



## **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](mailto:alyssayoung@freedomarea.org)

# FREEDOM AREA SCHOOL DISTRICT

[www.freedomareaschools.org](http://www.freedomareaschools.org)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Freedom Area High School<br>Attn: Guidance Counselor<br>1190 Bulldog Drive<br>Freedom, PA 15042<br>724-775-7400<br>724-775-7753 (Fax) | <input type="checkbox"/> Freedom Area Middle School<br>Attn: Student Records<br>1702 School Street<br>Freedom, PA 15042<br>724-775-7641<br>724-775-7748 (Fax) | <input type="checkbox"/> Freedom Area Elementary<br>Attn: Student Records<br>1700 School Street<br>Freedom, PA 15024<br>724-775-1122<br>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](mailto: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
<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
<b>CONTINUE to Question 3 if you checked any box in SECTION A</b>



SECTION B
<input type="checkbox"/> 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

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 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: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Circle One: Male/Female

Birth City, State, Country \_\_\_\_\_

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:

\_\_\_\_\_  
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**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 \_\_\_\_\_

**FREEDOM AREA SCHOOL DISTRICT  
EMERGENCY CARD 2025-26**

**NUMBER THE PREFERRED ORDER OF NOTIFICATION (1-10)**

HOMEROOM TEACHER \_\_\_\_\_  
GRADE \_\_\_\_\_ BUS NUMBER \_\_\_\_\_

STUDENT LAST \_\_\_\_\_  
STUDENT FIRST \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

PARENT NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ ( # )  
CELL PHONE \_\_\_\_\_ ( # )  
BUSINESS PHONE \_\_\_\_\_ ( # )

EMPLOYER \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_

PARENT NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
EMPLOYER \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ ( # )  
CELL PHONE \_\_\_\_\_ ( # )  
BUSINESS PHONE \_\_\_\_\_ ( # )

**ALTERNATE EMERGENCY NUMBERS (2 PERSONS WHO WILL ASSUME  
TEMPORARY CARE OF YOUR CHILD IF YOU CANNOT BE REACHED)**

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_

RELATIONSHIP TO STUDENT \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ ( # )  
CELL PHONE \_\_\_\_\_ ( # )  
RELATIONSHIP TO STUDENT \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ ( # )  
CELL PHONE \_\_\_\_\_ ( # )

**\*\* PLEASE COMPLETE BACK OF THIS FORM \*\***

**FREEDOM AREA SCHOOL DISTRICT  
EMERGENCY RELEASE INFORMATION 2025-26**

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.

Local Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preferred \_\_\_\_\_ Phone \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Please list known medical problems, allergies, and other medical information which we need to know to protect the health, safety, and welfare of your child while in school. Also, list daily medications taken at home or school. Please update this medical information as necessary. You are also encouraged to share pertinent medical information with your child's bus driver. On a need to know basis, teachers and other school personnel are informed of students with health problems that may require special or emergency attention.

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