

Pine-Richland



School District

www.pinerichland.org

Administrative Offices

702 Warrendale Road
Gibsonia · PA 15044
(724) 625-7773
Fax: (724) 625-1490

Pine-Richland High School

700 Warrendale Road
Gibsonia · PA 15044
(724) 625-4444
Fax: (724) 625-4640

Pine-Richland Middle School

100 Logan Road
Gibsonia · PA 15044
(724) 625-3111
Fax: (724) 625-3144

Eden Hall Upper Elementary School

3900 Bakerstown Road
Gibsonia · PA 15044
(724) 443-1450
Fax: (724) 443-1451

Hance Elementary School

5518 Molnar Drive
Gibsonia · PA 15044
(724) 443-1541
Fax: (724) 443-1290

Richland Elementary School

3811 Bakerstown Road
Gibsonia · PA 15044
(724) 443-1558
Fax: (724) 443-2180

Wexford Elementary School

250 Brown Road
Wexford · PA 15090
(724) 935-4631
Fax: (724) 935-3733

ENROLLMENT PACKAGE

Once your residency is verified, the following items are required to complete the enrollment process:

1. Registration History and Census Form
- *2. **Copy of Birth Certificate for student being enrolled**
3. Additional Demographic Information for State Reporting Form
5. Home Language Survey Form
6. Request for School Records Form
7. Parental Affirmation Regarding Student Disciplinary Actions Form
8. Athletic Questionnaire (grades 7-12)
9. Kindergarten Placement (K only)
- *10. **Copy of immunization records**
11. If your child is entering Kindergarten or 1st grade for the first time with Pine Richland School District, or coming from out-of-state, you will need to submit completed and signed physical and dental exam forms to enroll. Physical & Dental Forms can be downloaded from our website www.pinerichland.org under "At Your Service", "Enrollment", under #2 "Health Services."

SPECIALIZED EDUCATION SERVICES

If applicable, it is very important to provide the following documents for Specialized Education placement:

- *1. **Existing Evaluation Report (ER) AND Individual Education Plan (IEP)**
- *2. **Gifted Written Report (GWR) AND Gifted Individual Education Plan (GIEP).**

*DOCUMENTS YOU MUST BRING WITH YOU TO ENROLL STUDENT

Enrollments are accepted at the Pine-Richland School District Administration Office, Please call 724-625-7773 ext. 6304 to make an appointment. Upon completion of the enrollment you will receive a signed Verification of Enrollment form to take to the school your child will be attending. Before going to your child's school, please call the school's office to schedule an appointment. Personnel at the building will give you all of the building specific information and will begin assigning your child a schedule. Please allow a minimum of three (3) working days from the date all records have been submitted for completion of the registration process.



**Pine Richland School District
Registration History and Census Form**

Head of Household Last Name: _____ Home Phone #: _____

Street Address: _____ City _____ Zip Code: _____

Township (check one) Pine Twp. ___ Richland Twp. ___ Do you own the home in which you reside? Yes ___ No ___

Do you rent? ___ Yes ___ No If yes: Landlord's Name: _____ Phone No. _____

Term of Lease: Beginning date: _____ Ending date: _____

Do you live with other family members (Parent, grandparents, aunt, etc) ___ Yes ___ No IF YES list relationship: _____

When did you move into this address? _____ Month _____ Year. What city and state are you coming from: _____ What school/district are you coming from: _____

PLEASE LIST ALL PERSONS IN HOUSEHOLD IN ONE OF THE TWO BOXES BELOW:

Mark an 'X' by Child to be Enrolled	List ALL Children UNDER 18 (Including the child you are registering) (Indicate child's last name if different from parents)**				SEX M/F	Date of Birth Month/Day/Yr	Name of School Child attends or WILL attend	G R A D E	PLEASE INDICATE if your child is receiving Specialized Education Services & has an existing IEP & ER, GIEP & GWR, or 504
	FIRST NAME	MIDDLE NAME	** LAST NAME	NICKNAME (If applicable)					
1									
2									
3									
4									
5									

	List ALL Residents ADULTS 18 and OVER (including yourself)		SEX M/F	Date of Birth Month/Day/Year	EMPLOYED (Employer's Name/Address)	OTHER R(etired) H(omeworker) U(nemployed) S(tudent)
	FIRST NAME	LAST NAME				
1						
2						
3						
4						
5						

Student Resides With:	THIS SECTION MUST BE COMPLETED						
Name:	Mother	Step-Mother	Guardian				
Address: (if different than above)							
Employer:	Work Number:		Ext.				
E-Mail Address:		Cell Number:					
SALUTATION: Circle Appropriate Option:			Dr	Mr	Mrs	Ms	Miss

Name:	Father	Step-Father	Guardian				
Address: (if different than above)							
Employer:	Work Number:		Ext.				
E-Mail Address:		Cell Number:					
SALUTATION: Circle Appropriate Option:			Dr	Mr	Mrs	Ms	Miss

Custody Issue: (if yes, please provide legal documentation)	YES	NO
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Parent/Guardian Signature: _____ Date: _____

ADDITIONAL DEMOGRAPHIC INFORMATION FOR STATE REPORTING SYSTEM

(Must Be Completed - 1 form for each student)

Student Name: _____ Grade: _____ Bldg: _____

Special Education:

- Does your child have a current Individualized Education Plan (IEP)? Yes No
If no, did your child have an IEP less than 2 years ago? Yes No
If no, did your child have an IEP more than 2 years ago? Yes No
Does your child have a current Gifted Individualized Education Plan (GIEP)? Yes No
Does your child have a current 504 Service Plan? Yes No

Program Status (Only select one of the choices below):

- Regular student attending school district
 Student is court or agency placed
 Non-public student attending public school part-time

Student Status (Please answer all questions):

Date student first entered a United States school: _____ Grade: _____
(If you do not know exact date, put month & year)

Date student first entered a Pennsylvania Public school: _____ Grade: _____
(If you do not know exact date, put month & year)

If Applicable - Date student first entered 9th grade in any school: _____
(If you do not know exact date, put month & year)

Has student ever attended a Pennsylvania school? Yes No

If "Yes": _____
(Name of School) (Year/s Attended) (Grade/s) (School District)

Type of school student is coming from:

- Public Parochial Private Cyber/Charter Other

School Name: _____ District: _____ State: _____

Home Language: English Other, _____

Ethnicity: (Choose One) Hispanic/Latino Not Hispanic/Latino

Race: (If NOT Hispanic /Latino choose one or more below)

- American Indian or Alaskan Native Asian
 Black or African American White
 Native Hawaiian or Other Pacific Islander

Immigrant: Yes No If "Yes", Number of years in US schools _____

Country of Birth: _____

State of Birth: _____

City of Birth: _____

Home Language Survey Form

(All students must have one signed in their files)

Background and Basis

The Civil Rights Act of 1964 Title VI, Language Minority Compliance Procedures requires school districts/charter schools to identify limited English proficient students (language minority students). The Pennsylvania Department of Education has selected the Home Language Survey (HLS) as the tool to identify limited English proficient students. The purpose of this survey is to determine a primary or home language other than English (PHLOTE). Schools have a responsibility under federal law to serve students who are limited English proficient and need ESL or bilingual/bicultural instruction in order to be successful in academic subjects. Given this responsibility, school districts/charter schools have the right to ask for the information they need to identify these students. If not given to previously enrolled students, the HLS must be given to all students enrolled in the school district/charter school and then can be given at the time of each new student's enrollment. The HLS is placed in the student's permanent record file and remains there through the student's graduation.

Suggestions

The school needs to maintain a reasonable balance between the family's privacy interests and the school's need to know information about the child in order to carryout its responsibilities. After a student is identified as a PHLOTE (primary or home language other than English), the school may request additional information only about the student for who it is needed.

HOME LANGUAGE SURVEY*
(You can list multiple students being registered)

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

School District: Pine-Richland School District **Date:** _____

Student Registering: _____ **Grade Entering:** _____ **School:** _____

Student Registering: _____ **Grade Entering:** _____ **School:** _____

Student Registering: _____ **Grade Entering:** _____ **School:** _____

Student Registering: _____ **Grade Entering:** _____ **School:** _____

1. Was English the first language student learned? yes no
2. If no, specify language? _____
3. Does the student speak a language other than English? _____
 If yes, specify language _____
4. What language(s) is/are spoken in your home? _____

5. Does your child speak English? _____

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

(Please print name)

Parent/Guardian Name (Please Print)

Parent/Guardian Signature: _____

*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.

REQUEST FOR SCHOOL RECORDS

Parent/Guardian Name: _____ Date of Transfer: _____

Address: _____

I hereby request the previous school(s) listed below to release the following information to the Pine-Richland School District. Please send the 6 specific records listed below regarding the student who is withdrawing from your building to the PR school checked below to the attention of "The Guidance Department" and/or to the Special Education Office. (All of our schools' addresses are listed below)

Specific records to be released as listed:

- 1. Certified Academic Records
a. If your school uses percentage grades, please send the letter grade equivalent to your percentages for our elementary schools. For secondary schools, send percentages.
b. Include grades for work done at your school until the date of withdrawal.
c. Transcript if transferred to High School.
2. Health/Immunization Records, Birth Certificate
3. Confidential Records including Custody papers
4. Attendance Records
5. All Certified Discipline Records - (if none, please confirm)
6. See Below regarding Special Education Records

Parent/Guardian Signature: _____ Date: _____

Previous School Name(s) and Address(s):

Form with three columns for school name, address, and phone/fax number.

1. Student's Name: _____ Previous Grade: _____ School they will be attending: _____
PRHS (9-12) PRMS(7-8) Eden Hall Upper Elem.(4-6) Hance (K-3) Richland (K-3) Wexford (K-3)

2. Student's Name: _____ Previous Grade: _____ School they will be attending: _____
PRHS (9-12) PRMS(7-8) Eden Hall Upper Elem.(4-6) Hance (K-3) Richland (K-3) Wexford (K-3)

3. Student's Name: _____ Previous Grade: _____ School they will be attending: _____
PRHS (9-12) PRMS(7-8) Eden Hall Upper Elem.(4-6) Hance (K-3) Richland (K-3) Wexford (K-3)

4. Student's Name: _____ Previous Grade: _____ School they will be attending: _____
PRHS (9-12) PRMS(7-8) Eden Hall Upper Elem.(4-6) Hance (K-3) Richland (K-3) Wexford (K-3)

Please Send School Records to:

Table with 6 columns listing school names and addresses: PR High School, PR Middle School, Eden Hall Upper Elementary, Hance Elementary, Richland Elementary, Wexford Elementary.

Please send Special Education Records including Evaluation Reports, IEPs, Speech and Language, Gifted Written Reports, and GIEPs to:

Nancy Schindler, Special Ed Secretary
Pine-Richland School District
3811 Bakerstown Rd, Gibsonia, PA 15044
Phone (724) 443-7230 ext. 6501 or FAX: (724) 443-7374

Office Use Only: _____ Date Letter Sent _____ Date Records Received _____



PARENTAL AFFIRMATION REGARDING STUDENT DISCIPLINARY ACTIONS

Student Name _____ Date of Birth _____ Grade _____

Student Name _____ Date of Birth _____ Grade _____

Student Name _____ Date of Birth _____ Grade _____

Student Name _____ Date of Birth _____ Grade _____

Student Name _____ Date of Birth _____ Grade _____

Parent/Guardian Name _____

StreetAddress _____ City _____ State _____ Zip Code _____

Telephone Number _____

Pennsylvania School Code Section 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: (Only sign one statement below that relates to your child. If multiple children with different statements, please indicate "was not" or "was" by the child's name listed above and sign both statements).

I hereby swear or affirm that my child/(children) listed above **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. Section 13-1304-A(b) and 18 Pa. C.S.A. Section 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/Guardian

Date

I hereby swear or affirm that my child (name) _____ **was** _____ previously suspended or expelled from any public or private school of this Commonwealth or any other state for an act or offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property. *I make this statement subject to the penalties of 24 P.S. Section 13-1304-A(b) and 18 Pa. C.S.A. Section 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/Guardian

Date

*Name of the school from which student(s) was suspended or expelled; reason for suspension/expulsion; and date of suspension or expulsion:

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.



**Code of Conduct
Student Handbook
Technology Use Agreement
Acknowledgement Form**

Please take the time to review the PRSD Code of Conduct, Student Handbook, & Technology Acceptable Use Policy with your child(ren). These documents are housed on the District's website and are reviewed annually with your child.

Your understanding of the information contained within these documents is of utmost importance, as your child will look to you for guidance throughout their school experience. Should an issue arise, which pertains to the information recorded within these manuals, you will want to be fully informed. Housed within these documents are the school's policies, such as: Bullying/Cyberbullying, Technology Use Agreement, Controlled Substance/Paraphernalia, and Weapons.

This form will be kept on file to acknowledge that you have reviewed each document.

Student Name (Please Print): _____

Student Signature (Grades 4-12): _____

Homeroom Teacher: _____ Homeroom #: _____

Parent/Guardian Signature: _____ Date: _____

**Pine-Richland School District Athletic Questionnaire for New Students
(Only Needed For Students In Grades 7 through 12)**

PARENT _____ GUARDIAN _____ NAME _____
 ADDRESS _____ CITY _____ ZIP _____
 HOME PHONE _____ CELL _____

1. STUDENT'S NAME ENROLLING: _____ M _____ F _____ Age _____
Please circle your grade level as of today's date: 7 8 9 10 11 12
 Name of previous school _____ City & State of previous school _____
 What sports did you participate in at your previous school? _____
 Did you letter? _____ If yes, in what sport(s) and how many years? _____

2. STUDENT'S NAME ENROLLING: _____ M _____ F _____ Age _____
Please circle your grade level as of today's date: 7 8 9 10 11 12
 Name of previous school _____ City & State of previous school _____
 What sports did you participate in at your previous school? _____
 Did you letter? _____ If yes, in what sport(s) and how many years? _____

3. STUDENT'S NAME ENROLLING: _____ M _____ F _____ Age _____
Please circle your grade level as of today's date: 7 8 9 10 11 12
 Name of previous school _____ City & State of previous school _____
 What sports did you participate in at your previous school? _____
 Did you letter? _____ If yes, in what sport(s) and how many years? _____

4. STUDENT'S NAME ENROLLING: _____ M _____ F _____ Age _____
Please circle your grade level as of today's date: 7 8 9 10 11 12
 Name of previous school _____ City & State of previous school _____
 What sports did you participate in at your previous school? _____
 Did you letter? _____ If yes, in what sport(s) and how many years? _____

Below are the sports we offer. Please check the sports you are interested in. Be sure the column you are making your choices in coincides with the number your name is entered above.

	Student #					Student #					Student #			
FALL Grades 7-12					WINTER Grades 7-12					SPRING Grades 7-12				
Cross Country B/G					Boys Basketball					Baseball				
Field Hockey G-(D)					Gymnastics-(C)					Girls Volleyball 7/8/9				
Football					Hockey-(C)					Lacrosse B/G-(C)				
Girls Basketball 7/8 only					Wrestling					Softball				
Soccer B/G										Track B/G				
FALL Grades 9-12					WINTER Grades 9-12					SPRING Grades 9-12				
Crew B/G-(D)					Fencing-(A)					Crew B/G-(D)				
Girls Tennis					Girls Basketball					Boys Tennis				
Girls Volleyball					Indoor Track B/G					Boys Volleyball(D)				
Golf B/G					Swimming B/G									

(C) = Club sport

(A) = Activity

(D) = Developmental

For Office Use Only: _____

PINE-RICHLAND ELEMENTARY SCHOOLS
KINDERGARTEN PLACEMENT INFORMATION

The Pine-Richland School District provides one-way transportation for kindergarten students. Students who attend morning kindergarten travel by bus to school. Parents are responsible for making arrangements for the child to be picked up at the end of the kindergarten session. It is the parents' responsibility to bring the student to school if he/she attends afternoon kindergarten. Students return home at the end of the school day using bus transportation provided by the district.

The Pine-Richland Elementary Schools attempt to assign students to the most convenient kindergarten session; however, the district cannot guarantee a specific placement. Student placement must be reviewed to ensure balanced class size in both the morning and afternoon sessions. Families will be notified of a child's placement during the summer.

Child's Name: _____ Daytime Telephone: _____

Preschool(s) Attended: _____

Indicate below your preference of kindergarten session. Please remember your request cannot be guaranteed.

- No Preference - Either session
- A.M. - Morning Kindergarten (9:15 a.m. - 12:00)
- P.M. - Afternoon Kindergarten (1 :00 p.m. - 3:45)

Please give rationale for a specific session request:

Please list other children your child will be carpooling with, if known:

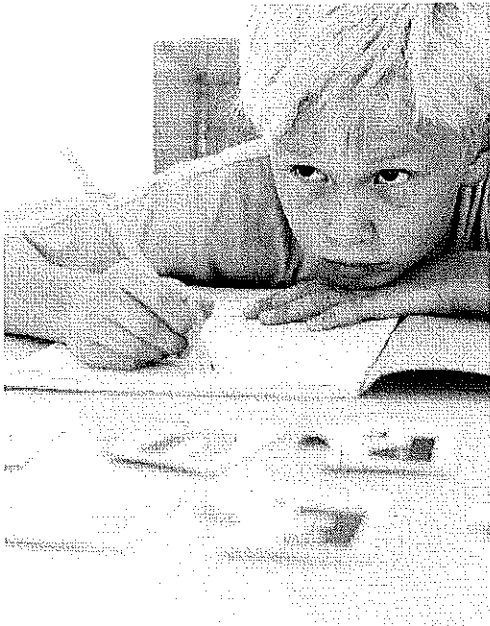
OPTIONAL:

Please indicate below if there are special needs (academic, behavior, or social) that your child has, or if there is a particular concern you have about your child that you would like the school staff to consider when determining your child's placement in the classroom.
(Requests for specific teachers cannot be honored.)

Attention Parents/Guardians

DON'T WAIT – VACCINATE NOW

FOR ATTENDANCE IN ALL GRADES children need the following:



- 4 doses of tetanus*
(1 dose on or after the 4th birthday)
- 4 doses of diphtheria*
(1 dose on or after the 4th birthday)
- 3 doses of polio
- 2 doses of measles**
- 2 doses of mumps**
- 1 dose of rubella (German measles)**
- 3 doses of hepatitis B
- 2 doses of varicella (chickenpox) vaccine or history of disease

*Usually given as DTP or DTaP or DT or Td

**Usually given as MMR

Children ATTENDING 7th grade need the following:

- 1 dose of tetanus, diphtheria, acellular pertussis (Tdap)
(if 5 years has elapsed since last tetanus immunization)
- 1 dose of meningococcal conjugate vaccine (MCV)

These requirements allow for the following exemptions:

Medical reason

Religious belief

Philosophical/strong moral or ethical conviction

If your child is exempt from immunizations,
he/she may be removed from school during an outbreak.

Pennsylvania's school immunization requirements can be found in 28 PA.CODE CH.23 (School Immunization)

Contact your health care provider or call 1-877 PA HEALTH for more information

