



SOUTH BUTLER COUNTY SCHOOL DISTRICT

328 Knoch Road
Saxonburg, PA 16056
(724) 352-1700

Welcome to the South Butler County School District!

Below is a list of the forms you will need to complete for your child to be enrolled in the South Butler County School District. When you return the completed forms, you will also need to bring the following items:

___ Birth Certificate

___ Proof of Residency (Acceptable documents to establish residency include a deed, a lease, mortgage statement, or utility bill.)

Completed Registration Packet:

- ___ Student Registration Form
- ___ Parental Registration Statement
- ___ Emergency Form
- ___ Bus Stop Request Form
- ___ Request for Disclosure of Records
- ___ Student Residency Questionnaire
- ___ Home Language Survey
- ___ Technology Acceptable Use Policy Form
- ___ Health History
- ___ (Grades K, 6, and 11 only) Physical Exam Report
- ___ (Grades K, 3, and 7 only) Dental Exam Report
- ___ Photo Opt Out Form (optional)

Please bring these forms and documents to the school's main office. If you have any questions or concerns, please contact the school office (high school ext. 4650, middle school ext. 3602, intermediate elementary ext. 2602, and primary elementary ext. 1602).

Your child may be eligible to receive free or reduced price meals at school. To see if he/she is eligible or to apply, please visit <https://www.paschoolmeals.com/Register.aspx>

For information on the PA Children's Health Insurance Program, check out www.CHIPcoversPAkids.com or call 1-800-986-KIDS.

Visit our District Website: www.southbutler.org



STUDENT REGISTRATION FORM

Date of Registration _____

Student Name: _____ Sex _____ Grade _____
 Last First Middle

Ethnic Background: _____ White _____ American Indian _____ Black _____ Asian Pacific _____ Spanish American

Date of Birth: _____ Telephone: _____
 _____ Listed _____ Unlisted

Address: _____
 _____ Township or Borough _____

Child Lives with: _____ Both Parents _____ Father _____ Mother _____ Other _____
 Relationship

Are there custody papers for this Child? Y / N Custody papers provided at time of registration Y/N

Father's Name: _____
 (Guardian) Last First Middle

Place of Employment: _____ Occupation: _____ Phone: _____

Mother's Name: _____ Maiden: _____
 Last First Middle

Place of Employment: _____ Occupation: _____ Phone: _____

Last School Attended (by student): _____

Address of School: _____

List any special classroom or educational needs: _____

List any handicapped condition or special medical information: _____

Was your child on free/reduced lunches in their previous district?: _____ Yes _____ No
 If so, what was their status _____ Free _____ Reduced

List names, ages and grade placement of all brothers and sisters in school and at home:

Name	Age	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

<p>School Use Only: Birth Certificate Number _____ Place _____ Proof of Residency: Y / N <input type="checkbox"/> Sales Agreement <input type="checkbox"/> Rental Agreement <input type="checkbox"/> Other _____ Immunization Records: Y / N Records Requested: _____ Student No: _____ PA Secure ID# _____</p>



PARENTAL REGISTRATION STATEMENT

Student Name _____

Date of Birth _____ Grade _____

Parent(s)/Guardian(s) Name _____

Address _____
Street City State Zip Code

Parent(s)/Guardian(s) _____ Home phone #(s) _____

_____ Cell phone #(s) _____

_____ Work phone #(s) _____

_____ E-mail address _____

Custody Issue: (If yes, please provide legal documentation) Yes _____ No _____ School Entry Date: _____

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 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."

Additionally, the SBCSD has a policy that no tuition students are accepted; all students must reside within the District boundaries. The Parental Registration Statement must be signed by all students entering the school district.

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, 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.

Date _____ Parent/Guardian Signature _____

* Name and address of the school from which student was suspended/expelled _____

Reason for suspension/expulsion and dates of suspension/expulsion (optional) _____

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.

South Butler County School District EMERGENCY FORM

Please complete and return this form tomorrow to the homeroom teacher.

Grade: _____ Homeroom: _____

STUDENT'S NAME:

 Last First Middle Preferred
 Male: _____ Female: _____ Date of Birth: _____

Address: _____ Preferred phone: _____
 Street City Zip

Parent Email: _____ Parent email #2: _____

List known medical problems, allergies, reactions, and treatments:

Physician: _____ Telephone: _____ Dentist: _____ Telephone: _____

Mother's Name: _____ Telephone: _____ Father's Name: _____ Telephone: _____

First preferred contact:

Mother Father Stepparent Guardian Other

Area Code and Telephone Number

Home _____

Cell _____

Work _____

 Last First

Place of Employment: _____

Address (if different from student's): _____

Second preferred contact:

Mother Father Stepparent Guardian Other

Area Code and Telephone Number

Home _____

Cell _____

Work _____

 Last First

Place of Employment: _____

Address (if different from student's): _____

ALTERNATE EMERGENCY NUMBERS: (if parent/guardian cannot be located):

1. _____
 Name Address Phone No.

Relationship: _____

2. _____
 Name Address Phone No.

Relationship: _____

Names and grades of your other children:

1. _____ 2. _____ 3. _____ 4. _____
 Name/Grade Name/Grade Name/Grade Name/Grade

Use the space below for additional information or custody schedules.

Signature of Parent or Guardian

Date



South Butler County School District
 Transportation Office
 328 Knoch Road, Saxonburg, PA 16056
 (724) 352-1700, ext. 5601



New Student Form / Bus Stop Change Request Form

Parents /Guardian Name: _____ Date: _____

Full Address: _____

Home Phone: _____ Mom Work #: _____ Mom Cell #: _____
 Dad Work #: _____ Dad Cell #: _____

Student Name: _____ School: _____ Grade: _____ Student # _____ Gender: _____

Student Name: _____ School: _____ Grade: _____ Student # _____ Gender: _____

Student Name: _____ School: _____ Grade: _____ Student # _____ Gender: _____

Student Name: _____ School: _____ Grade: _____ Student # _____ Gender: _____

Current Stop Location (if applicable): _____ A.M. [] P.M. []

Current Bus Assignment (if applicable): A.M. Bus # _____ P.M. Bus # _____

Requested Stop Location (if applicable): _____ A.M. [] P.M. []

Reason for Request (if applicable): _____

Parent/Guardian Signature: _____ Date _____

Transportation Department Use Only:

Request Approved [] Request Denied [] – see comments

If request is approved: A.M. Bus # _____ Pickup Time: _____ P.M. Bus # _____ Drop off time: _____

Effective Date: _____

New Stop Location/Action Taken: _____

Comments: _____

Request Reviewed By: _____ Date: _____



SOUTH BUTLER COUNTY SCHOOL DISTRICT

345 KNOCH ROAD
SAXONBURG, PA 16056
(724) 352-1700

To: _____

The following student(s) has enrolled in the South Butler County School District. Please send us the designated student(s) information listed below as soon as possible.

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

____ Academic Records, including current withdrawal grades

____ Test results and other evaluative materials (achievement, PSSA, school ability, etc.)

____ Health and dental records

____ Psychological data (if applicable)

____ Copies of Individual Education Programs (if applicable)

____ Chapter 1 or Remedial Education Services

____ Within ten (10) days from receipt of this request, a copy of the student's disciplinary record (Pursuant to PA Public School Code Section 1305-A)

____ Keystone Scores

____ PA Secure ID number

If requested information cannot be released immediately, please call the appropriate school's Counseling Office:
(724) 352-1700

Knoch High School, ext. 4650

Knoch Middle School, ext. 3650

South Butler Intermediate Elementary, ext. 2209

South Butler Primary Elementary, ext. 1415

PARENTAL CONSENT

I hereby give consent for the release of the academic records, test results, and other evaluative materials, health and dental records, discipline record, individual education programs (if applicable), and Chapter 1/Remedial Education Services (if applicable).

(Parent/Guardian Signature)

(Date)

PLEASE MARK CORRESPONDENCE "ATTENTION SCHOOL COUNSELING OFFICE"

REQUESTED RECORDS ON _____

SOUTH BUTLER COUNTY SCHOOL DISTRICT
STUDENT RESIDENCY QUESTIONNAIRE

Dear Parent or Guardian,


The McKinney-Vento Act, as amended by the Every Student Succeeds Act of 2015, defines homelessness and outlines the rights of homeless students. Your responses to these questions will help staff determine what residency documents are necessary for enrollment of your child(ren). Thank you for your cooperation.

1. Student Name: _____ Birth Date: _____

Person Completing Form: _____ Relationship to child: _____

2. What type of setting is the student living in now?

Check one box below:

SECTION A	SECTION B
<input type="checkbox"/> In an emergency or transitional shelter <input type="checkbox"/> Sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason <input type="checkbox"/> In a motel, hotel, campsite, or car due to lack of alternative adequate accommodations <input type="checkbox"/> In a car, park, public space, abandoned building, substandard housing, bus or train station, or similar settings. <input type="checkbox"/> Other places not designed for or ordinarily used as regular sleeping accommodations for human beings. <p>CONTINUE to Question 3 if you checked any box in SECTION A. ↓</p>	<input type="checkbox"/> None of the choices in Section A apply. Signature of parent/guardian: _____ Date: _____ <div style="text-align: center;">  </div> <p>If you checked the box in this section, you do not need to complete the remainder of this form. Submit this form to school personnel now.</p>

3. Contact number for person completing this form: _____

Address where student is now living: _____

4. The student lives with (check all that apply):

Parent(s) or legal guardian: _____

Relative, friend, or other adult(s): _____

Alone

Other: _____

The staff person who is helping you register will contact the Homeless Liaison to review the information provided. If homelessness is verified, additional information will be needed to complete enrollment. The Homeless Liaison will contact you by the end of the next school day to share the determination regarding homeless status, to gather additional information and to discuss the plans for placement.

Signature of Parent/Legal Guardian:

Date:

NOTE TO STAFF: All forms with a checked box in Section A are to be sent immediately to the Homeless Liaison to eliminate any delay.



South Butler County School District

328 Knoch Road
Saxonburg, PA 16056
(724) 352-1700

Home Language Survey*

The Civil Rights Law of 1964, Title VI requires that school districts/charter schools identify limited English proficient (LEP) students. Pennsylvania has selected the Home Language Survey as the method for the identification.

Student's Name: _____ Grade: _____

1. What was the student's first language (example: English, Spanish)?

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

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

3. What language(s) is/are spoken in your home?

Parent/Guardian Signature: _____ Date: _____

Person completing this form (if other than parent/guardian): _____

*The school district/charter school 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 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 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 in the future.



South Butler County School District

Technology

Acceptable Use Procedure

I. Technology

Students, employees and school community members of the South Butler County School District have the opportunity to access the Internet and other forms of technology through many resources. Internet access, computers, networks, video and other technological opportunities will facilitate the need to prepare those groups to be technologically literate in an increasingly advanced society, to foster educational and personal growth in technology, to gather information and to improve communication skills.

II. The Internet

The primary purpose of the Internet is educational, intended to provide students with limitless resource opportunities, increased motivation, independent and critical thinking skills, and overall educational excellence. Understanding of the Internet and its operations are now fundamental as we prepare students for the Information Age. It is expected that faculty and staff will reinforce the curriculum with thoughtful use of such information throughout the curriculum.

III. Guidelines

Monitoring every aspect of usage of the Internet, networks and other technological resources can be a difficult task. The South Butler County School District recognizes this and will work diligently in overseeing proper usage through training and a variety of safe guards. However, the purpose of the Acceptable Use of Internet, Computers and Network Resources, Policy 815, of the South Butler County School District is to foster the independent use of the School District's technology, subject to compliance with procedures and standards of appropriate behavior and communication. This Technology Acceptable Use Procedure and its guidelines applies to all users, at all times, when they access and use any South Butler County School District computer equipment and/or accessories, network connections, video or any other technology equipment.

IV. Policy

1. It is understood that cooperation is critical in the use of the Internet and other technological resources at the South Butler County School District. It is the goal for the use of the Internet and other technological resources to prepare students to become computer literate in an increasingly technological world. It is understood that a student's independent use of the School District's Internet connection, networks, and other technological resources is necessary to attain such a goal, subject to the procedures and standards for appropriate network behavior.
2. It is understood that the use of the Internet, networks, district email accounts, and other technological resources is a privilege, not a right, and inappropriate use will result in suspension or termination of those privileges along with possible disciplinary action and/or criminal penalties under applicable school, state, and federal laws and codes. The primary use of the Internet, district email accounts, networks and/or other technological resources shall be reserved to those individuals who utilize the materials that are of educational value to the students, employees, and school community members of the South Butler County School District.

For the purposes of this procedure, educational value shall mean those areas of network access that have an impact on the educational program of the South Butler County School District. The use of the Internet, district email accounts, networks, and/or other technological resources for actions that are not related to the school's curricula are not deemed to be of educational value. The South Butler County School District has the sole discretion of determining what meets the definition of educational value. Examples of unacceptable uses of the Internet, district email accounts, networks, and/or other technological resources include, but are not limited to:

- Violating the rights of privacy of students, employees, and school community members of the South Butler County School District, or other individuals.
- Attempt to illegally enter District computer networks, circumvent data protection schemes, uncover/discover

resources may be imposed to ensure equity of use. The individual school will be responsible for determining equity of use procedures.

9. The District reserves the right to monitor appropriate use of the Internet, district email accounts, and network resources through electronic media. Information gained will be used to determine whether or not the individual is using the system for items of true educational value.
10. Vandalism when utilizing the Internet, district email accounts, networks, and/or other technological resources will result in suspension or termination of those privileges, along with possible disciplinary action and/or criminal penalties under applicable school, state, and federal laws and codes. This includes, but is not limited to, the uploading or creation of computer viruses and/or the attempt to electronically or physically destroy, harm, or modify data or equipment.
11. The South Butler County School District will not be responsible for the accuracy, quality, or truthfulness of information obtained. The District will not guarantee the availability of access to the Internet and district email accounts and will not be responsible for information that may be lost, damaged, or unavailable due to technical or other difficulties. The district, along with the service provider, will not be liable for the action of anyone connecting and/or using the Internet, district email accounts, networks, and/or other technological resources. All users shall assume and accept full liability, legal, financial or otherwise, for their actions.
12. Upon issuance of passwords, users are prohibited from using another user's password. Further, each user is responsible for any actions related to usage of his/her password. The use of passwords to gain access to the district's email system does not provide users with the expectation of privacy in the respective system.
13. CIPA UPDATE/To help ensure student safety and citizenship in online activities, all students will be educated about appropriate behavior, including interacting with other individuals on social networking websites and in chat rooms, and cyber-bullying awareness and response.



South Butler County School District
Technology Acceptable Use Procedure

User's Last Name _____

User's First Name _____

User's Affiliation with District (circle one) STUDENT EMPLOYEE OTHER

User's School _____ Grade (if student or teacher) _____

User's understanding of Acceptable Use of Internet, Computers and Network Resources, Policy 815 – By checking the box below I agree that I have read, discussed with my child and fully understand the *Acceptable Use of Internet, Computers and Network Resources, Policy 815, of the South Butler County School District*. We also understand that failure to follow the provisions of the Policy and Procedures may result in termination of any accounts, usage and/or access to the internet, district email accounts, networks and/or other technological resources. We also understand that by using the district's computers, district email accounts and other technological equipment, we consent to the district's inspection and review of any materials in my account. We also release the district, its personnel or its entities from all claims and damages of any nature arising from any use of, or inability to use, the district system, including but not limited to claims that may arise from the unauthorized use of the system to purchase products or services.

User's Signature _____ Date _____

User's Address (if not student) _____

User's Home Phone _____ Work Phone _____

(A parent or guardian must complete this section.)

Parent/Guardian Name _____

Parent/Guardian Understanding of the Acceptable Use of Internet, Computers and Network Resources, Policy 815 - As a parent or guardian of the above student, I have read and fully understand the Acceptable Use of Internet, Computers and Network Resources, Policy 815 and Technology Acceptable Use Procedure of the South Butler County School District. I agree to the guidelines outlined in the Policy/Procedures and assume full responsibility for any actions taken by my child, which are not in accordance with the Policy/Procedures. I also understand that by my child using the District's computers and other technological equipment, I consent to the District's inspection and review of any materials in their account. I also release the District, its personnel, or its entities, from any and all claims and damages of any nature arising from any use of, or inability to use, the District system, including, but not limited to claims that may arise from unauthorized use of the system to purchase products or services. I have discussed the guidelines of the Policy/Procedures and believe my child understands them, hereby giving them permission to use the Internet, networks, and/or other technological resources provided by the District.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Address _____

Parent/Guardian Home Phone _____ Work Phone _____

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH

**PRIVATE PHYSICIAN'S REPORT OF
PHYSICAL EXAMINATION OF A PUPIL OF SCHOOL AGE**

DATE _____ 20 _____

NAME OF SCHOOL _____ GRADE _____ HOMEROOM _____

NAME OF CHILD _____	DATE OF BIRTH _____	SEX <input type="checkbox"/> M <input type="checkbox"/> F
Last _____ First _____ Middle _____		

ADDRESS _____

No. and Street	City or Post Office	Borough or Township	County	State	Zip Code
----------------	---------------------	---------------------	--------	-------	----------

**MEDICAL HISTORY
IMMUNIZATIONS AND TESTS**

VACCINE	Enter Month, Day, And Year Each Immunization Was Given				
	DOSES				
	BOOSTERS & DATES				
Diphtheria and Tetanus (Circle): DTaP, DTP, DT, TD	1 / /	2 / /	3 / /	4 / /	5 / /
Polio (Circle): OPV, IPV	1 / /	2 / /	3 / /	4 / /	5 / /
Measles, Mumps, Rubella	1 / /	2 / /			
Hepatitis B	1 / /	2 / /	3 / /		
HIB	1 / /	2 / /	3 / /		
Varicella	1 / /	2 / /			Varicella Disease or Lab Evidence Date: _____
Other _____					

- MEDICAL EXEMPTION** The physical condition of the above named child is such that immunization would endanger life or health
- RELIGIOUS EXEMPTION** (Includes a strong moral or ethical conviction similar to a religious belief and requires a written statement from the parent/guardian)

If Applicable:

Tuberculin Tests Date Applied	Arm	Device	Antigen	Manufacturer	Signature
Date Read	Results (mm)		Signature		

Follow-Up of significant tuberculin tests:

Parent/Guardian notified of significant findings on.

Date _____

Result of Diagnostic Studies: _____
Date _____

Preventive Anti-Tuberculosis - Chemotherapy ordered. No Yes Date _____

(Continued on Back)

**PRIVATE DENTIST REPORT OF
DENTAL EXAMINATION OF A PUPIL OF
SCHOOL AGE**

NAME OF SCHOOL _____ DATE _____ 20 ____

NAME OF CHILD			AGE	SEX	GRADE	SECTION/ROOM
Last	First	Middle		<input type="checkbox"/> M <input type="checkbox"/> F		

ADDRESS _____

No. and Street	City or Post Office	Borough or Township	County	State	Zip
----------------	---------------------	---------------------	--------	-------	-----

REPORT OF EXAMINATION

	TOOTH CHART																
	RIGHT								LEFT								
UPPER	1	2	3	4 A	5 B	6 C	7 D	8 E	9 F	10 G	11 H	12 I	13 J	14	15	16	Upper
LOWER	32	31	30	29 T	28 S	27 R	26 Q	25 P	24 O	23 N	22 M	21 L	20 K	19	18	17	Lower
UPPER																	Upper
LOWER																	Lower

Is The Child Under Treatment Yes No

Treatment Completed Yes No

Date of Dental Examination

Signature of Dental/Examiner

Print Name of Dental Examiner

Address



SOUTH BUTLER COUNTY SCHOOL DISTRICT

Photography Opt-Out

Pictures of students receiving special recognition, school events, and activities are sometimes used by the school district and/or parent organizations in publications, on district or parent organization websites, or on social media pages. According to District policy, any parent may refuse the district permission to photograph their student. If you would like to opt your child out of being photographed at school, please complete the form below and return it the school office. **If you have no objection, you may disregard this notice.**

NOTE: The SBCSD will never release pictures of any student to the news media without express parental permission.

I would like to **opt my child out** of being photographed at school for any purpose.

Parent/Guardian Signature

Please print Parent/Guardian's name

Student's Name _____ Student's Grade _____