



Ambridge Area School District Registration Form

STUDENT DEMOGRAPHIC

Grade: _____

First Name _____ Middle _____ Last _____

Nickname _____ Date of Birth _____ City/State of Birth _____

Gender Male Female Ethnicity Hispanic Non Hispanic

Race American Indian/Alaska Native Asian
Black/African American White
Native Hawaiian/Pacific Island

Military Family: Yes No

STUDENT RESIDENCY INFORMATION (where the student resides)

Address Phone Email	Street	Email	
	City	State	Home Number
	Zip Code		Cell Number
			Student lives with: Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____

Borough or Township of Residence (check one)

Ambridge Baden South Heights Homeless:
Economy Harmony Other: _____

PRIMARY HOUSEHOLD INFORMATION (Student lives with:)

Both Mother Step-Mother Guardian

Name _____

Cell Number _____ Employer _____

Email Address _____ Work Number _____

Both Father Step-Father Guardian

Name _____

Cell Number _____ Employer _____

Email Address _____ Work Number _____

IF student is living with Guardian(s), please fill in this section

Name _____

Employer _____

Cell Number _____

Work Number _____

Email Address _____

Please indicate:
Foster Care Yes No Court Order Yes No
Agency: _____

Name of biological parent: _____

Are there special custodial court instructions? Yes No

If yes, please provide copy of court order to the school building principal.

EMERGENCY INFORMATION List two local persons (other than yourself) usually available during the school day who have agreed to care for and provide transportation for your child if he/she becomes ill or injured and you cannot be reached. **We will attempt to contact parents first.**

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Name	Relationship to Student	Phone Number
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Name	Relationship to Student	Phone Number
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SCHOOL INFORMATION

Last School Attended _____ Grade _____

Address of Previous School _____

City _____	State _____	Zip Code _____	Telephone _____
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Has your child ever attended a school in the Ambridge Area School District?

If Yes, School(s) Attended _____ Grade _____

Has your child participated in an Early Intervention Program? Yes No

Is yes, which program?

Has your child participated in English as a Second Language Program Yes No

If yes, which program?

Does your child have an IEP or 504 (Special Ed) Yes No

SIBLING INFORMATION

Sibling Name	M/F	Date of Birth	Grade	School

RESIDENCY INFORMATION

Please provide **2** of the following documents as proof of residency in the Ambridge Area School District:

Lease, rental, mortgage or deed

Drivers License

OR Certificate of Residency

Current insurance policy

Utility bill

page 4 of Enrollment Packet

Tax bill/payment

Must be notarized

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY BEFORE YOU SIGN

I declare that the information on this form is correct. I am a resident of the Ambridge Area School District and I reside at the address listed on this document. Furthermore, I am aware that the School District reserves the right to verify claims of residency, dependency, and guardianship and to remove from school attendance as a non resident, any student whose claim is invalid.

Signature of Parent/Guardian

Date

**AMBRIDGE AREA SCHOOL DISTRICT
Certification of Residency Instructions**

This form is required **ONLY** if you and your student(s) are residing in the Ambridge Area School District but the lease or sales agreement and utility bill are not in your name.

The resident with whom you are living must complete this form. You and the resident must sign the form verifying that the information provided is correct. The form must be notarized.

In addition to the completed Certification of Residency form, the resident must also provide his/her proof of residency (copy of original lease or sales agreement and utility bill).

I do hereby certify:

The _____ family is residing with me (*resident's name*) _____

at _____
(*street, city, state, zip code*)

(*List all children and their date of birth*)

(*List all children and their date of birth*)

The child(ren) listed above is/are the (daughter/son) of (*parent's name*) _____
who permanently resides at my address in the Ambridge Area School District.

I certify that those listed above is/are bona fide residents in the Ambridge Area School District and I agree to pay all tuition that would be payable by a non-resident student if it determined that any facts in this certificate are false.

Resident's Signature

Parent/Guardian's Signature

Resident's Telephone Number

Parent/Guardian's Telephone Number

Sworn to and subscribed before me

This ____ day of _____, 20____

(Notary Public)

4903. False swearing

- a) *False swearing in official matters: "A person who makes a false statement under oath or equivalent affirmation, or swears or affirms the truth of such a statement previously made, when he does not believe the statement to be true is guilty of a misdemeanor of the second degree if: (2)falsification is intended to mislead a public servant in performing his official function/"*

In addition, residency may be verified by the school district's home school visitor periodically through the year and if the Ambridge Area School District discovers the fact set forth are false; it will seek restitution from the resident.

AMBRIDGE AREA SCHOOL DISTRICT
STUDENT HEALTH HISTORY

Name _____ Sex _____ Date of Birth _____ Grade _____

HEALTH CONDITIONS: check all that apply

- | | | |
|---|--|---|
| <input type="checkbox"/> Arthritis, type _____ | <input type="checkbox"/> Ear infections | <input type="checkbox"/> Nosebleeds (freq.) |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Eczema | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Behavior problems | <input type="checkbox"/> Hay fever | <input type="checkbox"/> Sickle cell disease |
| <input type="checkbox"/> Birth/congenital malformations | <input type="checkbox"/> Headaches (freq.) | <input type="checkbox"/> Sinus infections (freq.) |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Hearing loss | <input type="checkbox"/> Stool soiling |
| <input type="checkbox"/> Cancer, type _____ | <input type="checkbox"/> Heart disease | <input type="checkbox"/> Strep throat |
| <input type="checkbox"/> Chicken Pox (year) | <input type="checkbox"/> Kidney disease | <input type="checkbox"/> Tics/nervous twitches |
| <input type="checkbox"/> Constipation or diarrhea (freq.) | <input type="checkbox"/> Meningitis/encephalitis | <input type="checkbox"/> Urinary tract infections |
| <input type="checkbox"/> Diabetes, type _____ | | |
| <input type="checkbox"/> Other _____ | | |

Please comment on any of the above checked items:

1. Does your child have any allergies (foods, medications/drugs, bee or other insect stings, etc.): Yes No

If yes, list allergy to what, type of reaction and the recommended treatment, if any.

2. Does your child have asthma? Yes No

3. Does your child take any medication on a regular basis? Yes No

Name of medication(s) _____
Reason(s) _____

4. Has your child ever had a serious illness, injury or operation? Please describe and give dates.

5. Does your child have any vision problems? _____ wear glasses/contacts _____

6. Does your child have any hearing problems? _____

7. Are there any other health problems (physical or emotional) you feel we should be aware of _____

8. Additional comments _____

Parent/Guardian Signature _____ Date _____

The above information will be reviewed and other forms will be sent to you if additional information is required.

**Ambridge Area School District
Emergency Record for Accident or Illness**

6

Student's Last Name First Name Grade/ School Yr. Date of Birth

Street Address City Zip Code

Home Phone Cell Phone Parent/Guardian Email Address

Siblings: Please list first and last name, school and grade

Please indicate with whom your child is living with at the above address and the relationship to the child
(Parent, guardian, step-parent, grandparent)

Mother's Place of Employment:

Phone: _____

Father's Place of Employment:

Phone: _____

Emergency Contacts: (Parent will be contacted first in case of emergency; this person should be able to supply transportation for your child if called.)

Name and Relationship: _____ Phone: _____

Name and Relationship: _____ Phone: _____

Child's Medication: _____ **For:** _____ **Child's Doctor:** _____

Put an (X) in each box if your child has (or has had) any of the following: (give details on back)

- | | | | |
|---|--|--|---------------------------------------|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Emotional Problems | <input type="checkbox"/> Hypoglycemia | <input type="checkbox"/> Hyperactivity | <input type="checkbox"/> Convulsions |
| <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Physical Handicap | <input type="checkbox"/> Rheumatic Fever | |
| <input type="checkbox"/> Other: _____ | | | |

Ambridge Area School District Medical Information Authorization Form

In order to comply with federal and state laws, the Ambridge Area School District requires that this form be completed in its entirety.

I authorize **Kristine McCloskey, Kathy Meder, Sharon Kilmer, Stuart Rusnak, Rebecca Sheline and/or any School Nurse from the Ambridge Area School District** to use/disclose the following Protected Health Information from the records of:

Individual/Student Name

Date of Birth

as described below to: **Any other AASD teacher or staff member, including substitutes, building principals and secretaries who may be responsible for my child.**

The information is requested for the purpose of: **To inform any such staff member or administrator who may be responsible for my child of any serious medical conditions, allergies, medications and/or emergency contacts.**

The information to be used/disclosed is identified as follows (please check all that apply):

Medical History & Physical Exams

Psychiatric/Psychological Evaluations

Occupational Therapy

Physical Therapy

IEP

ER's

Discharge Summary/Instructions

Immunization Records

Physician Orders

Verbal Information

Other (please specify): **Any health information appearing on the Student Emergency Information Card submitted to the School Nurse regarding serious medical need/conditions, allergies, medications, emergency contacts or health insurance.**

I understand the following:

- That the information used or disclosed may include records relating to my identity, diagnosis, prognosis and treatment;
- That the information used or disclosed may relate to psychiatric disorders, drug and/or alcohol use, AIDS and HIV, as the same are permitted by the Mental Health Procedures Act, the Confidentiality of Alcohol and Drug Abuse Individual Records Act, the Confidentiality of HIV-Related Information Act and the Privacy Rule of the Health Insurance Portability and Accountability Act;
- That I have the right to revoke this authorization at any time, except to the extent that Ambridge Area School District has already acted in reliance on the Authorization and that such revocation must be made in writing and directed to the Privacy Officer, Superintendent, Dr. L. Joan Welter;

- That the information used or disclosed pursuant to this Authorization may be subject to re-disclosure by the recipient and no longer subject to privacy protections provided by law;
- That Ambridge Area School District may not condition the provision of treatment, payment, enrollment in a health plan or eligibility for benefits on whether I sign this Authorization, except as provided by law; and
- That if the Ambridge Area School District seeks this Authorization for the use or disclosure of Protected Health Information, the district must provide me with a copy of the signed Authorization.

Date

Signature of Individual/Student

Date

Signature of Parent/Legal Guardian/Personal Representative

Print Name

Specify Relationship/Authority

**Ambridge Area School District
Home Language Survey***

Economy State St. Highland JH SH Date: _____

Student Name: _____

Date of Birth: _____ M F Grade: _____

Home Phone: _____ Cell Phone: _____

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

What is the students first language? _____

Does the student speak a language other than English? Yes No

If yes, please indicate language; do not include languages learned in school.

What languages are spoken in your home?

Has the student attended any U.S. schools in any three (3) years during his/her lifetime?

Yes No If yes, please complete the following:

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

U.S. Entry Date: _____

Name of person completing this form (if other than parent/guardian): _____

Parent/Guardian Signature: _____ Date: _____

****ONLY** complete if it is determined your child is an "English as a second language student" ******

**English as a Second Language
Student Background
Questionnaire**

Student's Name: _____

Native Language: _____ Native Country: _____

Parent's Name: _____ Cell Phone: _____

Names/ages of siblings: _____

English speaking contact (if needed): _____

When did this student come to the United States? _____

What language is used with parents? _____ With siblings? _____

With friends? _____

Can student read home language? No Easy words Easy sentences Yes

Can student write home language? No Easy words Easy sentences Yes

Can student understand English? No Easy words Easy sentences Yes

Can student speak English? No Easy words Easy sentences Yes

Can student read English? No Easy words Easy sentences Yes

Can student write English? No Easy words Easy sentences Yes

If student studied English:

How long? 1 year or less 1-2 years 3-4 years more

How often? Once a week 2-4 times a week 5 or more

Class lasted? 45 minutes or less 45 minutes-1 hour more

Ambridge Area School District
ACT 26 – ACT OF VIOLENCE
REGISTRATION – SWORN STATEMENT

Student Name _____ Grade _____ Date of Birth _____

Parent/Guardian _____ Telephone _____

Address _____

1. I attest that I _____ am the parent, guardian or legal guardian of
(name)

(name)

→ 2. I attest that the above student **[HAS] OR [HAS NOT]** (please check one) been 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.

3. I understand this sworn statement shall be maintained as part of the above student’s disciplinary record.

4. I understand that any willful false statement made under this section shall be a misdemeanor of the third degree. I further understand the District shall proceed for immediate prosecution regarding any misrepresentation.

5. I understand that a certified copy of my child’s disciplinary record shall be transmitted to the school entity in the event we relocate outside the boundaries of the Ambridge Area School District. I further understand my permission is not required.

6. Failure or noncompliance with completion of the sworn statement will result in permission for entry being withheld.

I submit this document as my sworn statement and affirmation of my child’s disciplinary status as defined by ACT 26 on this _____ day of _____ 20____.

Parent/Guardian

District Representative Title



AMBRIDGE AREA SCHOOL DISTRICT
ACCEPTABLE USE POLICY
2019-2020

ACCEPTABLE COMPUTER AND NETWORK USAGE

All use of the Internet and computer technology must be in support of the educational program within the Ambridge Area School District. The following activities are specifically prohibited and if performed will subject the user to loss of access, disciplinary action, and/or legal actions:

- The Internet and computer technology will not be used for illegal activity, for profit purposes, non-school related activities, lobbying, advertising, to transmit offensive materials, hate mail, discriminating remarks, or to obtain obscene or pornographic material.
- Users shall not intentionally seek information, obtain copies of, or modify files, other data, or passwords belonging to other users, or misrepresent other users on the network.
- Use of school technology or Internet for fraudulent or illegal copying, communication, taking or modification of material in violation of the law is prohibited and will be referred to appropriate authorities.
- Loading or use of unauthorized games, programs, files or other electronic media is prohibited.
- The illegal use of copyrighted material is prohibited.
- The network shall not be used to disrupt the work of others. Hardware or software shall not be destroyed, modified, relocated, or abused in any way.

INTERNET AND EMAIL

Students at AASD will be using various Internet resources in support of the curriculum. AASD will expect suitable online behavior, including appropriate interaction with other individuals on social networking websites and email. Internet and email activity may include, but are not limited to:

- Researching curriculum
- Responding to and commenting on curriculum projects
- Creating written / media projects and commenting on each other's work
- Collaborating on projects
- Creating content pages on curriculum topics
- Discussing or enhancing understanding of subject matter online

NETWORK ETIQUETTE AND PRIVACY

Students at AASD will abide by the generally accepted rules of network etiquette. Communication with others should always be course-related. Students should notify the teacher of anything inappropriate or that makes them feel uncomfortable. Bullying will not be tolerated and the privacy of others should be respected at all times. These rules may include, but are not limited to:

- All users will be respectful in their postings and edits. No inappropriate language, personal insults, profanity, spam, racist, sexist or discriminatory remarks, or threatening comments will be tolerated.
- No user may post, comment, or change settings on the site in violation of these terms and conditions.
- No student may edit or delete the work of another student without teacher permission.
- No student will reveal their home address or personal phone number, (or the addresses or phone numbers of other students), or any other personal information/images in any email correspondence or in any files that are shared with anyone outside of the school community.

- All students will receive a login and password to be used only by the student. If any user suspects that a password has been compromised, he/she must notify the technology department immediately.
- All use of these Internet resources must be in accordance with the school’s Acceptable Use Policy, including entries made from computers outside of school.
- No posting or edit may facilitate or promote illegal activity, either overtly or by implication.

SUPERVISION AND MONITORING

AASD administrators and their authorized employees monitor all information technology resources to ensure that student utilization is secure and conforms to this policy. Administrators reserve the right to examine, use, and disclose any data found on the school’s information networks in order to further the health, safety, discipline, and/or security of any student or other person, or to protect property. They may also use this information in disciplinary actions and will furnish evidence of crime to school officials and law enforcement. Teachers will make every reasonable effort to monitor conduct in order to maintain a positive learning community. All users will respect each other’s time and efforts by supporting the same positive approach.

CONSEQUENCES FOR VIOLATIONS

Failure to comply with district Acceptable Use Policies may result in disciplinary action by faculty and/or administration including the loss of use of the school’s information technology resources and possible referral to law enforcement agencies.

Note: This Acceptable Use Policy shall be enforced in conjunction with Board Policy 815: Acceptable Use of the Internet, Computers and Network Resources

This agreement will be in effect for the current school year only and must be re-signed every year.

“I have reviewed and explained the Acceptable Use Policy with my child.”

Student Name (please print): _____

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

“My child has my permission to access the Internet.”

Student Name (please print): _____

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

“As parent/guardian, I grant my child permission to use school computers on an independent basis as outlined in the Computer and Internet Usage Policy. I agree to assume responsibility for damages (hardware/software) resulting from deliberate or willful acts by my child.”

Student Name (please print): _____

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

AASD reserves the right to publish student photographs and/or work to the district website. AASD may display and share electronically via the internet and/or in other displays, photographs and/or video footage of my child taken in conjunction with school activities. If you do not want your child to be published you must submit a request in writing to your building principal.



AMBRIDGE AREA SCHOOL DISTRICT
OFFICE 365 STUDENT ACCOUNT INFORMATION
 2019-2020

Ambridge Area School District has the ability to create accounts for all students to allow for collaboration using our custom implementation of Office 365. These accounts will be used for school related projects. The rules governing proper electronic communications by students are included in our Acceptable Use Policy. Once accounts are assigned, students will gain access to Office Online (Word, Excel, PowerPoint, OneNote, Sway, and OneDrive for storage).

The primary purpose of the student Office 365 system is for students to communicate with school staff, use outside resources related to school assignments, to provide a method for students to collaborate with fellow students on school activities, to provide all students access to Microsoft Office 2016 software on a maximum of 5 computers and 5 mobile devices, and to provide access to 1TB of cloud storage that will allow students to have access to files both at home and at school. Account usernames and passwords will be provided to parents upon request so parents may monitor the account. Use of the school’s Office 365 program is a privilege, and may be revoked at any time for misuse.

Official student email addresses will be assigned. This account is considered the student’s official AASD email address until such time as the student is no longer enrolled at AASD. The naming convention will be the student’s unique ID and password. This is the same username and password that the students use to log in to the network at school followed by @ambridgearea.org. For example, 16jasmith68@ambridgearea.org. All students should already know their usernames and passwords. If they do not, they should contact their homeroom teacher or the technology department.

Administration reserves the right to access and review student content in Office 365 at any time. AASD complies with all state and federal privacy laws. As with any educational endeavor, we feel that a strong partnership with families is essential to a successful experience.

“As parent/guardian, I grant my child permission to use the district assigned Office 365 apps and email account.”

Student Name (please print): _____

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Ambridge Area School District
Transportation Office
901 Duss Avenue
Ambridge, PA 15003

Bus Rider Registration Information

Welcome to the Ambridge Area School District!

To maintain a high level of safety for bus riders, the Transportation Department has implemented a bus rider registration procedure.

Even if you do not need transportation, please complete this form.

Thank you for your assistance and cooperation.

Name of Student: _____ Telephone No.: _____

Address: _____ Alternate No.: _____

If there is another adult who is authorized to receive a student at the bus stop, please provide his/her name and telephone number: _____

If you will require transportation from a babysitter/daycare, please be advised of the following:
The babysitter/daycare must be located within the Ambridge Area School District and on an established route to/from your child's school.

Babysitter/Daycare: _____

Address/Telephone: _____

Will your child require transportation from a babysitter/daycare both ways? _____

If not, please specify pick-up/drop-off arrangements: _____

PLEASE LIST BROTHERS/SISTERS – GRADE/SCHOOL: _____

***NOTE: To balance classroom size, it may be necessary to assign a student to a building based on enrollment and not residence address.**



REQUEST FOR RELEASE OF RECORDS

To Whom It May Concern:

The student listed below has recently enrolled in the **Ambridge Area School District**. In addition to the PA Secure ID Number, please send a complete transcript of grades, medical records, social, psychological Special Education records (IEP/504 Plan), and/or any other pertinent reports to the following address:

Cathy Hopkins
Ambridge Area School District
 901 Duss Ave.
 Ambridge, PA 15003
 T: 724-266-2833 ext. 1273
 F: 724-266-3981
 E: chopkins@ambridge.k12.pa.us

I have read this authorization and understand its content and purpose. I understand that the provision of services is not contingent upon my decision to release information. I understand that I may cancel this authorization at any time by notifying, in writing, the parties responsible for maintaining records. I give my consent voluntarily.

 Student's Name

 Grade

 Parent/Guardian Signature

 Date

The following types of information may be exchanged:

- | | |
|--|---|
| <input type="checkbox"/> Verbal Communications | <input type="checkbox"/> Special Ed File |
| <input type="checkbox"/> Student Records – including transcripts, standardized assessments | <input type="checkbox"/> Discipline Records |
| <input type="checkbox"/> Evaluation Report | <input type="checkbox"/> Attendance Records |
| <input type="checkbox"/> Psych-Educational Reports (conducted by school) | <input type="checkbox"/> Birth Certificate and/or Immunizations |
| <input type="checkbox"/> Psychological, Psychiatric, Behavior Reports
(conducted by outside agencies) | <input type="checkbox"/> Medical or Agency generated diagnoses and
other related information |
| <input type="checkbox"/> Other: _____ | |

Name of School/Agency: _____

School District/Agency Representative: _____

Tel #: _____

Fax #: _____



Ambridge Area School District Policy for Homeless Students

The Ambridge Area School Board recognizes its obligation to ensure that homeless students have access to the same educational programs and services provided to other district students. The Board shall make reasonable efforts to identify homeless children within the district, encourage their enrollment, and eliminate existing barriers to their attendance and education, in compliance with federal and state law and regulations.

The Board may waive policies, procedures and administrative regulations that create barriers for enrollment, attendance, transportation and success in school of homeless students.

Homeless students are defined as individuals lacking a fixed, regular and nighttime residence, which include the following conditions:

- Sharing the housing of other persons due to loss of housing or economic hardship.
- Living in motels, hotels, trailer parks or camping grounds due to lack of alternative adequate accommodations.
- Living in emergency, transitional or domestic violence shelters.
- Abandoned in hospitals.
- Awaiting foster care placement.
- Living in public or private places not designed for or ordinarily used as regular sleeping accommodations for human beings.
- Living in cars, parks, public spaces, abandoned buildings, substandard housing, transportation stations or similar settings
- Living as migratory children in conditions described in previous examples
- Living as school age unwed mothers in houses for unwed mothers if they have no other living accommodations.

School of origin is defined as the school the student attended when permanently housed or the school in which the student was last enrolled.

The district's homeless liaison shall coordinate with:

- Local service agencies that provide services to homeless children and youth and families.
- Other school districts on issues of records transfer and transportation.

- State and local housing agencies responsible for comprehensive housing affordability strategies.

The district's liaison shall provide public notice of the educational rights of homeless students in schools, family shelters, and soup kitchens.

Students shall not be discriminated against, segregated nor stigmatized based on their status as homeless.

Enrollment/Placement

The selected school shall immediately enroll the student and begin instruction, even if the student is unable to produce records normally required for enrollment pursuant to district policies. However, the district may require a parent/guardian to submit contact information. The district liaison may contact the previous school for oral confirmation of immunizations, and the school shall request records from the previous district, pursuant to Board policy.

If the district is unable to determine the student's grade level due to missing or incomplete records, the district shall administer tests or utilize appropriate means to determine the student's placement.

If a dispute arises over school selection or enrollment, the student shall be immediately enrolled in the school in which enrollment is sought, pending resolution of the dispute. The parents/guardians shall be provided with a written explanation of the district's decision, their right to appeal and the procedures to use for the appeal.

Services

Homeless students shall be provided services comparable to those offered to other district students including, but not limited to, transportation services; school nutrition programs; vocational programs and technical education; preschool programs; programs for students with limited English proficiency; and educational services for which students meet eligibility criteria, such as programs for disadvantaged students, students with disabilities, and gifted and talented students.

Transportation

The district shall provide transportation for homeless students to their school of origin or the school they choose to attend within the school district.

If the school of origin is outside district boundaries or homeless students live in another district but will attend their school of origin in this district, the school districts shall agree upon a method to apportion the responsibility and costs of the transportation.

Any questions, please contact the District's Homeless Liaison Mrs. JoAnn Hoover Principal at Highland Elementary at 724-266-2833 ext. 4213.