

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
_____	_____	_____
_____	_____	_____
_____	_____	_____

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# _____



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 # _____

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

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

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

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. CONTINUE to Question 3 if you checked any box in SECTION A. ↓	<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: _____

5. School student attended last: _____

Address of school : _____

Telephone number of school: _____

Contact person at school (if known): _____

6. Does the student have an IEP or a Chapter 15/504 agreement?

NO

YES, Please explain: _____

What Services are needed by family:

Areas of Educational and Related Services:	Areas the District Will Provide Family Assistance:
<input type="checkbox"/> Transportation	<input type="checkbox"/> Referral for Community Resources
<input type="checkbox"/> School supplies	<input type="checkbox"/> Medical, Dental, Other Health Services
<input type="checkbox"/> Help with enrollment	<input type="checkbox"/> Mental Health Services
<input type="checkbox"/> Tutoring or other instructional support	<input type="checkbox"/> Food and Clothing
<input type="checkbox"/> Counseling (individual or group)	<input type="checkbox"/> Housing Support
<input type="checkbox"/> Activity fees	<input type="checkbox"/> Addressing needs related to domestic violence
<input type="checkbox"/> Gifted or talented programs	<input type="checkbox"/> Parent education related to rights/resources
<input type="checkbox"/> Pre-school programs	<input type="checkbox"/> Other (Specify: _____)
<input type="checkbox"/> After-school programs	
<input type="checkbox"/> Other languages spoken (Bilingual/ESL)	
<input type="checkbox"/> School/Health records needed	
<input type="checkbox"/> Special security/safety issues	
<input type="checkbox"/> Truancy issues	
<input type="checkbox"/> Special education (List area(s): _____)	
<input type="checkbox"/> Other (Specify: _____)	

Please explain what is specifically needed from each category:

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 Policy

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 Technology Acceptable Use Policy 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 Policy 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 policy, 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.
- Using profanity, obscenity, or other language, which may be offensive or defamatory to another user.
- Copying materials in violation of copyright laws.
- Plagiarizing or taking of someone else's words, ideas, or findings, and intentionally presenting them as your own without properly giving credit to their source.
- Using the Internet, district email accounts, networks, and/or other technological resources for financial gain, or for any commercial or illegal activity.
- Attempting to degrade or disrupt system performance or unauthorized entry to and/or destruction of computer systems or files.
- Revealing home phone numbers, addresses, or other personal information, including making personal purchases or unauthorized orders using the entities of the South Butler County School District.
- Accessing, sending, downloading, storing, or printing files or messages, including emails, that are sexually explicit, obscene, offensive or degrading to others. The District invokes its discretionary rights to determine such suitability.
- Downloading or copying information onto disks or hard drives without prior supervisor approval.
- Distributing material protected by trade secrets.

- Advertising a product or lobbying for a political cause.
 - Playing games or using other interactive sites not related to the school curricula.
3. All users of the Internet, district email accounts, networks, and/or other technological resources must comply with the Electronic Communications Privacy Act of 1986, as amended, and the Communications Decency Act. These Acts prohibit the unauthorized interception or disclosure of email messages by third parties, as well as the appropriateness of certain material being remitted on the Internet. The Act does permit interception or disclosure if either the sender or the receiver of the communication consents. Further, the Act recognizes that the District may monitor a user's email account, as long as the interception device is included in the email equipment. Upon written request, parents may also review their child's email account and/or stored media.
 4. Authorization to use the Internet, networks, district email accounts, and/or other technological resources will only be given to those individuals who are properly trained on the appropriate use of network resources. Users who have not been trained by a District authorized instructor will not be allowed independent access to the Internet, network, or other technological resources until they have been trained and have a signed Technology Acceptable Use Policy on file.
 5. Use of the Internet, networks, and/or other technological resources is by permission only. Users must always get permission from the supervising individual before using any equipment or accessing any network. Violation of this will result in loss of user privileges and/or disciplinary actions.
 6. School computers, district email accounts, and/or other technological equipment are the property of the South Butler County School District. At no time does the District relinquish its exclusive control of computers and/or other technological equipment provided for the convenience of the students, employees, and school community members. The District reserves the right to inspect and review any material on district email accounts for purposes of maintaining adequate hard drive space, or for reasonable cause suspicion that an individual is using the computer, district email accounts, and/or other technological equipment for illicit or illegal purposes, or violating policy guidelines. By using the District's computers, district email accounts, and/or other technological equipment, the user consents to the District's inspection and review of any materials in the user's account(s). Such inspection may be conducted by school authorities when deemed necessary, without notice, without consent, and without a search warrant. The District also reserves the right to search any diskettes used by users to download information from District computers.
 7. No personnel or student information, which is protected by the Family Educational Rights and Privacy Act, shall be disseminated through the network.
 8. Time restrictions on use of the Internet, district email accounts, networks, and/or other technological 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 Policy

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 Technology Acceptable Use Policy – I have read and fully understand the Technology Acceptable Use Policy of the South Butler County School District. I also understand that failure to follow the provisions of this Policy will result in termination of any accounts, usage, and/or access to the Internet, district email accounts, networks, and/or other technological resources. I also understand that by using the District's computers, district email accounts, and other technological equipment, I consent to the District's inspection and review of any materials in my 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 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 Technology Acceptable Use Policy – As a parent or guardian of the above student, I have read and fully understand the Technology Acceptable Use Policy of the South Butler County School District. I also agree to the guidelines outlined in the Policy and assume full responsibility for any actions taken by my child, which are not in accordance with the Policy. 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 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 _____

Health History

The information requested on this form will be of help to the school personnel in determining the health status of your child and in assisting him/her in receiving maximum benefits from his/her educational opportunity.

Student's Full Name _____
First Middle Last

Complete Address _____

Phone Number _____

Birth Date _____

Place of Birth _____

Name of Parents/Guardian:

Father _____
First Middle Last

Mother _____
First Middle Last

Mother's Maiden Name _____

With whom does the child live? _____

Name of Child's Physician _____ Phone Number _____

Family Dentist _____ Phone Number _____

Please list other persons living in the household:

Name	Date of Birth	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Normal pregnancy: yes or no Normal birth: yes or no Birth Weight: _____

If no, please explain (optional) such as breech birth, needed oxygen, premature _____

PLEASE COMPLETE OTHER SIDE

Medical History

Accidents, serious	Yes	No	_____
Allergy	Yes	No	_____
Asthma	Yes	No	_____
Attention Deficit	Yes	No	_____
Chickenpox Disease	Yes	No	_____
Chicken Pox Vaccine (Varicella)	Yes	No	_____
Convulsions	Yes	No	_____
Dental Problems	Yes	No	_____
Diabetes	Yes	No	_____
Ear Tubes	Yes	No	_____
Epilepsy	Yes	No	_____
Fractures	Yes	No	_____
Frequent Earaches	Yes	No	_____
Frequent Nosebleeds	Yes	No	_____
Frequent Sorethroats	Yes	No	_____
Frequent Urination	Yes	No	_____
Glasses/Contacts	Yes	No	_____
Heart Condition	Yes	No	_____
Hemophilia	Yes	No	_____
High Fevers	Yes	No	_____
Hospitalizations	Yes	No	_____
Illness, serious	Yes	No	_____
Immune Deficiency	Yes	No	_____
Pneumonia	Yes	No	_____
Rheumatic Fever	Yes	No	_____
Scarlet Fever	Yes	No	_____
Sleep disturbances	Yes	No	_____
Stomachaches	Yes	No	_____
Strabismus (Cross Eyes)	Yes	No	_____
Tuberculosis	Yes	No	_____
Other	Yes	No	_____

Is you child under care for any chronic condition at this time? Yes or No

If yes, state condition _____

Please indicate below any information that you feel will help us to better understand your child _____

Do you want the child's teacher made aware of any special condition that might affect his/her learning experience? Yes or No

Parent/Guardian Signature

Date

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
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**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)

Significant Medical Conditions (✓)

	Yes	No	If Yes, Explain
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	_____
Asthma.....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cardiac	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chemical Dependency	<input type="checkbox"/>	<input type="checkbox"/>	_____
Drugs	<input type="checkbox"/>	<input type="checkbox"/>	_____
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diabetes Mellitus	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gastrointestinal Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hearing Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	_____
Neuromuscular Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____
Orthopedic Condition	<input type="checkbox"/>	<input type="checkbox"/>	_____
Respiratory Illness	<input type="checkbox"/>	<input type="checkbox"/>	_____
Seizure Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____
Skin Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vision Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____

Are there any special medical problems or chronic diseases which require restriction of activity, medication or which might affect his/her education? If so, specify _____

Report of Physical Examination (✓)

HT/WT WITHOUT SHOES ↓	Normal	Abnormal	Not Examined	Comments
• Height (inches)				
• Weight (pounds) BMI				
• Pulse ()				
• Blood Pressure /				
• Hair/Scalp				
• Skin				
• Eyes/Vision				Acuity Distance R / L / Acuity Near R / L /
• Ears/Hearing				
• Nose and Throat				
• Teeth and Gingiva				
• Lymph Glands				
• Heart — Murmur, etc.				
• Lung — Adventitious Findings				
• Abdomen				
• Genitourinary				
• Neuromuscular System				
• Extremities				
• Spine (Presence of Scoliosis)				

Date of Examination

Signature of Examiner

Print Name of Examiner

Address

Telephone Number

**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
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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 _____