

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

|   |
|---|
| <b>CHILD'S EDUCATIONAL BACKGROUND:</b>  |
| 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<br>(IEP, GIEP, 504 Service Agreement, Remedial Services) |
| If YES, please specify:<br>_____<br>_____   |

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                    |   |
| PARENT IS ACTIVE MILITARY: <input type="checkbox"/> No <input type="checkbox"/> Yes<br>If Yes, What Branch of Service: _____   |   |
| <b>NAME OF PRIMARY GUARDIAN # 1:</b>   | <input type="checkbox"/> Mr. & Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.<br><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 <span style="float:right;"><input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell</span> |   |
| EMAIL ADDRESS: _____   |   |
| <b>NAME OF PRIMARY GUARDIAN # 2:</b>   | <input type="checkbox"/> Mr. & Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.<br><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 <span style="float:right;"><input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell</span> |   |
| EMAIL ADDRESS: _____   |   |
| <b>EMERGENCY CONTACT:</b>  |   |
| 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, mortgage statement or signed Lease Agreement
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 Infinite Campus

\_\_\_\_\_  
Home School

\_\_\_\_\_  
Student ID#

**NOTIFIED:**

- Transportation  Sped. Ed.  Food Service  Technology  Nurse

## SHALER AREA SCHOOL DISTRICT

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

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**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

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**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 \_\_\_\_\_.

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**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 your 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,


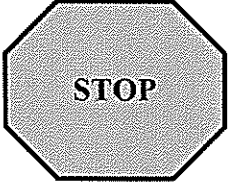
The McKinney-Vento Act, as amended by the No Child Left Behind Act of 2001, defines homelessness and outlines the rights of homeless students. Your responses to these questions will help SASD staff determine what residency documents are necessary for enrollment of your child(ren). Thank you for your 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<br><input type="checkbox"/> Sharing the housing of other persons due to loss of housing, economic hardship, or similar reason<br><input type="checkbox"/> In a motel, hotel, campsites, or cars due to a lack of alternative adequate accommodations<br><input type="checkbox"/> In a car, park, public spaces, abandoned building, substandard housing, bus or train stations, or similar settings<br><input type="checkbox"/> Other places not designed for, or ordinarily used as, a regular sleeping accommodations for human beings<br><input type="checkbox"/> Living without running water, heat or electric services<br><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.<br><div data-bbox="1084 1115 1312 1297" style="text-align: center;">  <p><b>STOP</b></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><b>NOTE TO SASD STAFF:</b><br/>           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.**