

WELCOME TO APOLLO-RIDGE

Requirements for Enrollment (Grades 1-12)

In order to enroll a child in the Apollo-Ridge School District, you need to provide the school with the following information/documentation.

1. Completed Enrollment Forms (attached)
2. Proof of Residence – Must be in the parent/guardian's name at the student's residence within district boundaries.

We require three (3) proof of residency forms showing that the parent/guardian and student lives in the district.

Examples are:

- lease
- mortgage information
- driver's license
- automobile registration
- auto insurance card
- current utility bill(s)
- tax statements
- public assistance documents

3. Parent/Guardian Photo ID
4. Immunization Record
5. Birth Certificate of Student

SPECIAL CIRCUMSTANCES

Sometimes special circumstances exist when a person just moves into the District, or for other reasons. We will look at these situations on an individual basis, but can grant extra time to obtain documentation under many of these circumstances.

Once you have all paperwork completed and obtained, please contact Kim Altmire, at 724-478-6000 Ext. 2040 for an appointment to enroll your child(ren).

APOLLO-RIDGE SCHOOL DISTRICT STUDENT ENROLLMENT FORM

_____ Elementary School

_____ Middle School

_____ High School

(Please complete forms in blue or black ink, or pencil only)

START DATE: _____

Parent/Guardian MUST present photo identification at time of registration

*At least three (3) of the following proofs of residency MUST be present at time of registration:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Deed of Ownership | <input type="checkbox"/> Notarized Lease Agreement | <input type="checkbox"/> Tax Statements | <input type="checkbox"/> Current Utility Bill |
| <input type="checkbox"/> Public Assistance Documents | <input type="checkbox"/> Current Driver's License | <input type="checkbox"/> Automobile Registration | <input type="checkbox"/> Auto Insurance Card |

*Immunizations needed prior to registering:

- | | | | | |
|---|--------------------------------|--------------------------------------|--|------------------------------------|
| <input type="checkbox"/> Diphtheria/Tetanus | <input type="checkbox"/> Polio | <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Measles, Mumps, Rubella | <input type="checkbox"/> Varicella |
|---|--------------------------------|--------------------------------------|--|------------------------------------|

*Birth or Baptismal Certificate of student MUST be presented at time of registration:

- | | | | | |
|-----------------------------------|--------------------------------|---|---------------------------------------|--------------|
| <input type="checkbox"/> Received | Birth Certificate Number _____ | / | <input type="checkbox"/> Not Received | Reason _____ |
|-----------------------------------|--------------------------------|---|---------------------------------------|--------------|

Student Name: _____ Male _____ Female
Last Name, First Name, Middle Name

Date of Birth: _____ / _____ / _____ Age _____ Place of Birth _____
Month Day Year City/State

Home Address: _____
911 Street Address, P.O. Box, City, State, Zip Code

Phone Numbers: _____
Home Phone Dad Cell Phone Mom Cell Phone

Ethnic Origin: _____ White (Not Hispanic) _____ Black (Not Hispanic) _____ Hispanic (Any Race) _____ Multi-Racial (Not Hispanic)
 _____ American Indian/Alaskan Native (Not Hispanic) _____ Asian (Not Hispanic) _____ Native Hawaiian/Other Pacific Islander (Not Hispanic)

Father's Name: _____ Living With Child? Y or N
Last Name, First Name, Middle Name Responsible for Child? Y or N

| | | |
|------------|----------|--------------------------|
| Occupation | Employer | Work Phone/Email Address |
|------------|----------|--------------------------|

Mother's Name: _____ Living With Child? Y or N
Last Name, First Name, Middle Name Responsible for Child? Y or N

| | | |
|------------|----------|--------------------------|
| Occupation | Employer | Work Phone/Email Address |
|------------|----------|--------------------------|

Guardian's Name _____ Living With Child? Y or N
(if applicable) Last Name, First Name, Middle Name Responsible for Child? Y or N

| | | |
|------------|----------|--------------------------|
| Occupation | Employer | Work Phone/Email Address |
|------------|----------|--------------------------|

Brother/Sister Name(s): _____ Grade: _____
 _____ Grade: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

| | | | | |
|----------------------------|-------------------------|---------------------------|----------------------|------------|
| <i>For Office Use Only</i> | Grade _____ | Teacher _____ | PA Secure ID # _____ | ID # _____ |
| Bus# AM _____ | Bus Stop AM _____ | Bus # PM _____ | Bus Stop PM _____ | |
| Entry Code/Date _____ | Cumulative Folder _____ | Study Island Set-Up _____ | | |
| Course Set Up Date _____ | Permanent Record _____ | Computer Entry Date _____ | | |

Complete this section if there are any custody issues the school needs to be made aware of:

Custody/guardianship papers must be presented at time of registration.

Is there a court order dictating rights? _____ Yes _____ No

If yes, a copy of the court order must be on file in the Guidance Office and questions below need to be completed.

Who has physical custody? _____ Both Parents _____ Father Only _____ Mother Only
_____ Other (indicate name and relationship) _____

Who has educational rights? _____ Both Parents _____ Father Only _____ Mother Only
_____ Other (indicate name and relationship) _____

Who has visitation rights? _____ Both Parents _____ Father Only _____ Mother Only
_____ Other (indicate name and relationship) _____

Second Parent Information: Name (Last, First, Middle) _____

911 Street Address, PO Box, City, State, Zip Code) _____

Home Phone/Cell Phone _____

HAS YOUR CHILD EVER ATTENDED THE APOLLO-RIDGE SCHOOL DISTRICT? _____ Yes _____ No

Name of Prior School District: _____

Name of School: _____ County of Prior School: _____

State of Prior School: _____ Dates Attended: _____

Prior School Address/Phone: _____

Last Grade Attended: _____ Any Retentions? _____ Yes • _____ No If yes, what grade? _____

List ALL prior schools and dates attended:

Date student entered 9th Grade for the first time _____

State Entry Date: (if other than birth date) _____

INDIVIDUALIZED EDUCATION PLAN (I.E.P)

Does your child currently have an I.E.P.? _____ Yes _____ No

Check below for services included in your child's I.E.P.

_____ Learning Support

_____ Hearing Impairment Support

_____ Life Skills Support

_____ Speech/Language Support

_____ Visual Impairment Support

_____ Emotional Support

_____ Physical Therapy

_____ Occupational Therapy

_____ Gifted Support

_____ IST Support

_____ Other Services _____



APOLLO-RIDGE SCHOOL DISTRICT

P.O. BOX 219 • SPRING CHURCH, PENNSYLVANIA 15686 • (724) 478-6000 • FAX (724) 478-1149

High School, 1825 State Route 56, Spring Church, PA 15686 (ext 1020 – Fax: 724-478-9775)

Middle School, 1829 State Route 56, Spring Church, PA 15686 (ext 2000 – Fax: 724-478-3730)

Elementary School, 1831 State Route 56, PO Box 157, Spring Church, PA 15686 (ext 5001 – Fax: 724-478-2967)

Transportation Record

New Student

Effective Date: _____

Building:

Elementary

Middle School

High School

Student Name: _____

Grade: _____

Student ID # _____

Teacher/Mentor: _____

Parent/Guardian Name: _____

Address: _____

Primary Emergency Phone Number: _____

Email Address: _____

Directions for Reaching Home: *(Please give route numbers, approximate mileage, etc.)*

****Office Use Only****

AM Bus Number _____

PM Bus Number _____

AM Bus Time _____

PM Bus Time _____

Bus Stop Name: _____

Apollo-Ridge School District
Home Language Survey*

Please complete the Home Language Survey for each of your children.

The Office of Civil Rights (OCR) requires that school districts/charter schools/full day AVTS identify Limited English Proficient (LEP) students in order to provide appropriate language instructional programs for them. Pennsylvania has selected the Home Language Survey as the method for the identification.

School District: *Apollo-Ridge School District*

Date: _____

School: _____

Student Name: _____

Grade: _____

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

2. Does the student speak a language(s) other than English?
(Do not include languages learned in school.)

Yes No

If yes, specify the language(s): _____

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

4. Has the student attended any United States school in any 3 years during his/her lifetime?

Yes No

If yes, complete the following:

| Name of School | State | Dates Attended |
|----------------|-------|----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

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

Parent/Guardian Signature: _____

*The school district/charter school/full day AVTS has the responsibility under the federal law to serve students who are limited English proficient and need English instructional services. Given this responsibility, the school district/charter school/full day AVTS has the right to ask for the information it needs to identify English Language Learners (ELLs). As part of the responsibility to locate and identify ELLs, the school district/charter school/full day AVTS may conduct screenings or ask for related information about students who are already enrolled in the school as well as from students who enroll in the school district/charter school/full day AVTS in the future.



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COMPUTER ACCESS CONSENT FORM

I understand the access and usage of the internet system is designed for educational purposes only and Apollo-Ridge School District has taken available precautions to eliminate controversial material. I also recognize it is impossible for Apollo-Ridge School District to restrict complete access to **all** controversial materials and I will not hold Apollo-Ridge School District responsible for materials acquired on the network/internet. I accept full responsibility for supervision, if and when, my child's use is not in a school setting.

As the Parent/Guardian of (student name), I have read and understand the Terms and Conditions of Internet and Computer Technology access per the District Policy #132 of the Apollo-Ridge School District. I understand that any violation of the regulations are unethical and may constitute a criminal offense. Should any violation be committed, access privileges may be revoked, school disciplinary and/or appropriate legal action may be taken.

Please refer to the Parent/Student Handbook for disciplinary procedures.

By signing this contract states that I have read, understand, and discussed with my student the Apollo-Ridge School District Terms and Conditions of the internet, computer technology usage, and disciplinary actions. Therefore, I give Apollo-Ridge School District permission to issue access for my child and certify that the information contained on this form is correct.

This form will remain in the student's cumulative folder for the remainder of active enrollment in this district. Parents/Guardians may elect to change the status of this consent form at their discretion by notifying the student's current year Guidance Office.

Student Name: _____

Student Signature (if in secondary level): _____

Date: _____

Grade: _____

Parent/Guardian Name (Printed): _____

Do you have a home computer? Yes No

Do you have access to the internet? Yes No

Do you have an Email address? Yes No If so, please provide: _____

Parent Guardian Signature: _____

Date: _____

Phone Number: _____



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PARENTAL REGISTRATION STATEMENT

Student Name _____

Date of Birth _____ Grade _____

Parent or Guardian Name _____

Address _____

Telephone Number _____

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."

Please complete the following:

I hereby swear or affirm that my child _____ was _____ was not _____ previously suspended or expelled from any public or private school of this Commonwealth or any other state for an act or offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property. * I make this statement subject to the penalties of 24 P.S. §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.

(Signature of Parent or Guardian)

(Date)

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

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

QUESTIONS AND ANSWERS ABOUT THE EARNED INCOME TAX

WHAT IS THE "EARNED INCOME TAX?"

The Earned Income Tax, commonly called a "Wage Tax", is usually a tax of one percent (1%) on gross wages and/or net profits from a business or profession. In Home Rule communities, the tax rate may vary and can even be higher than one percent (1%). Typically, individuals who receive "earned income" including salaries, wages, commissions, bonuses, incentive payments, fees, tips and/or other compensation for services rendered, whether in cash or property, are subject to the tax. In addition, those who conduct businesses, professions and other activities for profit must pay on the net profit derived from their operation after deductions have been made of all costs and expenses incurred in conducting said businesses.

WHAT INCOME IS SPECIFICALLY EXEMPT FROM THE EARNED INCOME TAX?

Unearned income such as dividends, interest, income from trusts, bonds insurance and stocks is exempt. Also exempt are payments for sick or disability benefits, old age benefits, retirement pay, pensions, including social security payments, public assistance unemployment compensation payments made by any governmental agency, and any wages or compensation paid by the United State for active service in the forces of the United States including bonuses or additional compensation for such service. In addition, net profits of corporation are exempt under state law.

IF THE TAX IS WITHHELD IN ANOTHER COMMUNITY WHERE I WORK, DO I ALSO PAY THE DISTRICT IN WHICH I LIVE?

No, the tax withheld your employer will be remitted to your resident taxing jurisdiction. It is still required that our Registration Form be answered by ALL residents.

WHOSE EARNED INCOME TAX WILL BE WITHHELD BY THEIR EMPLOYER?

Any individual working in a jurisdiction that levies the tax will have the tax withheld by their employer. Occasionally, employers located in a jurisdiction where the tax is not levied will volunteer to withhold if your resident jurisdiction levies the tax.

FROM WHOM WILL THE EARNED INCOMETAX BE COLLECTED DIRECTLY?

The earned income tax will be collected directly from those who are: 1) self-employed; 2) salaried but self-employed in a side business; or 3) work in a municipality where the tax is not in place. Those persons must file a declaration of the total such estimated net profits or income, together with the total estimated tax due, with the Earned Income Tax Collector. Proper forms for reporting the quarterly payments will be sent to each person so liable.

MUST ALL TAXPAYERS FILE A FINAL RETURN?

Yes.

WHAT HAPPENS IF I NEITHER FILE A RETURN NOR PAY THE TAX DUE?

State law, as well as the local tax resolutions and/or ordinances, make is a summary criminal offense if a taxpayer fails to file a tax return as required, and subjects the taxpayer to a fine not to exceed a \$500.00 per offense, plus the cost of prosecution; in default of payment of said fine costs, the taxpayer may be imprisoned for a period not exceeding thirty (3) days per offense. In addition, distress sale, wage attachment and/or civil suit proceedings may be used to collect any unpaid tax found to be due, and penalties and interest may also be assessed.

**Earned Income Tax Information for
Residents of the Apollo-Ridge School District**

As you may know, school districts in Pennsylvania have tax revenue sources other than real estate taxes from which they may obtain funds to support schools and education. Authority for levying these additional taxes was granted to local school districts and municipalities by the Pennsylvania General Assembly in 1965 through passage of the Local Tax Enabling Act (LTEA), commonly referred to as 'Act 511'. The Earned Income Tax or 'Wage Tax' is usually a tax on one percent (1%) on gross wages and/or net profits from a business or profession.

Berkheimer Associates is the appointed earned income tax officer for the Apollo-Ridge School District. As the appointed earned income tax collector, Berkheimer Associates is charged with the duty of administering the school district's taxes. This includes collecting the tax, establishing rules and regulations to fairly enforce such tax, and creating accurate tax records and accounts for each tax payer.

Below is an Earned Income Tax Registration Form. A completed Registration Form will fulfill your registration requirement under the Earned Income tax rules and regulations adopted by the Apollo-Ridge School District. More importantly, this information will ensure that your tax dollars are sent to our home taxing jurisdiction. All residents should complete this form, regardless of employment status (unemployed, retired, college student, military personnel, or homemaker). If you have recently moved, please give your current and former address.

Most resident taxpayers will have this tax deducted by their employers. Although, if you work in a jurisdiction where it is not withheld, or you are self-employed, you will have to pay the tax directly to Berkheimer Associates. Your completed registration form will be forwarded to Berkheimer Associates, who will create an accurate tax account reflecting your correct reporting status and send you the necessary tax forms.

We appreciate your cooperation in completing the registration form. Kindly refer to the back of this letter for general questions and answers about the earned income tax. If you have any additional questions, you may contact Berkheimer Associates at 7-800-242-1222.

**APOLLO-RIDGE SCHOOL DISTRICT
EARNED INCOME TAX REGISTRATION FORM**

Your Name _____ Your Social Security No. _____
 Spouse's Name _____ Spouses' Social Security No. _____
 Address _____
 City _____ State _____ Zip _____

Resident Municipality (Township or Borough in which you reside) - Circle one
 Apollo Borough Kiski Township Black Lick Township North Apollo Borough Young Township

Did you move here from another Pennsylvania Municipality? Yes _____ No _____

Your Employer _____ Spouse's Employer _____
 Working Jurisdiction _____ Working Jurisdiction (Twp/Boro/City) _____
 (Twp/Boro/City) _____

Has earned Income Tax withheld from your pay? _____ From Spouse's Pay? _____

Are you Self-employed? _____ Spouse? _____
 If you have no earned income, please record the reason why: retired/homemaker/temporarily unemployed/disabled/student/minor (please specify age)/other (please specify)

Your Name _____ Spouse Name _____

Signature _____ Date _____

Apollo-Ridge School District Emergency Contact/Health Record Form

Student Name: _____
Last Name
First Name
Middle Name

*Date of Birth: _____ Gender: _____ Locker #: (N/A Elm.) _____

Ethnicity (check one below) School: _____ Teacher: _____

American Indian or Alaskan Native Asian or Pacific Islander Grade: _____

Black (Non-Hispanic) Hispanic *Main Phone Number: _____

White (Non-Hispanic) Multi-Racial/Ethnic (check one) Home Dad Cell Mom Cell

Resident Address _____ Mailing Address _____

same as Resident Address

Does the student reside with a Parent/Guardian who is an active member of the military? Yes No

Biological Father/Guardian Name: _____
First Name
Last Name

Biological Mother/Guardian Name: _____
First Name
Last Name

Lives with Student? Yes No

Lives with Student? Yes No

Responsible for Student? Yes No

Responsible for Student? Yes No

Email: _____

Email: _____

Home Phone #: _____

Home Phone #: _____

Cell Phone #: _____

Cell Phone #: _____

Work Phone #: _____

Work Phone #: _____

Name of Employer: _____

Name of Employer: _____

Confidentiality is very important to our school. Have you provided the school with a copy of any court-ordered custody paperwork pertaining to your child? Yes No N/A

****Emergency Contacts**

(Parents will be the first person called – list all other parties to be called in case of an emergency or educational issues)**

1. Name _____ Relationship _____ Phone # _____
2. Name _____ Relationship _____ Phone # _____
3. Name _____ Relationship _____ Phone # _____

PLEASE PROVIDE THE FOLLOWING MEDICAL INFORMATION

Physician _____ Phone _____ Dentist _____ Phone _____

HOSPITAL PREFERRED IN THE EVENT OF AN EMERGENCY: _____

Health Problems or allergies (including bee stings): _____

Prescribed Medications: _____

Physicals and Dental exams are required by state law to be completed periodically. If your child becomes out of compliance, do you give permission to have your child examined by our School Physician and School Dentist? Yes No

Date: _____ Signature of Parent/Guardian: _____

APOLLO-RIDGE SCHOOL DISTRICT

Entering Student's Health History

The purpose of this information is to help us know your child better and be aware of any special needs he/she may have.

Child's Name _____ Birthday _____ Sex _____
Last, First, Middle

Address _____ Phone _____

Father's Name _____

Mother's Name _____

If child is living with other than parents, give name and relationship _____

Birth and Early Childhood Development – *Optional Information for Developmental Education Profile*

Was your pregnancy normal? _____

Was labor or delivery difficult? _____

Any problems at birth? _____

During the first six months, would you describe your baby as quiet or active? _____

Were there any concerns about growth and development during early childhood? _____

Easy or difficult to care for? _____

Can your child use the toilet without help now? _____

MEDICAL HISTORY

Does your child have a history of any of the following medical conditions? (please check):

- | | | |
|--|---|--|
| <input type="checkbox"/> AIDS | <input type="checkbox"/> diabetes | <input type="checkbox"/> hyperactivity |
| <input type="checkbox"/> asthma | <input type="checkbox"/> eye problems | <input type="checkbox"/> HIV infection |
| <input type="checkbox"/> attention deficit | <input type="checkbox"/> fainting spells | <input type="checkbox"/> kidney problem |
| <input type="checkbox"/> bladder problem | <input type="checkbox"/> family history of tuberculosis | <input type="checkbox"/> rheumatic fever |
| <input type="checkbox"/> bronchitis | <input type="checkbox"/> frequent ear infections | <input type="checkbox"/> scarlet fever |
| <input type="checkbox"/> chicken pox | <input type="checkbox"/> hearing impairment | <input type="checkbox"/> skin problems |
| <input type="checkbox"/> constipation | <input type="checkbox"/> heart murmur | <input type="checkbox"/> strep throat |
| <input type="checkbox"/> convulsions or seizures | <input type="checkbox"/> hernia | <input type="checkbox"/> tuberculosis |

If checked, please explain _____

Is your child allergic to anything? _____ If so, what? _____

Are there any foods your child cannot eat? _____ If so, please list them _____

Physician or usual source of medical care _____
Phone _____

List any serious illnesses, injuries, operations _____

Note any medical condition or health problem that should be known by school personnel:

Is your child taking any medication now? _____ If so, please list _____

Circle any of the following that are of concern to you:

- | | | | |
|---------------------------|-----------------|---------------|---------------|
| Appetite or eating habits | bedwetting | Easily upset | Overactive |
| Shyness | Sleep habits | Stubbornness | |
| Stuttering | Temper tantrums | Thumb sucking | Unusual fears |

.....
DENTAL HISTORY

Has your child been to the dentist? _____ Dentist's Name _____

Any dental problems? _____

Does your child take fluorides or vitamins with fluorides? _____

.....
FAMILY HISTORY

| Names of Children | Birthdate | School Attending |
|-------------------|-----------|------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

.....
Information given by _____
Relationship to child _____

Signature _____ Date _____

PARENT PERMISSION - MEDICATION USE FORM

Student's Name _____ Grade _____ Homeroom _____

MEDICATION TO BE GIVEN AT SCHOOL

Name of medication _____ Dosage _____ Time _____

Frequency _____ Prescription _____ Non-Prescription _____

Prescribing Physician _____ Phone Number _____

Purpose of the medication _____

Possible side effects of medication _____

The following non-prescription medicines are available in the nurse's office and will be dispensed in age appropriate doses. Please circle the medicines that your child is permitted to take while at school. Parents will be contacted prior to students receiving any of these medicines with the exception of cough drops.

Benadryl

Cough Drops

Tylenol

Ibuprofen

LIST OTHER MEDICATIONS BEING TAKEN AT HOME AND/OR SCHOOL

**Parent's Statement Requesting and Authorizing the Administration of Medication
or Assistance in Taking Medication**

As described elsewhere in this "Medication Use Form" it is necessary that my child receive medication while in school. I understand that the medication may be administered only by the school nurse, but that others such as my child's teacher, a school secretary or principal may assist my child in taking the medication. Further, I understand that others, as stated above are neither nurses, nor physicians, nor have they received any training in the administration of medication.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

APOLLO-RIDGE SCHOOL DISTRICT
Authorization Form and Procedures for Treatment of Bee Stings

The following is the standard procedure of treatment for anyone stung by a bee or insect.

1. Scrape off stinger if visible
 2. Apply sting kill
 3. Apply ice pack
 4. Observe the student closely for 10-15 minutes. Monitor for an additional 10-15 minutes in the classroom.
-

PARENTS: Please make sure your child is aware of his/her bee sting allergy and of the need to inform someone of having been stung by a bee/insect.

Please check the status of your child's reaction to bee stings or insect bites and return this information to your child's school immediately:

My child has a localized reaction (swelling or redness at the site of sting)

My child has had a severe reaction (difficulty breathing, generalized swelling, redness, numbness, hives or itching). Describe your child's reaction.

If your child has had a severe reaction has he/she:

Begun desensitization treatment (allergy shots)

Begun maintenance dose of desensitization treatment

My child has not been desensitized

If your child has had a reaction to bee stings or insect bites, please check the procedures to follow:

Follow routine procedure for bee stings.

Notify parent at once.

Give medication as prescribed by my child's physician (parent must provide written order from Physician).

Transport my child to the closest medical facility if necessary.

My child's physician has ordered an anaphylactic kit to be administered by the school nurse, if she is available (parent will provide kit).

Name of Child _____ Home Room Teacher _____

Signature of Parent/Guardian _____ Phone _____



APOLLO-RIDGE SCHOOL DISTRICT

Spring Church, PA 15686

| | | | |
|----------------------------------|------------------------------|--------------------------|------------------|
| High School- Grades 9 – 12: | 1825 State Rt 56 | * 724-478-6000 Ext. 1020 | Fax 724-478-9775 |
| Middle School- Grades 6 – 8: | 1829 State Rt 56 | * 724-478-6000 Ext. 2000 | Fax 724-478-3730 |
| Elementary School- Grades K – 5: | 1831 State Rt 56, PO Box 157 | * 724-478-6000 Ext. 5001 | Fax 724-478-2967 |

RELEASE OF RECORDS

Student Name _____ Grade _____ Date of Birth _____
 Start Date at Apollo-Ridge: _____

PRIOR SCHOOL(S) INFORMATION:

| | |
|------------------------|------------------------|
| School Name _____ | School Name _____ |
| Address _____ | Address _____ |
| Phone # _____ | Phone # _____ |
| Year(s) Attended _____ | Year(s) Attended _____ |

I authorize _____ to release all school records on my child to the Apollo-Ridge School District. I certify that the information is true and correct. I understand that providing false information will result in the exclusion of my child from the Apollo-Ridge School District.

Parent/Guardian Signature _____ Date _____

PLEASE FORWARD THE FOLLOWING RECORDS:

- Cumulative Records
- Behavioral Records
- Medical Records
- All Special Education Records (IEP, ER, RR, Norep, Permission, Invitation)
- All Psychological/Psychiatric Records
- All Disciplinary Records
- Other (Please Specify) _____

RECORDS ARE TO BE RELEASED TO:

- _____ Apollo-Ridge High School
 Attention: Michele Brown, Guidance Office
 1825 State Rt 56, Spring Church, PA 15686
- _____ Apollo-Ridge Middle School
 Attention: Barb Crewe, Guidance Office
 1829 State Rt 56, Spring Church, PA 15686
- _____ Apollo-Ridge Elementary School
 Attention: Kimberlie Akins, Guidance Office
 PO Box 157, Spring Church, PA 15686

For Office Use Only

| Request | Mail/Fax | Date Sent | School Name & Address | Date Received | Received By |
|-----------------|----------|-----------|-----------------------|---------------|-------------|
| 1 | _____ | _____ | _____ | _____ | _____ |
| 2 | _____ | _____ | _____ | _____ | _____ |
| 3 | _____ | _____ | _____ | _____ | _____ |
| Comments: _____ | | | | | |

