



WELCOME TO

**Connellsville Area
School District**



Connellsville Area School District Registration Checklist

The following completed documents are requested at the time of registration:

1. Student Registration Form
2. Special Services Registration Form
3. Student Health History / Immunization Form
4. Home Language Survey
5. Proof of Child's Age (Original birth certificate or certified duplicate issued from the Commonwealth of Pennsylvania, or other acceptable proof as determined by the school district.)
6. Two Proofs of Residency (Utility bill, current automobile registration, driver's license, check stubs from wages or check stubs from court-ordered custodial agreement or other acceptable as determined by the school district.)
7. Request for Records (Grades 1-12 only)
8. Acceptable Use Policy
9. McKinney Vento Eligibility Questionnaire
10. Audio/Video/Photo Opt-Out Form
11. Child Custody Statement
12. Community Eligibility Program
13. Military Form
14. PIAA Athletic Form (8th to 12th grade only)
15. *Residency Affidavit

*Only applies to students not living with a biological parent or legal guardian.

PLEASE NOTE:

You are required to provide proof of residency for any child/children newly registering even if you have another child already attending Connellsville Area School District.

The District shall not enroll a student until the parent/guardian has supplied proof of the student's age, residence, immunizations, and completed the parent registration statement as required by law and regulations. A school district must normally enroll a child the next business day, but no later than five business days after application. The secretary or guidance department from your child's school will contact you with a start date – please send your child on the date specified.



Central Registration

**Connellsville Area Senior High School
201 Falcon Drive
Connellsville, PA 15425**

Call Melinda King at 724-628-1350 extension 2801 to schedule a time to return completed packet and required registration documents.

Central Registration hours are from 6:30am to 2:30pm Monday through Friday.



Connellsville Area School District Registration Form

Please Print (*) required fields

Parent Email: _____

Student Information

*Student Name _____ Grade _____
Last First Middle

*Date of Birth ____/____/____ Age ____ Gender ____ *State of Birth _____

*Physical Address _____ / PA / _____
Street Number & Name City Zip Code

*Mailing Address (If different from Physical Address) _____
PO Box or Street Number & Name City Zip Code

*Ethnicity/Race: (The district is required to collect ethnicity/race data in order to satisfy US Department of Education audit requirements.)

- American Indian/Alaskan Native
- Asian
- Black/African American
- Hawaiian/Pacific Islander

- Hispanic/Latino
- White

*Student Resides with:

- Both Parents
- Mother only
- Father only
- Other

Guardian Information

*Parent/Legal Guardian 1: _____ Parent/Legal Guardian 2: _____

*Physical Address _____ Address _____

_____/ PA / _____
City Zip Code City State Zip Code

*Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

Work Phone _____ Work Phone _____

Are there custody concerns regarding your child?

No

Yes, explain _____

Court documents attached _____

Previous School Information

Name of last school attended _____

School address _____
Street Number & Name (City State Zip Code)

Last date attended _____ Last grade completed _____

Phone _____ Fax _____

Reason for withdrawal from previous school _____

Student Name _____
Last First Middle

Policy Information

The Pennsylvania School Code Requires that 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 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. The registration shall be maintained as part of the student's disciplinary record. It also requires the transfer of pupil records concerning these disciplinary actions and this information be released with student records to the receiving school at the time of transfer. **Any willful false statement made under this section shall be a misdemeanor of the third degree.**

My son/daughter

Has not been

Has been

involved in a previous expulsion/disciplinary action

If he or she has been, please explain _____

Signature of Parent/Guardian

Date

Food Services

Did you receive a free or reduced lunch in your previous school?

Yes
 No

Additional Information

Did your child participate in any PreK program?

Yes, where _____
 No

Is your child: Limited English Proficient(LEP) or an English Language Learner (ELL)

Yes
 No

Does your child have an IEP or 504 Plan?

Yes
 No

What language does your child speak at home? _____

Emergency Contacts

Name	Relation to Student	Telephone Number
_____	_____	_____
Name	Relation to Student	Telephone Number
_____	_____	_____
Name	Relation to Student	Telephone Number
_____	_____	_____

Siblings

Name	Date of Birth	Gender
_____	_____	_____
Name	Date of Birth	Gender
_____	_____	_____
Name	Date of Birth	Gender
_____	_____	_____

School Use Only

Did the student previously attend the Connellsville Area School District?

Yes
 No

Student PA Secure/ID# _____ Grade _____
Registration Date ____/____/____ Start Date ____/____/____
Building Attending _____ AM Bus _____ PM Bus _____

Notes



Connellsville Area School District

Special Services

Student Name _____

CASD School _____

We are glad to have you as a new resident in the Connellsville Area School District. In order to provide educational services, it is important that we are aware of special education services your child had at the previous school. Please complete this form so that we can better service your child.

Please check all that apply:

My Child **WAS NOT** in a special education program.

OR

My child **DID** have a **504** or **service agreement** at a previous school.

My child **WAS** in the gifted program at the previous school.

My child **DID** receive special education services in this type of placement:

- Learning Support
- Autistic Support
- Emotional Support
- Life Skills Support
- Multi-Handicapped Support
- Out of District Placement
(where) _____

- Speech/Language Support
- Hearing Support

- Vision Support
- Physical Support
- Other (please specify) _____

Parent/Guardian Signature

____/____/____
Date

Connellsville Area School District Student Health History



School _____

Grade _____

Previous School _____

Male

Female

Student Name _____ Birth Date ____/____/____

Last Name

First Name

Middle Name

Home Address _____/PA/_____

Street Number & Name

City

Zip Code

Father's Name _____ Mother's Name _____

Last Name

First Name

Middle Name

Last Name

First Name

Middle Name

Person with whom student lives (if other than parent) _____

Has your child had any of the following? Give details.

Allergies _____

Recurring or Serious Illness _____

Surgeries (Note Type & Date) _____

Emotional Problems _____

Serious Accidents _____

Hearing Problems _____

Vision Problems _____ Wears Glasses/Contacts: ____ Yes ____ No

Childhood Diseases (If yes, give date):

Chicken Pox ____/____/____

Does your child take medication daily?

No

Yes (List medication & dosage below)

***A Current List of Immunizations MUST be Attached**

Please list siblings attending CASD and the building they attend.

Siblings Name

Building He/She Attends

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

On this form, please list any illness or health problems which you or your family physician feel should be known to School Authorities. It is essential that the teacher and school nurse be informed of any existing medical conditions.

To the Parent or Guardian:

The Laws of the Commonwealth of Pennsylvania provide for a periodic physical (grades K, 6 & 11) and dental (grades K, 3 & 7) examination of all children attending school. I hereby give my permission for my child to be examined by the school physician and school dentist as provided for by the Laws of the Commonwealth of Pennsylvania.

Signature of Parent or Guardian _____ Date ____/____/____



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? _____

Parent/Guardian Signature: _____ Date: _____

Interpreter Provided No Yes



Book	Policy Manual
Section	800 Operations
Title	Student Acceptable Use Policy
Code	815.3
Status	Active
Adopted	November 10, 2015

Purpose

This policy applies to all CASD students who use district computers, computer networks, and internet.

Internet access, computers, and technology resources are available to all students in the district for educational and instructional purposes.

The use of technological services are to integrate educational technology into instructional and professional practices with the overall mission of improving student achievement and operational efficiency. This policy shall be available to all parents/guardians within the Connellsville Area School District.

Scope

This policy applies to all students who use district technology equipment including computers, laptops, tablets, mobile devices, computer networks, and internet. Parents/Guardians do have the right to request that students do not have access to district computer and internet resources. This request must be submitted in writing.

Guidelines

Advantages/Disadvantages: The School Board recognizes the advantages computers and informational technology, when properly used, have the ability to enhance student instruction. The School Board also recognizes that the district's computers and information technologies, when improperly used, can have negative consequences. It is the position of the district that the benefits greatly outweigh the disadvantages, and these benefits ensure that our students are ready for the ever changing global community.

Privilege: Access to district computers and computer network is a privilege. This privilege can be revoked or revised, as provided here in.

Usage Instruction: The district will provide students with proper procedures and expectations on computer and network usage.

Supervision: All students computer and internet usage will be monitored. Students will use computer and internet for instructional purposes and under the supervision of staff.

Privacy: Students should be aware that school files are not private. The district reserves the right to monitor and review the use of each user on CASD equipment.

Email: The Connellsville Area School District may provide (but necessary) students with email. If email is provided, email will be used only for sharing resources and communication of educational content. For that reason, email should be used for school purposes and not personal use. All email from outside the Connellsville Area School District domain is prohibited.

Storage: Students at the Connellsville Area School District will have file storage through Google Drive. Students will have access to their Drive until graduation. At this time, the district will no longer manage student Drive storage. Students are responsible for backing up their own files.

System Configuration and Security: Each school computer is configured to access the district's network and to provide each user with the appropriate software. Changes in a computer's configuration such as adding or deleting software, customizing desktops, and adding screen savers, can cause serious errors and failures both in a computer and the network. Do not attempt to make changes to a computer's settings. Only approved hardware and software are to be used or added to the district network. System security is protected through the use of passwords.

Students shall not share their passwords. Any security problems are to be directly and immediately reported to a teacher or other staff member. If a student discovers a security breach and demonstrates it to others or informs others about it, it shall be a violation of this policy.

Student Access

Expectations: Communication on the computer network is a reflection of the Connellsville Area School District. It is expected that all students are considerate and appropriate, and they represent the district in a positive and suitable manner when using these materials. Students who do not comply with these expectations face loss of computer privileges and disciplinary actions.

Network and Computer Etiquette: Users are expected to always abide by accepted rules of computer and network etiquette. These include, but are not limited to, the following:

1. Do not reveal personal information about yourself or others.
2. Recognize that all information and data is not private or confidential.
3. Do not use internet in a way that would harm others.
4. Respect other users.
5. If an inappropriate site is accessed containing inappropriate content such as, but not limited to online violence, pornography, bigotry, gambling or illegal activities, a student is expected to notify his/her teacher immediately.
6. Students will be expected to participate in educational activities which will address topics such as online behavior, interaction on social network websites, and cyberbullying.
7. Obey the rules of copyright.
8. Use appropriate language. Profanity or obscenity will not be tolerated on the network.

Blocking of Inappropriate Websites

Blocking Devices: The district shall implement filtering technology to ensure that students are protected from inappropriate content on the Internet in accordance with the Child Internet Protection Act (CIPA). The district currently uses an appropriate program or filter to protect against access to visual depictions that are obscene, pornographic, or harmful to minors, as defined by CIPA. At the discretion of the district, the network may be configured to protect against access to other material considered inappropriate for users to access. The program or filter used for protection will be

configured and updated by the district in a reasonable fashion, and may be replaced by the district with an equivalent program at the district's discretion.

Disabling the Blocking Software: The blocking software shall not be intentionally disabled at any time that students may be using the district's computers and Internet resources, if such disabling would cease to protect against access to materials that are prohibited under CIPA. Students who intentionally disable blocking software will have computer privileges revoked and subject to disciplinary action.

Social Media/Social Networking Etiquette

The following guidelines apply to students who choose to and are permitted to create or contribute to district approved social media/social networking educational activities. These activities include blogs, wikis, social networks, virtual worlds, and any other kind of social media used for educational purposes. All of these tools are extremely beneficial in the classroom setting, and help both students and teachers gain access to global educational networks. The district expects that anyone who participates in these activities understand and follow these rules of engagement.

1. Post meaningful, respectful comments.
2. Use common sense. Everything written is public.
3. Do not violate online privacy of another individual.
4. Do not violate copyright.
5. When giving constructive criticism, be appropriate and polite with your comments.
6. Do not provide any identifying information about yourself or others.
7. Remember even anonymous post can be traced by IP address.
8. Be smart about protecting your privacy and the district's privacy.
9. Plagiarism is prohibited.
10. Any access to sites not consistent with Connellsville Area educational community is prohibited.
11. No one may use the district network to access or distribute material that (1) is obscene or indecent, (2) is patently offensive as measured by contemporary community standards, (3) is sexually explicit, (4) tends to degrade any race, religion, ethnic origin, or gender.

Disclaimer

The district makes no warranties of any kind, whether express or implied, for the service it is providing. The district will not guarantee that the functions or services provided through the district's Internet service will be without error. The district is not responsible, and will not be responsible, for any damages, including loss of data resulting from delays, nondeliveries, missed deliveries, or service interruption, caused by its own negligence or the user's errors or omissions, any hardware failure, or exposure to inappropriate material or people. A student's parents or guardians can be held financially responsible for any harm that may result to the district's computer and network systems from the student's intentional misuse of the system. Each school shall provide an annual written notice to the parents or guardians of students about the district's Internet system, the policies governing its use, and the limitation of liability of the district. Parents and guardians shall sign a document indicating their receipt of the annual written notice concerning the district's Acceptable Use Policy. Upon receipt of the executed notice, the student will be permitted to access the district's network/Internet resources. Parents and guardians have the right to request the termination of their child's network/Internet access at any time.



Connellsville Area School District

McKinney Vento Eligibility Questionnaire

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11431 et seq. The answers to this residency information help determine the services the student may be eligible to receive.

The student lives with (Check all that apply):

- Parent(s)/Legal Guardian(s)
- An adult who is not the Parent/Legal Guardian
- No adult; student is an unaccompanied youth

SECTION A	SECTION B
<ul style="list-style-type: none"><input type="checkbox"/> In a shelter/group home<input type="checkbox"/> Doubled up with relatives or friends due to loss of housing or economic hardship<input type="checkbox"/> Living in a motel, car, campsite, or similar setting<input type="checkbox"/> Youth living with friends or family members (other than Parent/Guardian)<input type="checkbox"/> Substandard housing<input type="checkbox"/> Other residence which is not fixed, adequate or regular (please list below): <p><i>If you checked anything in Section A, complete the form below.</i></p>	<p><input type="checkbox"/> Choices in Section A do not apply</p> <p><i>If you checked anything in Section B, do NOT complete the form below.</i></p>

Complete the section, only if you checked anything in Section A. (Please Print)

Name of Student _____

Birth Date ____/____/____ Age _____ Grade in School _____
 Month Day Year

School Most Recently Attended _____

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

Temporary/Current Address _____

City _____ Zip _____ Phone _____

Signature of Parent/Legal Guardian _____ Date _____

CASD Enrolling School _____ School Administrator's Signature _____



Connellsville Area School District

Audio/Video/Photo Opt-Out

During the course of the school year there are times when your child will be part of photos, video clips, and/or audio clips taken in conjunction with their involvement at Connellsville Area School District. This can include use with school curriculum and also in any school newsletters, brochures, websites, flyers, school publications, outside school approved publications (such as newspapers or websites), that promote the school or report on activities associated with the school.

The following is an opt-out form, if you choose for your child not to participate in any of the publications list above. By not completing the opt-out form below, you are agreeing to allow your child to be photographed, videotaped, or audio recorded in conjunction with their involvement in any Connellsville Area School District activities or school curriculum involving media.

You also agree that there is no monetary compensation for use of your child's name and that this opt-out is good for the entire time that your child is enrolled in the Connellsville Area School District.

ONLY COMPLETE AND RETURN IF YOU ARE OPTING OUT.

- Please do not publish or in any way use my child's image, photo, and/or video for marketing, communications, or public relations purposes.

Child's Name _____ Grade _____

Address _____
Street Number & Name

City _____ State _____ Zip Code _____

Parent Signature _____ Date ____/____/____

CONNELLSVILLE AREA SCHOOL DISTRICT

732 ROCKRIDGE ROAD
CONNELLSVILLE PA 15425
Phone 724-628-3300 Fax 724-628-9002



Joseph A. Bradley
Superintendent of Schools

CHILD CUSTODY STATEMENT

Parent Notification

By law, if parents are legally separated or divorced, each parent has equal rights to access the child and his/her school records unless a parent has a court order that indicates that:

- a specific parent has sole custody, and only that parent, has access to the child and/or
- a specific parent, and only that parent, has access to the child/children's school records

In such cases the school MUST have a copy of any such court order on file. Otherwise, both parents will continue to have access to the child and his/her school records.

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT.

Child's Name _____

(Parent/Guardian Signature)

(Date)

(Parent/Guardian Signature)

(Date)

CONNELLSVILLE AREA SCHOOL DISTRICT

732 ROCKRIDGE ROAD
CONNELLSVILLE PA 15425
Phone 724-628-3300 Fax 724-628-9002



Joseph A. Bradley
Superintendent of Schools

Dear Parent/Guardian,

The Connellsville Area School District cafeterias implemented the Community Eligibility Provision (CEP) program which establishes that all students are eligible to receive breakfast and lunch at **no cost**.

Although it is no longer necessary to complete a lunch application, it is still necessary to collect information regarding your household size and income for other educational data purposes. Each household is requested to complete the attached questionnaire and return it to your child's school.

It is only necessary to complete one form per household.

Student Name	School	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/Guardian Name: _____

Address: _____

Total number in household: _____ ***Includes all adults and children**

***Please check below your annual household income:**

FEDERAL ELIGIBILITY INCOME CHART FOR SCHOOL YEAR 2019-2020

- | | | |
|---|---|---|
| <input type="radio"/> \$0 – \$23,107 | <input type="radio"/> \$23,108 – \$31,284 | <input type="radio"/> \$31,285 – \$39,461 |
| <input type="radio"/> \$39,462 – \$47,638 | <input type="radio"/> \$47,639 – \$55,815 | <input type="radio"/> \$55,816 – \$63,992 |
| <input type="radio"/> \$63,993 – \$72,169 | <input type="radio"/> \$72,170 – \$80,346 | <input type="radio"/> \$80,347 – \$88,523 |
| <input type="radio"/> \$88,524 – \$96,700 | <input type="radio"/> \$96,701 - over | |

CONNELLSVILLE AREA SCHOOL DISTRICT

732 ROCKRIDGE ROAD
CONNELLSVILLE PA 15425
Phone 724-628-3300 Fax 724-628-9002



Joseph A. Bradley
Superintendent of Schools

Dear Parent/Guardian,

Connellsville Area School District is required for compliance with federal data reporting under the Every Student Succeeds Act (ESSA), to collect data relating to active duty family members of our students.

It is only necessary to complete one form per household.

We appreciate your assistance with collecting this data.

Sincerely,

Joseph Bradley
Superintendent of Schools

.....

Student Name	School	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/Guardian's Name _____

- Parent/Guardian IS an active duty member of a branch of the United States Armed Forces
- Parent/Guardian is NOT an active duty member of a branch of the United States Armed Forces



CONNELLSVILLE AREA SCHOOL DISTRICT

732 ROCKRIDGE ROAD
CONNELLSVILLE PA 15425
724-628-3300

Dear Parents, Guardians, and Students,

The Connellsville Area School District will once again be utilizing Chromebooks in all classrooms across the District. This program demonstrates our commitment to providing our students with tools that will help them thrive in a 21st Century learning environment. Every student in grades K-12 will be provided with a Chromebook laptop for use during the day. Students in grades 4-12 will be encouraged to take these devices home after school. Devices in grades K-3 will remain in their respective classrooms.

Once you have reviewed the 1:1 Chromebook Policies and Procedures handbook with your child, please sign and return the Chromebook Agreement printed on the backside of this letter. Chromebooks will be distributed during the first several weeks of school in each homeroom upon receipt of the signed agreement.

Optional Insurance Program

Optional insurance is available for purchase from the District which will cover the replacement cost of one broken, lost, or stolen device. The cost is \$25.00 for one device, \$45 for two, and \$70 for three or more.

The optional insurance may be purchased with cash or check as follows:

Anytime during the open enrollment period at the District's Central Office
Monday-Friday from 7:00am-3:00pm

-OR-

Anytime during the open enrollment period on the District's website with a transaction fee.

www.casdfalcons.org/chromebooks/

Student Chromebook Agreement

In order for students to receive a district issued Chromebook, the student and parent/guardian is required to sign the Chromebook Policies Checklist. Signing the Chromebook Policies Checklist indicates compliance with this Agreement and all documentation contained in Connellsville Area School District 1:1 Chromebook Guide. Connellsville Area School District does not authorize any use of the Chromebook which is not conducted in strict compliance with this Agreement and all other applicable District policies.

1. I have reviewed and will abide by the District's 1:1 Chromebook handbook and district policies at all times. This includes both on and off school grounds.
2. I understand that my Chromebook is subject to inspection by staff at any time and that it remains the property of Connellsville Area School District. I also understand that Connellsville Area School District retains the right to collect the Chromebook at any time to alter, add or delete installed software or hardware.
3. I will keep my Chromebook secure at all times. I will not share my device or passwords with anyone.
4. I will bring my Chromebook to school fully charged and ready for use each day. If my Chromebook is not fully charged, I understand that it may affect my daily achievement grade.
5. I will not disassemble, repair, damage, hack or corrupt the security of the Chromebook.
6. I understand that I am not allowed to install any apps without teacher permission.
7. I will not have my Chromebook out in bathrooms, locker rooms, or other areas deemed restricted.
8. I have reviewed and accept Google's privacy policy.
9. I understand that I am responsible for any malicious damage or loss of the Chromebook. Malicious damage or loss will result in paying the fees as detailed on the Chromebook Fees for Damage, Loss, or Failure to Return.
10. I will notify my school's Media Specialist in the event of equipment loss/theft/damage/failure within one school day. Lost or stolen devices must be reported to the police within 36 hours.
11. I will return the Chromebook and cables in good working order as directed. I understand that it is my responsibility to reimburse the District for any costs associated with poor, broken, or missing equipment.
12. I understand that violating Connellsville Area School District 1:1 Chromebook Guide may result in having my use privileges of the Chromebook suspended or revoked. Additionally, I may be further subject to disciplinary action in accordance with school policy or other legal action.
13. I hereby agree to release, indemnify and hold harmless Connellsville Area School District as well its Board members, teachers, employees, administrators, and adult volunteers from any claims arising from conduct inconsistent with the Connellsville Area School District 1:1 Chromebook Guide. This includes, but is not limited to, claims arising from downloaded materials or relationships established with people online, whether such claims arise from Internet use through school accounts or personal accounts.

I agree and accept the terms of this agreement:

_____ Date

Student's Name (please print clearly)

Parent/Guardian's Name (please print clearly)

Student's Signature

Parent/Guardian's Signature