



New Student Registration

New Student Enrollment Packet

Additional items needed prior to enrollment:

- Proof of residency
(Ex: Lease Agreement, Rental Contract, or Utility Bill)
- Immunization Records
- Copy of Student's Birth Certificate

Please contact Alyssa Young at Freedom High School for more details.

Alyssa Young
1190 Bulldog Drive
Freedom, PA 15042
724-775-7400 Ext. 501
alyssayoung@freedomarea.org

FREEDOM AREA SCHOOL DISTRICT

www.freedomareaschools.org

- | | | |
|---|---|--|
| <input type="checkbox"/> Freedom Area High School | <input type="checkbox"/> Freedom Area Middle School | <input type="checkbox"/> Freedom Area Elementary |
| Attn: Guidance Counselor | Attn: Student Records | Attn: Student Records |
| 1190 Bulldog Drive | 1702 School Street | 1700 School Street |
| Freedom, PA 15042 | Freedom, PA 15042 | Freedom, PA 15024 |
| 724-775-7400 | 724-775-7641 | 724-775-1122 |
| 724-775-7753 (Fax) | 724-775-7748 (Fax) | 724-775-3672 (Fax) |

GUIDANCE DEPARTMENT

Authorization for the release of information

Date: _____

Student's name: _____ Grade: _____

I hereby authorize _____ District to release all available information relative to grades, test scores, health records, copy of birth certificate, immunization/health records, psychological evaluations, GIEP, IEP, discipline records, 504 Service Agreement, PA Secure ID # and other pertinent school information of the above named student. Mail to the Freedom Area School District office checked above or email records to alyssayoung@freedomarea.org.

☐ **Student Is Learning Support/has an IEP**

Learning Support/Special Education Department:

Please forward signed copies of:

- Most recent evaluation
- Current IEP
- Current NOREP

Parents/Guardian Signature _____

FREEDOM AREA SCHOOL DISTRICT

STUDENT RESIDENCY QUESTIONNAIRE

Dear Parent(s) or Guardian(s),

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. **In what type of setting is the student living now?**

Check one box below -

SECTION A

- ☐ In an emergency or transitional shelter
- ☐ Sharing the housing of other persons due to loss of housing, economic hardship, or similar reason
- ☐ In a motel, hotel, campsites, or cars due to a lack of alternative adequate accommodations
- ☐ In a car, park, public spaces, abandoned building, substandard housing, bus or train stations, or similar settings
- ☐ Other places not designed for, or ordinarily used as, a regular sleeping accommodations for human beings

CONTINUE to Question 3 if you checked any box in SECTION A



SECTION B

- ☐ None of the choices in Section A apply.



If you checked this section, you do not need to complete the remainder of this form. Please sign the back of this form. Submit the form to school personnel now.

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

☐ Alone

☐ Relative, friend(s), or other adult(s)

☐ 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 Chapter 15/504 agreement?

☐ NO

☐ YES, Please explain: _____

Signature of Parent/Legal Guardian: _____

Date: _____

Freedom Area School District
NEW STUDENT ENROLLMENT FORM

Date: _____

I. STUDENT INFORMATION

Last Name: _____ Suffix: _____

First Name: _____ Middle Name: _____

Home Address: _____

City/State/Zip: _____ Telephone: _____

Ethnicity: ☐ Not Hispanic or Latino ☐ Hispanic or Latino

Race (please check all that apply)

☐ American Indian/Alaskan Native ☐ Asian ☐ White

☐ Black/African American ☐ Native Hawaiian/Other Pacific Islander

Has your child ever attended any Freedom Area School in the past?

☐ Yes ☐ No If yes, what year(s) _____

II. FORMER SCHOOL DISTRICT INFORMATION

Name of former school: _____

Address of former school: _____

Telephone number: _____ Fax number: _____

Previous grade: _____ Withdrawal date from former school: _____

Was your child receiving special education services based on an IEP? ☐ Yes ☐ No

If yes, do you have the child's special education records (IEP)? ☐ Yes ☐ No

Has your student received any of the following special services?

Early Intervention	<input type="checkbox"/> Yes <input type="checkbox"/> No	Speech Therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Life Steps (Easter Seals)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Headstart	<input type="checkbox"/> Yes <input type="checkbox"/> No
Special Education (Learning Support)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Title 1 Reading	<input type="checkbox"/> Yes <input type="checkbox"/> No
Special Education (Gifted)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Title 1 Math	<input type="checkbox"/> Yes <input type="checkbox"/> No
Instructional Support (IST)	<input type="checkbox"/> Yes <input type="checkbox"/> No	504 Service Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No
Title III	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other: _____	

III. PARENT/GUARDIAN INFORMATION

Child lives with: ☐ Both parents ☐ Mother Only ☐ Father Only
☐ Both parents alternately (if both reside in district) ☐ Legal Guardian
☐ Foster parents (placement agency letter) ☐ Other adult
☐ Special custodial court instructions (If yes, please provide a copy of court order)

Name of Parent/Guardian who has parental custody;

Father's Name: _____

Address: _____

City/State/Zip: _____

Home Telephone: _____ Work Telephone: _____

Cell Phone: _____ Email address: _____

Education: (Grade Completed) _____ Occupation: _____

Place of Employment: _____

Mother's Name (Ms./Mrs.): _____

Address: _____

City/State/Zip: _____

Home Telephone: _____ Work Telephone: _____

Cell Phone: _____ Email address: _____

Education: (Grade Completed) _____ Occupation: _____

Place of Employment: _____

Is the parent/guardian an active member of a branch of the United States Armed Forces?

☐ YES ☐ NO

If the student is **not** living with parents, please complete this section

☐ Legal Guardian ☐ Foster Parents ☐ Other Adult

Name: _____

Address: _____

City/State/Zip: _____

Home Telephone: _____ Work Telephone: _____

Cell Phone: _____ Email address: _____

IV. **TO BE COMPLETED BY FREEDOM AREA SCHOOL DISTRICT**

Verification of date of birth: ☐ Birth Certificate

☐ Other (please specify) _____

Proof of residency: ☐ Mortgage Statement

☐ Lease Agreement/Rent Receipt

☐ Other (please specify) _____

Lease Agreement/Rental Contact: _____

Telephone number: _____

Official Enrollment Date: _____ Anticipated date of first attendance: _____

Grade student is entering: _____ Home Room Teacher: _____

Student ID#: _____ PA Secure ID: _____

Acceptable proof of birth date for other:

- A. Baptismal Certificate
- B. Transcript of the baptismal record (must be certified and show birth date)
- C. Notarized statement from parents (must indicate birth date)
- D. Duly attested transcript of birth certificate
- E. Duly attested transcript of birth

FREEDOM AREA SCHOOL DISTRICT
1702 SCHOOL STREET
FREEDOM, PA 15042

I affirm that _____ has not been suspended or expelled from
(Students's Name)

any public or private school of the Commonwealth or any other state for an act or offense involving weapons, alcohol or drugs or the willful infliction of injury to another person or for any act of violence committed on school property.

In signing this statement, I have been advised that any willful false statements made under this section of Act 26 of 1995 shall be a misdemeanor of the third degree.

(Date)

(Parent's Signature)

If student has been previously suspended or expelled from any public or private school in the 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 on school property, please identify same below.

(Student's Name)

(Date)

(Parent/Guardian Signature)

HOME LANGUAGE SURVEY

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: Freedom Area School District Date: _____
School: _____ Grade: _____
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:

Name of School	State	Dates Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Parent/Guardian Signature:

*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 the 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.

FREEDOM AREA SCHOOL DISTRICT

TECHNOLOGY/NETWORK/INTERNET

USER POLICY

Please read and discuss this policy with your child in a careful manner. Following are important informational notes to be reminded of:

1. Access to the FreedomAreaSchool District's technology and network, including the internet is a privilege.
2. Internet access is being offered solely for the enhancement of Freedom Area School District's curriculum.
3. Any irresponsible, unethical, and illegal behavior regarding district policy, accepted rules of the network, and Federal and State law will result in the cancellation of privileges as appropriate disciplinary action will be taken.
4. A parent or guardian signature below indicates acceptance of this policy and this policy and been explained to your child.
5. This signed and dated user policy must be on file in the Freedom Area School District offices for technology and network, including the Internet, privileges.
6. The user's parent or guardian may withdraw approval of this user policy at any time by informing the Freedom Area School District in writing.

Freedom Area School District Student Permission Slip

By affixing my signature I agree that I have read and discussed with my child and that we agree to accept the Freedom Area School District Technology and Network Including the Internet User Policy #815 for the duration of my child's education in the Freedom Area School District unless subsequently withdrawn.

Student's Full Name: _____

Student's Signature: _____

Parent/Guardian Signature: _____

Date: _____ Phone: (day) _____ (evening) _____

FREEDOM AREA SCHOOL DISTRICT

WEAPONS POLICY

Please read and discuss this policy with your child in a careful manner. **The complete policy can be found in the student handbook.**

Following are important informational notes to be reminded of:

7. The Freedom Area School Board of Directors directs that students of the Freedom Area School District found to be in possession of a weapon upon school property shall be subject to discipline as outlined in the school district's Weapons Policy.
8. Any student of the district who is in possession of a firearm, explosive or weapon as defined herein, on property being used by the district, or at any school function or activity, including district-authorized events held away from district property including while the student is going to or returning from school, shall be in violation of this policy.
9. In accordance with the federal Gun-Free School Zone Act, possession or discharge of a firearm in, or within 1,000 feet of school grounds is prohibited. Violation shall be reported to the appropriate law enforcement agency.

DEFINITIONS:

Firearm: *Any instrument, including, but not limited to, a pistol, shotgun, rifle, starter gun or any look-alike of the same, which is designed or may readily be converted to expel a projectile by the action of an explosive or the expansion of gas therein.*

Weapon: *Means any explosive, firearm, shotgun, rifle, blackjack, metal knuckles, knife, dagger knife, razor or cutting instrument, cutting tool, nunchaku stick and any other tool, implement or instrument capable of inflicting serious bodily injury.*

Explosive: *Any substance or instrument by whose decomposition or combustion gas is generated with such rapidity as to cause a sudden breaking or bursting, usually accompanied by a loud noise. The term includes, but is not limited to, a bomb, incendiary device, gas bomb, grenade or ammunition of any kind.*

Freedom Area School District

By affixing my signature I agree that I have read and discussed with my child the Weapons Policy as outlined in the student handbook.

Student's Full Name: _____

Student's Signature: _____

Parent/Guardian Signature: _____

Date: _____ Phone: (day) _____ (evening) _____

FREEDOM AREA SCHOOL DISTRICT

Tax Office

☐ Conway Borough

☐ Freedom Borough

☐ New Sewickley Township

Name: _____

Address: _____

Tax Parcel # _____

Household Members:

Birthdate:

[illegible][illegible]

FREEDOM AREA SCHOOL DISTRICT

STUDENT'S HEALTH HISTORY

Student's Name: _____

Date Completed: _____ Grade _____

A. DEVELOPMENTAL HISTORY:

1. What was the baby's birth weight? _____
2. Can the child use the toilet without help? NO YES

B. HEALTH HISTORY:

1. Has the child had: **Chicken Pox** No Yes If yes, please include date: _____
Whooping Cough No Yes If yes, please include date: _____
2. Has the child had more than six colds or throat infections, with fever, a year? ... NO YES
3. Has the child had any trouble with ears or hearing? NO YES
4. Has the child had any trouble with eyes or seeing? NO YES
5. Has the student had any trouble with teeth? NO YES
6. Has the child ever had a convulsion (seizure)? NO YES
7. Has the student ever had a fainting spell? NO YES
8. Does the child complain of frequent headaches? NO YES
9. Does the child complain of frequent stomach aches? NO YES
10. Has a doctor ever said that the child has a heart murmur? NO YES
11. Has the student ever had yellow jaundice or trouble with the liver? NO YES
12. Does the student have any trouble with passing water (urination)? NO YES
13. Does the child have any skin problems? NO YES
14. Has the child ever had asthma or wheezing? NO YES
15. Does the student have trouble sleeping? NO YES
16. Does the student have any chronic health conditions? (diabetes, arthritis, etc.). NO YES
17. Has the child ever eaten paint or plaster or anything else which is not food? NO YES

C. SPECIAL HEALTH NEEDS

1. Has the pupil had any serious illness or operation?
What? _____ When? _____
2. Is the pupil going to a hospital, clinic, or doctor now?
What? _____ When? _____
3. Apart from vitamins, is the pupil taking any medication?
What? _____ What for? _____
4. Does the pupil need to take any medication at school?
What? _____ What for? _____
5. **Is the pupil allergic to anything, such as foods, plants, insects, medicines?**
What? _____
6. Has the pupil had any convulsions (seizures) in the past year?
Treatment? _____
7. Does the pupil need a special diet or have any food problems?
Give details _____

Please see the Parent - Teacher Handbook for complete information. For any dietary substitution to be made, a form from the District's Food Service Director must be obtained by the parent, completed and returned to the Director. The form is also available on the District web site at <http://freedomareaschools.org/>, under Departments, go to Food and Service - in the left column menu options, go to Dietary Accommodations - Medical Plan of Care. There the Meal Plan of Care form is made available online. This should be done before the school year starts or as soon as possible when the student enters during a school year. No substitutions can be made without the proper paperwork being returned. The paperwork must be renewed every subsequent school year.

8. Does the pupil have any health needs or problems the school should know?
What? _____
9. Has the child had any other illnesses, accidents, or broken bones?
When? _____ What was the problem? _____

Are there any problems such as health insurance, food, etc., with which you would like help? NO YES

Incoming Transfers that are Involved In Athletics MUST complete this form

TRANSFERRING STUDENT INFORMATION

Full Name of Student: _____

Grade: _____

Address of Residence: _____

Name(s) of the head of household in which the transferring student resides: _____

Relationship to the student: _____

Date of Student's Birth: _____

Age of Student on Last Birthday: _____

Date of transfer: _____

Summary of Student's School(s) Attended and Sport Participation in Each Season:

GRADE	SCHOOL YEAR	SCHOOL ATTENDED	LIST SPORT PARTICIPATION IN EACH SEASON		
			FALL	WINTER	SPRING
7					
8					
9					
10					
11					
12					

The transferring student and/or the student's parent(s) or guardian(s) should set forth the reason(s) for the Transfer:

Identify participation in any non-school athletics (e.g. AAU, American Legion, club team, other non-school teams) the transferring student participated which is Coached by a person affiliated with the school to which the student transferred to and/or the majority of the members of that Team were from the school to which the student transferred to:

This form should be submitted to the athletic director within 5 days of transfer request.

FREEDOM AREA SCHOOL DISTRICT
ONE-TO-ONE RESPONSIBILITY AGREEMENT

The parent of guardian of _____ has fulfilled all the requirements to receive a laptop.

I understand that by signing below, I have read and agreed to the Freedom Area School District Acceptable Use of Technology Policy 815 (attached).

Freedom Area School District Warranty, Loss Theft, and Repair Policy.

All repairs to the Chromebook are covered by the school as long as there is no evidence of vandalism or repeated misuse. In case of loss, theft, repeated misuse, or vandalism, the following approximate costs will be incurred by the parent and paid to the Freedom Area School District:

Keyboard Breakage:	\$50.00 - \$75.00
Screen Breakage	\$150.00 - \$200.00
Plastic Case Replacement	\$30.00 - \$40.00
Charger Replacement	\$30.00 - \$60.00
Battery Replacement	\$90.00 - \$100.00
Hard Drive	\$50.00 - \$75.00
Loss/Theft	According to Scale (See Addendum D)

I understand that by signing below, I agree with the Freedom Area School District Warranty, Loss, Theft, and Repair Policy and will be liable for associated costs.

Signature of Parent/Guardian

Date

Signature of Student (If applicable)

Date

Payment received - \$50.00 Check# _____

Cash _____