

Shaler Area School District

1800 Mt. Royal Boulevard, Glenshaw, PA 15116 • 412.492.1200 • www.sasd.k12.pa.us



Welcome to the Shaler Area School District. This enrollment packet provides you with information to start the process for registering a child for school. Please complete the attached forms and bring them with you, along with the required items listed below.

Documents Required For Grades 1 – 12 Registration

- Student Information
 - Request for School Records
 - Home Language Survey
 - Act 26 Enrollment Affidavit
 - Speech/Language Questionnaire
 - Student Residency Questionnaire
- Birth Certificate (must be the original, not a copy)
 - Proofs of your Shaler Area Residency (2 forms required)
 - Utility Bill: gas, electric, water or trash
 - Current Deed, Mortgage Statement or signed Lease Agreement
 - Pennsylvania Department of Transportation Identification, Driver's License, or Pennsylvania Department of Transportation Vehicle Registration
 - Copy of state/federal program enrollment
 - Copy of pay stub with name and address of employee and employer or proof of tax registration with Keystone Collection Group
 - Immunization Record (copy from doctor's office or baby book)
 - If foster child is marked on the form, a letter from the placing agency must be attached to the registration form and a copy of the letter sent to Central Office for Child Accounting purposes
 - Proof of Guardianship, Custody Court Order (if applicable)



SHALER AREA SCHOOL DISTRICT
1800 Mt. Royal Blvd.
Glenshaw, PA 15116
412-492-1200

STUDENT REGISTRATION INFORMATION
PLEASE PRINT CLEARLY

STUDENT'S LEGAL NAME: _____			
	(Last Name)	(First Name)	(Middle Initial)
ADDRESS: _____	CITY: _____	STATE: _____	ZIP: _____
PRIMARY PHONE: _____ (<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell)			
(This number will be used by our automated notification system for announcements, upcoming events, attendance, etc.)			
SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female		BIRTHDATE: _____	
STUDENT'S ETHNICITY: <input type="checkbox"/> Hispanic <input type="checkbox"/> NOT Hispanic			
If <u>NOT Hispanic</u> choose one or more of the following:			
<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> White			

<u>STUDENT'S PLACE OF BIRTH:</u>		
CITY: _____	STATE: _____	ZIP: _____
If born outside of Pennsylvania, on what date did the student enter Pennsylvania? _____		
If born outside of USA, in what country was the student born? _____		
If born outside of USA, on what date (or year) did the student enter the USA? _____		
What language is spoken in the home? <input type="checkbox"/> ENGLISH <input type="checkbox"/> OTHER - If other, what language? _____		

CHILD'S EDUCATIONAL BACKGROUND:
School Previously Attended: _____
Address: _____
Has your child ever been a student at Shaler Area: <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, When? _____
Did your child receive special services at his/her previous school? <input type="checkbox"/> YES <input type="checkbox"/> NO (IEP, GIEP, 504 Service Agreement, Remedial Services)
If YES, please specify: _____ _____

TRANSPORTATION: Indicate the closest intersection that can be pinpointed on the map for your home address.

STUDENT RESIDES WITH : <input type="checkbox"/> PARENTS <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> **LEGAL GUARDIAN <input type="checkbox"/> * FOSTER PARENT	
NAME OF PRIMARY GUARDIAN # 1:	<input type="checkbox"/> Mr. & Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.
	<input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.
ADDRESS: (If different than above)	
PHONE:	(<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell) (<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell)
EMAIL ADDRESS:	
NAME OF PRIMARY GUARDIAN # 2:	<input type="checkbox"/> Mr. & Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.
	<input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.
ADDRESS:	
PHONE:	(<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell) (<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell)
EMAIL ADDRESS:	
EMERGENCY CONTACT:	
NAME:	RELATIONSHIP TO STUDENT:
HOME PHONE:	CELL PHONE:

*** If foster child, a letter from the placing agency must be attached and a copy retained at Central Office for Child Accounting purposes.**

If foster child, what is the district of residence of the birth parent(s)? _____

**** If legal guardian, copy of court order must be submitted.**

RESIDENCY VERIFICATION:

Please check one: PARENT LEGAL GUARDIAN FOSTER PARENT RELATIVE CAREGIVER

I wish to enroll my child in SHALER AREA SCHOOL DISTRICT. I affirm that my child resides at the above address.

I affirm that this street address is within the SHALER AREA SCHOOL DISTRICT boundaries.

(MUST PROVIDE TWO DIFFERENT PROOFS of your Shaler Area Residency)

1. Utility Bill: gas, electric, water or trash
2. Current Deed, signed Lease Agreement, or rent receipt
3. Pennsylvania Department of Transportation identification, driver's license, or a Pennsylvania Department of Transportation vehicle registration
4. Copy of state/federal program enrollment
5. Copy of paycheck stub with name and address of employee and employer or proof of tax registration with Keystone Collection Group

_____ **PARENT SIGNATURE** _____ **DATE** _____ **REGISTRAR'S INITIALS**

FOR SCHOOL USE:			
_____	_____	_____	_____
Date Received	Date Entered to Prosoft	Home School	Student ID#
NOTIFIED:			
<input type="checkbox"/> Transportation	<input type="checkbox"/> Sped. Ed.	<input type="checkbox"/> Food Service	<input type="checkbox"/> Technology <input type="checkbox"/> Nurse

SHALER AREA SCHOOL DISTRICT

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Burchfield Primary School
1500 Burchfield Road
Allison Park, PA 15101
412-492-1200 Ext. 4500
FAX: 412-486-7631 | <input type="checkbox"/> Marzolf Primary School
101 Marzolf Road Ext.
Pittsburgh, PA 15209
412-492-1200 Ext. 6500
FAX: 412-486-8702 | <input type="checkbox"/> Reserve Primary School
2107 Lonsdale Street
Pittsburgh, PA 15212
412-492-1200 Ext.7500
FAX: 412-321-4507 | <input type="checkbox"/> Scott Primary School
705 Scott Avenue
Glenshaw, PA 15116
412-492-1200 Ext. 8500
FAX: 412-487-0293 |
| <input type="checkbox"/> SA Elementary School
700 Scott Avenue
Glenshaw, PA 15116
412-492-1200 Ext. 3500
FAX: 412-492-1317 | <input type="checkbox"/> SA Middle School
1810 Mt. Royal Blvd.
Glenshaw, PA 15116
412-492-1200 Ext. 2500
FAX: 412-492-1237 | <input type="checkbox"/> SA High School
381 Wible Run Road
Pittsburgh, PA 15209
412-492-1200 Ext. 1500
FAX: 412-492-1267 | <input type="checkbox"/> Student Services
1800 Mt. Royal Blvd.
Glenshaw, PA 15116
412-492-1200 Ext. 2006
FAX: 412-684-0042 |

REQUEST FOR SCHOOL RECORDS

LAST NAME	FIRST NAME	(MIDDLE INITIAL)	DATE OF BIRTH
PREVIOUS SCHOOL	STREET ADDRESS	CITY	STATE ZIP
PHONE NUMBER OF PREVIOUS SCHOOL		FAX NUMBER OF PREVIOUS SCHOOL	

The above-named student is requesting enrollment in the _____ grade at Shaler Area School District.

Please forward to us the following information:

- Cumulative Record
- Transcript
- Health & Immunization Records
- All Discipline Records
- Any other pertinent information, including psychological, IEP, CER, 504
- PA ID# _____

If your school uses a percentage grading system, please send the letter grade equivalent to those percentages. Also include work done at your school to date of withdrawal.

 Parental Approval to Release Records

Requested by: _____
 Shaler Area School District
 Central Registrar

NOTE: PLEASE MAIL RECORDS ALONG WITH THIS REQUEST TO THE ADDRESS CHECKED ABOVE, TO THE ATTENTION OF STUDENT RECORDS



**SHALER AREA SCHOOL DISTRICT
SPEECH & LANGUAGE DEPARTMENT**

**1800 MT. ROYAL BOULEVARD
GLENSHAW, PA 15116-2196
412-492-1200**



The Speech & Language Pathologists of Shaler Area want to help make your child's transition into Shaler Area School District as smooth as possible. Please take a moment to complete the form below so we may quickly identify those students who may need our services.

Our district Speech & Language Pathologists are committed to identifying students with needs in the area of communication. All new students will have their speech and language skills screened upon entering the school. If your child qualifies for further evaluation, you will be contacted at that time.

Thank you for your help.

Please Print

Child's Name _____

Parent's / Guardian's Name _____

Phone Number _____

Check One

_____ My child is currently receiving speech/language therapy.

Where is your child receiving these services? _____

_____ My child is not currently receiving speech/language therapy.

School Administrator, please return to your building Speech & Language Pathologist.



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SHALER AREA HOME LANGUAGE SURVEY
(Used to determine a primary or home language other than English)

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: **SHALER AREA** **Date:** _____

School: **Primary** **Elementary** **Middle** **High School**

Student's Name: _____

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:

<u>Name of School</u>	<u>State</u>	<u>Dates Attended</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

*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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SAFE SCHOOLS
ACT 26 ENROLLMENT AFFIDAVIT

I, We, the undersigned parent, guardian or other person having control or charge of _____, a child to be enrolled in the Shaler Area School District do
(Student Name)

hereby swear or affirm that the child HAS/HAS NOT been previously suspended or expelled
(Circle One)

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 from any act of violence committed on school property.

I/We acknowledge that this statement shall be maintained as part of the child's disciplinary record.

I/We further acknowledge that the making of any false statement herein shall be a misdemeanor of the third degree.

I/We fully understand that any false statement herein would be a violation of the Pennsylvania Crimes Code, 18 PA.C.S.A. 4903 and 4904, and punishable by a fine and/or imprisonment.

Parent/Guardian Signature

Date

(over)

Section 1 – Act 30 Notification – Report of Adjudication

According to Act 30, the Shaler Area School District has the right to know if a child has been found delinquent by the court, through the Juvenile Probation Department. The Probation Department must provide to the school in which the child is enrolled:

- A. The name and address of the child
- B. The delinquent act or acts which the child was found to have committed
- C. A brief description of the act or acts which the child was found to have committed
- D. The disposition of the case.

1. Has your child ever been found to be a delinquent in a court of law? ____yes ____no

Section 2

1. Has your child ever been suspended and/or expelled from school? ____yes ____no
If “yes” please write the name of the school from which your child was suspended and/or expelled _____.

Section 3

In an attempt to insure that all Shaler Area students are receiving the most appropriate education, we need to know if your child is a special needs student.

1. Does you child currently have an I.E.P. (Individual Education Plan)? ____yes ____no
If “yes” who can we contact about information concerning the I.E.P.?
_____.

Signature of Parent or Guardian

Date

**I have reviewed all information needed and found that this student may enroll in the Shaler Area School District.

Signature of Building Principal



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STUDENT RESIDENCY QUESTIONNAIRE

Dear Parent or Guardian,



The McKinney-Vento Act, as amended by the No Child Left Behind Act of 2001, defines homelessness and outlines the rights of homeless students. Your responses to these questions will help SASD 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. **In what type of setting is the student living 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 similar reason <input type="checkbox"/> In a motel, hotel, campsites, or cars due to a lack of alternative adequate accommodations <input type="checkbox"/> In a car, park, public spaces, abandoned building, substandard housing, bus or train stations, or similar settings <input type="checkbox"/> Other places not designed for, or ordinarily used as, a regular sleeping accommodations for human beings <input type="checkbox"/> Living without running water, heat or electric services <p>CONTINUE to Question 3  if you checked any box in SECTION A</p>	<input type="checkbox"/> None of the choices in Section A apply. <div style="text-align: center;">  <p>STOP</p> </div> <p>If you checked this section, you do not need to complete the remainder of this form. Submit the form to school personnel now.</p> <p>NOTE TO SASD STAFF: Please file this form in the student permanent record.</p>

3. Contact number for person completing the form: _____

Address where student is now living: _____

4. The student lives with:

Check all that apply

Parent(s) or legal guardian

Relative, friend(s), 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: _____

The SASD staff person who is helping you register will contact the Shaler Area School District homeless liaison to review the information provided. If homelessness is verified, additional information may be needed to complete enrollment. The Homeless Liaison will contact you as soon as possible to share the determination regarding homeless status, to gather additional information and to discuss the plans of placement.

Signature of Parent/Legal Guardian: _____

Date: _____

NOTE TO SASD STAFF assisting the parent: If a box in Section A is checked, please have parent complete the entire form and notify the homeless liaison at (412) 492-1200 EXT. 3508.