal behavior.
- Young children are particularly vulnerable as they tend to put things in their mouths.

How can I prevent my child from being exposed to lead?

If you live in home built before 1978:

- Keep your child away from defective, chipping, or peeling paint.
- Household dust can contain lead particles. Dry dusting and sweeping only spreads it around.

- Use a damp rag or wet mop, at least weekly, to clean all flat surfaces that collect dust, like window sills and floors, and especially in areas where children play or spend time.

- Use a vacuum cleaner with HEPA filter, available at most stores.
- Wash your child's toys and hands frequently, and especially wash their hands before eating.

- Do not allow your child to put their mouth on window sills or other painted or varnished surfaces.

To minimize possible exposure to lead from soil:

- Plant grass or cover bare soil.
- Keep your children away from areas that have bare soil.

To minimize possible exposure to lead in water:

- Check to see if there is a lead line coming into your water meter. You can do this by using a coin to scratch the incoming line. If it is shiny and hard, it is copper. If it is gray/silver and soft, it may be lead. The following link provides more information: *https://apps.npr.org/find-lead-pipes-in-your-home/en/#intro*
- Have your water tested.
- Use an NSF approved filter or bottled water, particularly in infant formula and for pregnant women.

- Draw water for drinking or cooking only from the cold faucet. Run water for 2 or 3 minutes if you haven't used it for a few hours.
- Additional information and CDC guidelines can be found at *https://www.cdc.gov/nceh/lead/tips/water.htm*.
- Residents may also contact their water system for information.

To minimize possible exposure if your work or hobbies involve lead:

- Shower and change your clothes before going home.
- Wash work or hobby clothes separately from those of other family members.

Plum Borough School District
McKinney-Vento Intake Affidavit

Student's Name: _____ ID#_____

Date of Birth: _____ Age: _____ Grade: _____ Sex: _____

Parent/Guardian Name(s): _____

Phone number(s): _____

Address:_____

Home School (based on current residence):_____

School of Origin (last school attended): _____

Siblings of student:

Name	School
_____	_____
_____	_____
_____	_____

Please answer the following questions:

1. Is this student's home address a temporary living arrangement? □Yes □No
2. Is this a temporary living arrangement due to loss of housing or economic hardship? □Yes □No
3. Is this student in temporary or emergency foster care placement? □Yes □No
4. As a student, are you living with someone other than your parent or legal guardian? □Yes □No

If you answered ***NO*** to all of the above questions, you may stop here.

If you answered YES to **any** of the above questions, please complete the remainder of this form.

1. Where is this student currently living? *(check box)*

□In a motel/hotel- Name of motel/hotel: _____

□In a shelter- Name of shelter: _____

□Transitional Housing- Name of transitional housing: _____

□Group Home- Name of group home:_____

□Temporary/emergency foster home – Address: _____

□With more than one family in a house or apartment – Address: _____

□Moving from place to place

□In a location not designed for sleeping accommodations such as a car, park, or campsite

2. How long have you lived at this residence? _____

3. How long do you plan to live at this residence?_____

4. With whom does the student currently live: *(check box)*

□Both parents

□One parent- Which parent?_____

□One parent and another adult- Which parent?_____

□A relative- Specify which (e.g. grandmother) _____

□Friends or other adults- please identify_____

□An adult who is not a parent or legal guardian- please identify _____

5. Describe the current living situation in detail: _____

_____

_____

_____

_____

_____

6. Any possibility of violence or abuse in home? If so, describe. What were the school's actions?

_____

_____

_____

_____

7. In your child's previous school, did he/she receive any of the following? *(check all that apply)*

□Special Education/Exceptional Children's Services- Describe: _____

□504 Accommodation Plan- Describe: _____

□English As a Second Language (ESL) services

□Help for Behavior Improvement

□Academically or Intellectually Gifted services

□Counseling services

My signature below affirms the following: (1) the information I have provided on this form is true and accurate to the best of my knowledge or belief; (2) the same information, as well as other information that may identify my child(ren), may be shared without my consent with community and governmental agencies pursuant to an interagency collaboration between this school district; and, (3) the same information, as well as other information that may identify my child(ren), may be shared without my consent with other district staff members for a legitimate educational purpose. In addition, my signature affirms that I have received a copy of my rights under the McKinney-Vento law and I agree to allow PBSD staff to conduct screenings as a part of the district's McKinney-Vento program.

Parent/Guardian Signature: _____ Date: _____
(Or Unaccompanied Youth)

PBSD School Liaison Signature: _____ Date: _____