

INDIANA AREA SCHOOL DISTRICT

To register, we must have the following:

- **Proof of residency in Indiana School District**
- **Birth Certificate**
- **Immunization Records**
- **Transcript from pervious school**
- **Guardianship if not parent**
- **Please call the Counseling Office at 724-463-3531 to set up an appointment to register.**
- **You can access the Course Description Book at iasd.cc:**
 - **Services**
 - **School Counseling**
 - **Senior High Course Description Book**

Indiana Area School District		Grade:	Homeroom:	Bus No:
EMERGENCY CARE IN CASE OF SUDDEN ILLNESS/INJURY		Birthdate:	Gender:	
Name of Student:		Home Address:		
Home Address:		Home Phone:		
Father's Name:	Employer:	Work Number:		
E-mail Address:		Cell Number:		
Mother's Name:	Employer:	Work Number:		
E-mail Address:		Cell Number:		
Family Doctor/Telephone:		Family Dentist/Telephone:		
Emergency contacts and their relationship to your child:	Name	Relationship	Telephone:	
	1.			
	2.		Telephone:	
Custody Agreement: <input type="checkbox"/> Yes <input type="checkbox"/> No [If Yes, the most recent agreement must be on file in the school office.]				
Child resides with: <input type="checkbox"/> both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (Explain)				
If student goes to or comes from daycare/babysitter. Name and telephone:				
Initial beside each medicine that the school nurse may give to your child: <input type="checkbox"/> Ibuprofen <input type="checkbox"/> Tylenol <input type="checkbox"/> Antacid <input type="checkbox"/> Anbesol <input type="checkbox"/> Chloraseptic Spray				
It is absolutely necessary that the nurse be informed of any existing medical conditions such as asthma, ADHD, seizures, diabetes, heart ailment, allergies, or any other pre-existing conditions or limitations. Please list:				
Please list any medications the child is currently taking at home, or is to be given in school:				
In case of an emergency, when the parent cannot be reached, the student will be taken to the Emergency Room. I hereby allow school personnel to secure medical attention/treatment on behalf of my child. I have <u>verified and submitted</u> the above information and will inform the school of any change. I grant permission for medical information to be shared with IASD personnel and physicians on a need-to-know basis.				
Signature of Parent/Guardian:			Date:	

PLEASE INCLUDE THE NAMES, ROOM # AND GRADES OF OTHER CHILDREN IN THIS SCHOOL ON THE BACK OF THIS CARD.

(revised 2/15)

Copy to: Child Accounting
IASD

INDIANA AREA SCHOOL DISTRICT
STUDENT REGISTRATION
CHILD ACCOUNTING – STUDENT MASTER

Check one if student is:
 American Indian/Alaskan Native (1)
 Asian (9)
 Bi-Racial (8)
 Black/not-Hispanic (3)
 Hispanic (4)
 Native Hawaiian or Pacific (10)
 White/not-Hispanic (5)

School Entering: Ben Franklin Horace Mann
 Eisenhower Junior High
 East Pike Senior High

Student Name: _____ Gender: M F
(Must be Legal Name) Last First Middle (Circle one)

Address: _____
(If R.D. # - must be specific for transportation purposes – i.e., name of road, township, route #, etc.)

Name child prefers to be called in school: _____ Birth Certificate #: _____

Birth Date: _____ Place of Birth: _____
NOTE: A copy of birth certificate must be provided

Home Phone: _____ Best contact phone # is: _____

Father/Guardian Name: _____ Mother/Guardian Name: _____

Father's Cell Phone: _____ Mother's Cell Phone: _____

Father's Email: _____ Mother's Email: _____

Occupation: _____ Occupation: _____

Employer: _____ Employer: _____

Work/Emergency Phone: _____ Work/Emergency Phone: _____

Emergency Contact Person: Name _____ Phone: _____

Daycare Arrangements (if applicable): _____

Child Lives With: Both Parents Father Mother Other (specify) _____

Parents are: Single Married Divorced Separated Remarried Widowed

If Applicable: Visitation Rights: No Yes Court Order: No Yes If Yes, explain _____

Siblings: First/Last Name	Boy	Girl	Grade	Date of Birth

School most recently attended:
School _____
Address _____

School phone _____
Grade attended last _____

THIS SECTION TO BE COMPLETED BY OFFICE

Exceptionality (✓):
 ID Speech/Language Impaired
 LD Visually Impaired
 ED Hearing Impaired
 Gifted Physically Handicapped
 Other (please specify) _____

Economically Disadvantaged
 Migrant
 English Language Learner
 Special Ed
 Homeless
 504

Date school records were requested: _____ Date Received _____ Grade(s) repeated (if any): _____

Immunization Records: Received Not Received Bus Number: a.m. p.m.

 ICTC Student
 Foster Care – Code 1305 (A copy of letter from the placing agency must be provided & attached.)
 Group Home – Code 1306 (Includes Evergreen and Alice Paul House)

Grade _____ Homeroom # _____ IASD Student # _____ (PowerSchool) PA Secure ID# _____

Entry Date _____ Enrollment Code: _____ Completed by _____

**INDIANA AREA SCHOOL DISTRICT
HOME LANGUAGE SURVEY***

The Office of Civil Rights (OCR) requires that all Local Education Agencies (LEA's) 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 initial step in the identification process.

School District: _____ Date: _____

School: _____

Student's Name: _____ Grade: _____

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

2. Does the student speak a language(s) other than English? Yes No

(Do not include languages learned in school.)

If yes, specify the language(s): _____

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

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

Yes No If yes, complete the following:

Name of School	City/State	Dates Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

Person completing this form: _____

Parent/Guardian signature: _____

*The local education agency (LEA) has the responsibility under the federal law to serve students who are limited English proficient and need English instructional services. Given this responsibility, the LEA 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 LEA 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 LEA in the future.



According to the Provision of Act 26 dealing with “Safe Schools,” schools are now entitled to receive the discipline history of students who are entering our school from another district. School districts must require a sworn statement upon registration and prior to admission, stating whether the student had previously been suspended or expelled from any public or private school in any state, for an offense involving weapons, alcohol or other drugs, the willful injury to another person, or any act of violence committed on school property. This statement is to remain as part of the student’s permanent record.

Parents or guardians who intentionally submit a false statement shall be subject to conviction of a misdemeanor of the third degree.

I, _____ (parent/guardian), have read and understand the above information and heretofore swear and attest that, to the best of my knowledge:

A. _____ (student) has no disciplinary record regarding weapons, alcohol or other drugs, or the willful infliction of injury to another student, teacher, administrator, or any other employee of a school district.

or

B. _____ (student) **does have** a disciplinary record regarding weapons, alcohol or other drugs, or the willful infliction of injury to another student, teacher, administrator, or any other employee of a school district.

I understand that Indiana Area School District has the right to receive a certified copy of any incoming student’s disciplinary record from the sending school. The sending school has ten (10) days from receipt of this request to forward disciplinary records.

Parent/Guardian Signature

Date

Mr. Wade L. McElheny, Senior High School Principal
Ms. Erin Eisenman, Senior High School Assistant Principal
450 North Fifth Street, Indiana, PA 15701
Main Office: 724-463-8562
Main Office Fax: 724-463-1394
Guidance Office: 724-463-3531
Guidance Office Fax: 724-463-7949

INDIANA AREA SCHOOL DISTRICT
SWORN STATEMENT BY RESIDENT UNDER §13-1302
TO BE COMPLETED BY RESIDENT ONLY

Instructions: Please complete the following statement. If the potential student is living, or will be living, in a household with more than one resident adult who will assume responsibility for the student, all such adult residents must complete and sign this statement.

This is a legal document. You may ask to see a copy of 24 P.S. §13-1302 prior to signing this document, and consult with an attorney if you have any questions or do not understand any portion of this document. (See reverse side of this document)

1. Your Name _____
Home Address _____
Home Telephone Number _____ Work Number _____
2. Do you live in the school district and does the child live with you? Yes _____ No _____
3. Child's Full Name _____
Birth Date _____ Grade _____
Name & address of last school attended _____

Date child began/will begin to reside in your home _____
4. Are you supporting this child gratis (without personal compensation or gain)? Yes _____ No _____
5. Will you assume all personal obligations related to school requirements for this child that may include providing for required immunizations, uniforms, fees/fines, citations/fines for truancy, attending parent-teacher conferences, or attending meetings/hearings concerning discipline?
Yes _____ No _____
6. Do you intend to keep and support the child continuously and not merely through the school term? Yes _____ No _____

Through my notarized signature, I/We understand that the school district, pursuant to guidelines issued by the Department of Education and their own policy, may require other reasonable information to be submitted to confirm this sworn statement.

Signature(s) _____

Commonwealth of Pennsylvania
County of _____

Sworn to and subscribed before me this
_____ day of _____,

Notary Public

Per 24 P.S. §13-1302, a person who knowingly provides false information in the above statement for the purpose of enrolling a child in a school district for which the child is not eligible commits a summary offense and shall, upon conviction for such violation, be sentenced to pay a fine of no more than 300 hundred dollars (\$300) for the benefit of the school district in which the person resides or to perform up to two hundred forty (240) hours of community service, or both. In addition, the person shall pay all court costs and shall be liable to the school district for an amount equal to the cost of tuition calculated in accordance with §2561 during the period of enrollment.

Pennsylvania School Code of 1949

24 PS §13-1302 Residence and right to free school privileges

A child shall be considered a resident of the school district in which his parents or the guardian of his person resides. Federal installations are considered a part of the school district or districts in which they are situated and the children residing on such installations shall be counted as resident pupils of the school district. When a resident of any school district keeps in his home a child of school age, not his own, supporting the child gratis as if it were his own, such child shall be entitled to all free school privileges accorded to resident school children of the district, including the right to attend the public high school maintained in such district or in other districts in the same manner as though such child were in fact a resident school child of the district, and shall be subject to all the requirements placed upon resident school children of the district. Before such child may be accepted as a pupil, such resident shall file with the secretary of the board:

- (1) appropriate legal documentation to show dependency or guardianship; or
- (2) a sworn statement that he is a resident of the district, that he is supporting the child gratis, that he will assume all personal obligations for the child relative to school requirements, and that he intends to so keep and support the child continuously and not merely through the school term. The school board, pursuant to guidelines issued by the Department of Education, may require other reasonable information to be submitted by the resident to substantiate the sworn statement.

**Indiana Area School District
Student Health History**

Name: _____ **Grade:** _____ **Date of Birth:** _____

Previous school attended: _____ **Location:** _____

Physician Name: _____ **Date of last visit:** _____

*Please provide copy of most recent physical examination/updated immunizations.

Dentist Name: _____ **Date of last visit:** _____

*Please provide copy of most recent dental examination.

Vision: Does your child currently wear glasses and/or contact lenses? Yes/No Please specify:

Hearing: Do you have any concerns about your child's hearing? Yes/No

Services: Does your child receive outside services? Psychological, PT, OT, Speech, other _____

In the past year, has your child had:

Surgery Yes/No date: _____ details: _____
Serious Illness Yes/No date: _____ details: _____
Head Injury Yes/No date: _____ details: _____
Eye Injury Yes/No date: _____ details: _____ Right or Left
Fracture Yes/No date: _____ details: _____ Right or Left
Seizure Yes/No date: _____ diagnosis of Epilepsy or Seizure Disorder?

Special Health Conditions

Allergies Yes/No

List of allergies _____

Type of reaction _____

Date of last reaction _____ Epipen Prescribed? Yes/No

If yes, name of prescribing physician _____

Asthma Yes/No

Causes/triggers: _____

Medications for Asthma: _____

ADHD/ADD Yes/No

Medications prescribed: _____ Physician: _____

Diabetes Yes/No

PLEASE SEE REVERSE SIDE

Dietary Restrictions (Medically Necessary) Yes/No Food to Avoid: _____

*If YES, please provide a statement from physician.

Heart Murmur/Condition Yes/No **Diagnostic Testing Date:** _____

Type of Condition: _____ **Physician:** _____

Activity restrictions: _____ *Please provide statement from physician.

Migraines/Frequent Headaches Yes/No Specify:

Treatment: _____

Other health condition(s) the school nurse should know about:

Family Structure-Please describe unique living situations or change in family structure.

Medications your child is presently taking:

Name **Dosage** **Time(s) given** **Reason for medication** **Prescribing physician**

Note: For the health, safety and welfare of your child, appropriate information may be shared with your child's teachers and staff on a need to know basis. Please contact the school nurse if you do not want this information to be shared or if you have any additional questions.

IASD School Nurses:

Ben Franklin Elementary	Ms. Nicole Auer	724.465.5637 ext. 4
East Pike Elementary	Mrs. Beth Mauk	724.463-8567 ext. 2
Eisenhower Elementary	Ms. Nicole Auer	724.463.8566 ext. 5
Horace Mann Elementary	Ms. Susan Zundel	724.463.8560 ext. 4
Indiana Area Junior High	Mrs. Brenda Pearce	724.463.8568 ext. 3
Indiana Area Senior High	Ms. Susan Zundel	724.463.8562 ext. 4
St. Bernard School	Ms. Nicole Auer	

Parent/Guardian Signature _____ **Date:** _____

It is the policy of the Indiana Area School District not to discriminate on the basis of sex, race, religion, color, national origin, handicap or age in its educational and vocational programs, activities, or employment as required by Title IX, Section 504 and Title VI



Dear IHS Parent or Guardian,

This letter is to inform you about the way in which mid-quarter unsatisfactory progress reports, report cards and schedules will be available to you and your child. Please make sure we have a current email address on record. If you do not have an email address and/or internet access, fill out the report card request and one can be printed for you.

You will need to log in to your www.iasdpowerschool.cc account. If you do not have an account, you will need to create an account. You may call the counseling office for the log in information at (724) 463-3531.

- Parents: CLICK ON CREATE ACCOUNT for initial Parent setup
- Enter parent First Name, Last Name, Email Address, a User name and password(at least 6 characters)of your own choosing then the access keys given below for your student:
- Student Name:
- Your Access ID: Call for information
- Your Password: Call for information
- ADD Multiple Students on this screen now or new students added to an existing account: Login then select Account Preferences, Student Tab and Add.

Please follow these steps to look at your child's grades/unsatisfactory reports/report cards anytime during the school year. All of these are on the left hand side of the page.

- **Grades and Attendance** – Current grades (which will include any unsatisfactory grades) an email will be sent to remind you when mid-quarter grades are due. Contact the teacher with any questions concerning a grade.
- **Grade History** – Report card (If you wish to receive a copy of the report card, fill out the information below). The student will need to come to the counseling office to pick it up. An email will be sent when ready to view.
- **My Schedule** – Is your current schedule, you will need to print this out at the beginning of the year, and second semester. Contact the counseling office with any concerns about the schedule.

Thank you for your attention and consideration to help us to better utilize our technology resources and reduce our operational costs.
Sincerely,

Wade L. McElheny

Wade L. McElheny
Principal

_____ I wish to receive a paper copy of the report card. My child or I will pick it up in the counseling office.

Student Name

Parent Signature

Mr. Wade L. McElheny, Senior High School Principal
Ms. Erin Eisenman, Senior High School Assistant Principal
450 North Fifth Street, Indiana, PA 15701
Main Office: 724-463-8562
Main Office Fax: 724-463-1394
Guidance Office: 724-463-3531
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