

STUDENT REGISTRATION



Welcome to the Plum Borough School District. This enrollment packet provides you with information to help you start the process of registering your child in one of our schools. Please complete the attached forms and bring them with you to Central Registration located in the Plum Senior High School.

In addition to the forms in this packet, the following items MUST be presented at the time of registration:

- **Birth Certificate- original or copy**
- **Copy of Updated Immunization Records/Dates (from physician)**
- **Proof of Residency - You are required to produce the following:**
 - **Mortgage, lease, or a notarized letter stating your residency AND**
 - **Valid PA driver's license with your Plum Borough address**
- **You will need to produce two of the following:**
 - **copy of last year's Wage Tax statement OR**
 - **Water Bill OR**
 - **Other Utility Bill**
- **Current Grades/Transcript (if transferring from a K-12 school system)**

The student will not be enrolled until all information has been presented to Central Registration. Registration is done in person.

If you have any questions, please contact Barbara Arrigo, Central Registration at 412-795-4880, ext. 6320.

The FAX number for Central Registration is 412-798-6344.

**Student Registration Information
Plum Borough School District**

School Name: _____

Application Date: _____
(office use only)

Student's Legal Name: _____
(Last) (First) (Middle)

Resident: ___ Yes ___ No ___ Other, explain _____

Gender: ___ Male ___ Female

Ethnicity: ___ Hispanic
___ Native American Indian or Alaskan Native
___ Asian ___ Pacific Islander
___ African American ___ White/Caucasian
___ Multi-racial (please check all that pertain)

Date entered PA: _____

Date of Birth: _____

Grade: _____

Address: _____ **Primary Phone:** _____
(Street) (City) (Zip)

Check All That Apply:

___ 504 Service Agreement ___ Special Education ___ Speech IEP ___ Gifted GIEP ___ ESL ___ Title 1 Service

Please provide appropriate papers at time of registration if applicable for:

- **Guardianship Papers**
- **Custody Papers**
- **IEP's/GIEP or ESL**

Student Lives With: (Last Name) (First Name) (Secondary Phone 2)

Mother/Stepmother: _____

Father/Stepfather: _____

Foster Parent(s): _____

Legal Guardian(s): _____

Parents are: ___ Married ___ Divorced ___ Separated ___ Deceased (mother/father)

Circle answer

Student previously enrolled at a Plum School? Y or N

If yes, please complete: Year: _____ Grade: _____ School: _____

Students in Junior or Senior High: Will the student participate in any sports? Yes ___ No ___

If yes, please list: _____

List all other persons in household:

Name (first/last)	Relation to Student	Employer/Retired/Home worker Unemployed/Student	Phone

Elementary Only

Will you require transportation to and from a local daycare program? ___ Yes ___ N/A

If **yes**, have you completed a Transportation Request Form? ___ Yes ___ No

Signature: _____ **Date:** _____

Act 26 Enrollment Affidavit – Grades 1st through 12th
Plum Borough School District

Student's Name: _____
Address: _____
Date of Birth: _____
Telephone: _____

Pennsylvania School Code Section 13-1304-A states in part "Prior to admission to any school entity, the parent, guardian, or other person having control or charge of a student shall, upon registration, provide a sworn statement or affirmation stating whether the pupil was previously suspended or expelled 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 for any act of violence committed on school property."

Please complete the following:

The undersigned parent(s)/legal guardian or other person having control or charge of _____, a minor to be enrolled in the Plum Borough School District, do hereby swear or affirm that the minor

_____ **has** _____ **has not** (you must check one box) been previously suspended or expelled from any public or private school of the 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 for any act of violence committed on school property.

I/we acknowledge that this statement shall be maintained as part of the minor'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, 18PA. C.S.A. 4903 and 4904, and punishable by a fine and/or imprisonment.

Parent/Guardian Signature

Sworn to and subscribed before me this
_____ day of _____, 20____.

Notary Public _____

Name and address of school from which student was suspended or expelled:

Reason for and dates of suspension/expulsion:

(Continue on back of page if necessary)

Home Language Survey*

Plum Borough School District

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.

Student's Name: _____ Date: _____

Building: _____ Grade: _____

1. What is/was the student's first language? _____

2. Does the student speak a language other than English? _____

If yes, specify the language: _____

3. What language(s) is/are spoken in your home? _____

4. What is the primary language used for communication in your home? _____

5. Country of Birth: _____

6. Has the student attended any United States school in any 3 years during his/her lifetime?

_____ Yes _____ No

If yes, complete the following

School: _____
(Name of School) (City) (State)

Dates Attended: _____

School: _____
(Name of School) (City) (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 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 (ELL). As part of the responsibility to locate and identify ELL's, 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.

**Records Request
Plum Borough School District**

Sending School/Agency Address:

Old School: _____
Address: _____
Phone No. _____ Fax No. _____

Student Name: _____ **Date of Birth** _____

Information to be forwarded includes:

- ___ **Student's PA Secure ID Number**
- ___ Health Records/Immunizations ___ Custody Papers, Birth Certificate
- ___ Educational Records (group achievement/ability and other standardized test scores, attendance, promotion/retention, grade/report cards, graduation Information) ___ Discipline Records
- ___ Special Education Records (IEP, NOREP, ER, etc.)

Please forward these records to:

- ___ **Oblock Junior High**
440 Presque Isle Drive
Plum, PA 15239-2699
724-733-2400 or 724-838-5634
FAX 412-798-6347
- ___ **Plum Senior High School**
900 Elicker Road
Plum, PA 15239-1098
412-795-4880 or 412-828-5634
FAX 412-795-3527
- ___ **Adlai Stevenson Elementary School**
313 Holiday Park Drive
Plum, PA 15239-2398
724-733-1500 FAX 724-325-4876
- ___ **Center Elementary School**
201 Center-New Texas Road
Plum, PA 15239-1896
412-795-4420 FAX 412-795-1650
- ___ **Holiday Park Elementary School**
4795 Havana Drive
Plum, PA 15239-2499
412-795-4430 FAX 412-795-1723
- ___ **Pivik Elementary School**
100 School Road
Plum, PA 15239-1452
412-795-4580 FAX 412-795-2824
- ___ **Regency Park Elementary School**
606 Millers Lane
Plum, PA 15239-1393
412-795-0660 FAX 412-795-2923
- ___ **Central Registration- *For school use only***
___ **Immunizations**
___ **Birth Certificate**
Fax 412-798-6344

Parent/Guardian Signature

Date

NOTE: If no signature is indicated, refer to the Final Regulations Family Educational Rights and Privacy Act dated June 17, 1976. It is no longer necessary to obtain written consent to release records between schools. **This information is to be used for professional purposes only and should be held strictly confidential.**

THIS FORM NEEDS TO BE COMPLETED ONLY IF YOU ARE REQUESTING TRANSPORTATION TO/FROM A DAYCARE FACILITY

The Plum Borough School District can provide transportation service for daycare requests as long as these requests are for a daycare facility within the attendance zone of the particular school in question. These requests depend upon the availability of bus service, bus load limits, and time constraints. Requests are handled on an individual basis with coordination from the daycare facility. All requests are due in the Transportation Office prior to **AUGUST 1st** of the school year.

Child's Name: _____ Grade Level: _____

Home Address: _____

Home Phone: _____

Parent/Guardian's Name: _____

Parent Work Phone: _____

Parent Cell Phone: _____

School Attended: _____

Daycare Name: _____

Daycare Address: _____

Daycare Telephone: _____

Sessions/5 days per week: _____ AM _____ PM _____ BOTH

Starting Date for DayCare: _____

Parent/Guardian Signature

Date

Transportation Department
3411 Leechburg Road
412-795-3600
FAX 412-795-4784



**SCHOOL IMMUNIZATION REGULATIONS
Allegheny County School Districts
2010-2011 and Beyond**

ALL GRADES K-12 NEED THE FOLLOWING:

- _ 4 doses of Tetanus (1 dose on or after the 4th birthday);
 3 doses if series started after 7 years of age
- _ 4 doses of Diphtheria (1 dose on or after the 4th birthday);
 3 doses if series started after 7 years of age
- _ 3 doses of Polio
- _ 2 doses of Measles
- _ 2 doses of Mumps
- _ 1 dose of Rubella
- _ 3 doses of Hepatitis B
- _ 2 doses of Varicella (Chickenpox) or written statement
 from physician/designee indicating month and year of
 disease or serologic proof of immunity

ADDITIONAL VACCINES FOR GRADES 7-12:

- _ 1 dose of Tetanus/Diphtheria/Pertussis (Tdap)
- _ 1 dose of Meningitis vaccine (MCV4 / Menactra)

If you do not have health insurance that covers vaccinations, remember that the Allegheny County Health Department provides these vaccines. You may call **412-578-8060** for clinic location and hours. For information regarding a medical or religious exemption, please contact your school nurse.

